

# Nurses are not immune

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Patients have diverse health challenges that require specific nursing responsibilities in distinct work environments. Yet, amongst these differences, commonalities exist that could simultaneously affect patients, nurses, and the workplace. For example, burnout and compassion fatigue are two conditions that have a cause-effect cycle. When nurses experience job dissatisfaction, they may be predisposed to burnout or compassion fatigue, thus leading to absenteeism or medical leaves which in turn may affect patient care and the workplace. The healthcare literature highlights many symptoms of burnout and compassion fatigue while disseminating its causes, consequences, and potential remedies [1]. The intent of this commentary article is to provide opportunities for continued dialogue on the topics of burnout and compassion fatigue, with a focus in oncology care, in order to explore how these personal conditions affect the nursing profession [2].

When appraising burnout in oncology nursing literature, nomenclatures such as depersonalization, emotional exhaustion, and lack of personal accomplishment are frequently discussed. Specifically, depersonalization can be present when a nurse develops a negative self-image and begins to display behaviors of professional detachment in terms of patient care. This progression is often seen concurrently with an affected state of mind known as emotional exhaustion which is caused by continuous exposure to mentally challenging accountabilities [3]. For instance, oncology nurses requiring specialized training to provide both inpatient and outpatient care in terms of treatment options, complications and oncological emergencies may experience a lack of personal accomplishment if they are unable to alleviate patient pain and suffering [4]. Creating awareness of burnout while providing ways to both address and manage this condition in nursing is essential in maintaining healthy work environments.

Burnout is associated with workloads yet is not nursing specific and extends to other disciplines, whereas compassion fatigue appears to be a condition that surfaces more in healthcare [5]. Compassion fatigue can be experienced when a nurse is unable to display compassion after being constantly exposed to patient trauma and suffering causing him/her to become desensitized and disconnected from the patient. Nursing researchers also contend emotional separation and avoidance of empathetic concern towards a patient are key markers of compassion fatigue. More specifically, in oncology nursing literature, the term compassion fatigue is often synonymous with Secondary Traumatic Stress (STS). Secondary Traumatic Stress is a condition arising from close contact with trauma, causing nurses to experience a variety of physiological, psychological, and social symptoms similar to those of compassion fatigue [6]. While some authors suggest that compassion fatigue and STS can be used interchangeably, others described compassion fatigue as being an umbrella term for the concurrent experience of burnout and STS.

Florence Nightingale's environmental theory explains that internal factors within an environment are responsible for external results [7].

Nightingale emphasized that by advocating for a healthy environment, patients would have better opportunities for recovery. Conversely, there are limited resources available within hospital settings for nurses experiencing burnout and or compassion fatigue. Contemporary healthcare systems have a responsibility to assess and support nurse burnout and or compassion fatigue in clinical practice [8]. Providing generalized and specialized nurses with resources for identifying and addressing these concepts would help establish a supportive work environment, ultimately leading to greater job satisfaction and enhanced patient care.

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