

COMPASSION FATIGUE AND COMPASSION SATISFACTION AMONG NURSES IN INTENSIVE CARE UNIT: A BASIS FOR COMPASSION FATIGUE RESILIENCY PROGRAM

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Abstract

Background: The intensive care unit is an intellectually, physically, and emotionally demanding environment that can significantly impact nurses due to the various severe and potentially life-threatening cases they handle.

Purpose: This study aimed to determine the correlation between compassion fatigue and compassion satisfaction among nurses in the Intensive Care Unit (ICU) and to identify their prevalence in association with the respondents' demographic profiles.

Methods: The study employed a quantitative descriptive-correlational research design. The study gathered data from 33 ICU nurses working in selected private hospitals in Bulacan. The study assessed compassion fatigue through indicators such as burnout and secondary traumatic stress and compassion satisfaction using a 30-item Professional Quality of Life Scale (ProQoL).

Results: All nurses (n = 33) reported moderate levels of burnout. In terms of secondary traumatic stress, only one nurse (3%) reported low levels, while the remaining respondents (97%) fell within the moderate category. On the other hand, most respondents (97%, n = 32) endorsed scores indicative of moderate compassion satisfaction, while a smaller proportion of respondents (3%, n = 1) reported low levels of compassion satisfaction.

Conclusion: The study concluded that burnout ($r = -.858, p = 0.01$) and secondary traumatic stress ($r = -.722, p = 0.01$) correlated significantly and negatively with compassion satisfaction. Implementing a multi-faceted approach involving screenings, mentorship, leadership development, and Critical Incident Stress Management (CISM) programs is recommended to address compassion fatigue and enhance compassion satisfaction among ICU nurses. Fostering a supportive unit culture is vital to address unit-level factors.

Keywords: Compassion Fatigue, Burnout, Secondary Traumatic Stress, Compassion Satisfaction, ICU Nurses.

Introduction

Critical care nurses provide nursing care to critically ill patients who suffer from injury, surgery, or life-threatening diseases in a variety of care settings such as intensive care units (ICU); surgery, medical, and pediatric ICUs; coronary care units (CCUs), burns units, and trauma center emergency departments (Alharbi et al., 2019) [1]. The patients' severe medical conditions are highly complex, intense, and demanding, and nurses must have specialized skills and an in-depth understanding of the human body and medical interactions (Natasha, 2021) [9]. However, Larson (2017) [8] noted that nurses are prone to encounter burnout and compassion fatigue due to the extremity of their profession.

Compassion fatigue refers to the negative consequences of helping others regarding one's physical, mental, and spiritual well-being, most frequently due to stress or traumatic events (WebMD Editorial Contributors, 2020) [14]. However, this psychological distress can be counteracted by a positive feeling called compassion satisfaction. This is obtained by a person through rewards, fulfillment, and accomplishments (Stoewen, 2021) [13]. Stamm (2010), as cited by Stoewen (2021) [13], explained that compassion satisfaction is the fulfillment of one's job successfully as a professional caregiver

and may be viewed as an emotional counterbalance to compassion fatigue.

Different studies conveyed various results regarding the correlation between compassion fatigue and compassion satisfaction among nurses across critical care settings. Compassion fatigue and satisfaction are at moderate levels among nurses worldwide, as concluded by Xie et al. (2021) [15] but revealed that levels of compassion fatigue were highest among ICU nurses. Conversely, in a study conducted by Han et al. (2018) [7], the results implied no relationship between compassion satisfaction and stress and the negative effect of nurses; likewise, compassion fatigue bore no relationship with positive affect and personal/social factors.

Locally, the prevalence of moderate to high levels of compassion satisfaction was 90.09% among Filipino registered nurses. In comparison, 74.38% and 83.47% are the percentages of the prevalence of burnout and secondary stress, respectively, the main facets of compassion fatigue (Balinbin et al., 2019) [2]. Only job satisfaction and nursing colleague relationships were positively correlated with compassion satisfaction among the occupational determinants (Balinbin et al., 2019) [2]. Aside from this, this is the only literature that has tackled a similar conclusion about the correlation between compassion fatigue and compassion satisfaction. Furthermore, there were various studies with critical care nurses as subjects, but only some were about ICU nurses.

Therefore, the main purpose of this study is to determine the correlation between compassion fatigue and compassion satisfaction among Nurses in the Intensive Care Unit. It also aims to identify the prevalence of compassion fatigue and compassion satisfaction associated with ICU nurses' demographic profiles. In line with this, the research study can enable nurses to assess their conditions and environment, and provide necessary adjustments without sacrificing quality nursing care. Furthermore, nursing administrators can implement appropriate measures of resiliency programs that could effectively alleviate compassion fatigue among ICU nurses by utilizing the study as their basis. Approaches to further improve the compassion satisfaction of nurses can also be established.

Theoretical Framework

The study is anchored mainly to the Human Caring Theory of Jean Watson, and the Transactional Model of Stress and Coping as a supplementary framework.

The Human Caring Theory, developed between 1975 and 1979 (Woodward, 2020), consists of three major elements: carative factors, transpersonal caring relationships, and actual caring occasions. Watson's carative factors are crucial in delivering care to the patient and need to be adhered to when nurses are in a caring role. The Actual Caring Occasion is the moment when the nurse and the patient form a genuine connection and establish a relationship. Additionally, the concept of transpersonal caring requires both the nurse and the patient to be fully present and in union with each other, creating a human-to-human relationship with a higher consciousness and intentionality.

The Transactional Model of Stress and Coping, proposed by Richard Lazarus and Susan Folkman in 1987, focuses on how a person perceives stress and copes with it. There are two aspects to managing stressful situations: problem-based coping, involving practical steps to manage problems, and emotion-based coping, focused on managing emotions when stressed.

Watson's Theory emphasizes three crucial elements for patient care. Considering these leads to positive caring aspects, enhancing healthcare providers' compassion and satisfaction. This is closely linked to compassion satisfaction, defined as the pleasure derived from helping others and performing work effectively (Greene, 2017) [6]. Compassion fatigue, as defined by Pittman (2016) [10], can occur due to excessive caring in the patient-nurse relationship. From a deeper perspective, when nurses consistently prioritize the needs of others without adequate self-care, struggle to maintain a sense of hope, or witness challenging patient outcomes, it can lead to exhaustion, burnout, and stress, contributing to compassion fatigue (Greene, 2017) [6]. As per the psychological framework of the Transactional Model of Stress and Coping, stress occurs when the demands of a situation exceed our ability to cope. Work-related stress can be caused by conflicts with colleagues, constant changes such as dismissal, and other potential stressors within the company. Interrelating the secondary traumatic stress and burnout as sub-variables associated with stress and also the components under compassion fatigue, the researchers utilized this model as guidance in determining the approaches of ICU nurses in response to experiencing stress working in a highly demanding field taking care of critically ill patients.

The Theory of Human Caring and the Transactional Model of Stress and Coping intersect in understanding how the nurse-patient relationship and the coping mechanisms employed by nurses influence their experience of compassion fatigue and compassion satisfaction.

Statement of the Problem

This study aims to answer the following questions:

1. What are the profile characteristics of respondents in terms of:
 - a. gender;
 - b. age;
 - c. length of work experience;
 - d. frequency of leisure activities done in a month?
2. What is the level of compassion fatigue in terms of:
 - a. burnout;
 - b. secondary traumatic stress?
3. What is the level of compassion satisfaction among ICU nurses?
4. Is there a significant difference in the level of compassion fatigue among ICU nurses when grouped according to demographic factors?
5. Is there a significant difference in the level of compassion satisfaction among ICU nurses when grouped according to demographic factors?
6. Is there a significant relationship between compassion fatigue and compassion satisfaction among ICU nurses?
7. What strategies and interventions can be identified and recommended to alleviate compassion fatigue and increase compassion satisfaction among ICU nurses?

Scope and Delimitation

The scope of this study focused on understanding the concepts of compassion fatigue, and compassion satisfaction among ICU nurses. It identified demographic variables, including age, gender, length of work experience, and frequency of leisure activities in a month which facilitated the investigation of the relationship between nurses' compassion fatigue and compassion satisfaction.

The targeted population of the study includes all nurses who work in the ICU departments of four selected private hospitals in Malolos, Bulacan. A total of 33 respondents were considered utilizing the universal sampling technique. A self-reported standardized questionnaire, *Compassion Satisfaction and Fatigue (ProQOL) Version 5* (2009) was used to gather data responses to quantify and interpret the following variables: compassion satisfaction, burnout, and secondary traumatic stress.

The study was delimited to nurses in the healthcare profession, especially those in Intensive Care settings. It considered various factors but did not explore other potential variables that might have influenced these concepts. Additionally, it was based on a review of existing literature rather than original data collection, potentially limiting the opportunity to obtain new conclusions.

Methodology

Research Design

The researchers will use a descriptive-correlational design for this study. A descriptive study provides a thorough and precise image of the traits and actions of a specific group or subject (Sirisilla, 2023) [11], while correlational research measures the degree of association between variables (Creswell, 2016) [4]. No manipulation of variables will occur; instead, statistical treatments will be used to interpret the data. This approach will allow the researchers to describe and quantify the demographic profile characteristics of ICU nurses and determine if there is a significant relationship between compassion fatigue and compassion satisfaction.

Participants/Respondents of the Study

The study involved 33 ICU nurses as the sample size and used universal sampling to examine all ICU nurses in four selected private hospitals in Malolos, Bulacan. This method ensures that all individuals with specific attributes and characteristics are considered, which is necessary for this study (Canonizado, 2021) [3].

Instrument/s of the Study

The researchers used the Professional Quality of Life Scale (ProQOL) as a crucial tool for conducting regular assessments and using the results to enhance various professional roles in healthcare, such as Intensive Care Unit Nurses. The data collection tool was a standardized questionnaire based on validated research tools: Compassion Satisfaction and Fatigue 42 (ProQOL) Version 5 (2009), also known as the Compassion Satisfaction / Fatigue Self-Test for Helpers, developed by Beth Hudnall Stamm, PhD (Stamm, 2009) [31]. According to Stamm (2010), as cited by Geoffrion, Lamothe, Morizot, and Giguère (2019) [5], the tool demonstrates a Cronbach's alpha value of 0.75 for burnout (BO), 0.81 for secondary traumatic stress (STS), and 0.88 for compassion satisfaction (CS), indicating good internal consistency among these subscales.

Moreover, the self-report questionnaire uses a Likert scale to measure compassion satisfaction, burnout, and secondary traumatic stress. It asks professionals to rate their experiences and emotions related to their work, and it helps collect structured data for analysis and evaluation. The questionnaire is divided into two sections: one about the respondent's personal life and the other about their nurse role and work environment. Responses to each question are rated on a 5-point scale: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very Often.

Data Collection and Analysis

To meticulously measure the research problems introduced in the study and form accurate

inferences, the following were the statistical tools that the researchers utilized to calculate descriptive statistics: frequency and percentage, mean, and standard deviation. An individual sample t-test and analysis of variance (ANOVA) were computed to determine the significant differences between the respondents' demographic profiles with compassion fatigue and compassion satisfaction. Meanwhile, Pearson's R, with a 0.05 significance level, was computed to quantify the significant relationship between compassion fatigue and compassion satisfaction among ICU nurses.

Ethical Consideration/s

The researchers conducted their research following accepted standards and guidelines. They ensured that their work upheld the highest standards of objectivity and integrity and conformed to ethical and legal requirements. Initially, the researchers provided the respondents with a consent form. They were informed about the study's purpose and procedures, their right to participate voluntarily, and their right to withdraw or terminate participation at any time during the study. Those who declined to participate were treated non-prejudicially, honoring all agreements and demonstrating respect. From the data collection to the presentation, the research findings were disclosed in a consolidated manner. The researchers ensured and protected the respondents who chose to disclose such information.

Results and Discussion

- The survey findings indicate an equal representation of male (45.5%, $n = 15$) and female (54.5%, $n = 18$) respondents. The largest age cohort was 32-35 years, comprising 42.4% ($n = 14$) of the participants, while a significant portion (24.2%, $n = 8$) were quite young, categorized as 20-23 years old. Regarding professional experience, 39.4% ($n = 13$) reported 4 years or more, while 24.2% ($n = 8$) reported less than a year of experience. Notably, 54.5% ($n = 18$) indicated a lack of engagement in leisure activities. However, only 3% ($n = 1$) reported monthly involvement, suggesting limited opportunities for self-care and relaxation.
- In terms of burnout, none of the nurses ($n = 0$) reported *high levels of burnout*, while all of the nurses ($n = 33$) fell within the *moderate range*. Conversely, only one nurse (3%) reported *low levels of secondary traumatic stress*, with the remaining respondents (97%) falling within the *moderate category*.
- Most respondents (97%, $n = 32$) indicated *moderate levels of compassion satisfaction*, while a small proportion (3%, $n = 1$) reported *low levels of compassion satisfaction*.
- The comparative analysis of various demographic profiles and compassion fatigue (burnout and secondary traumatic stress) revealed the following results:
 - There was no statistically significant difference in compassion fatigue scores between males and females (Burnout: $t(31) = -1.161$, Sig. = 0.254; Secondary Traumatic Stress: $t(31) = -1.543$, Sig. = 0.133).
 - There were no significant differences in compassion fatigue scores between age groups for either burnout ($F(4, 28) = .429$, Sig. = .787) or secondary traumatic stress ($F(4, 28) = .317$, Sig. = .864).
 - There was no statistically significant difference in either burnout ($F(4, 28) = 2.329$, Sig. = .081) or secondary traumatic stress ($F(4, 28) = .802$, Sig. = .534) based on years of work experience.
 - There was no statistically significant difference in burnout ($F(5, 27) = .617$, Sig. = .688) or secondary traumatic stress ($F(5, 27) = .754$, Sig. = .591) due to the frequency of their leisure activities.
- The comparative analysis of different demographic profiles and compassion satisfaction revealed the following results:
 - There was no statistically significant effect of gender on compassion satisfaction. This was true when assuming equal variances ($t(31) = -1.519$, Sig. = .139) and when not assuming equal variances ($t(25.821) = -1.481$, Sig. = .151).
 - The results showed that there were no statistically significant effects for the age group ($F(4, 28) = .838$, Sig. = .513), length of work experience ($F(4, 28) = 2.266$, Sig. = .087), or frequency of leisure activities ($F(5, 27) = .557$, Sig. = .732) on compassion satisfaction.
- The study found *strong negative correlations* between burnout ($r = -.858$, $p = 0.01$), secondary traumatic stress ($r = -.722$, $p = 0.01$), and compassion satisfaction. The Pearson correlation coefficient between burnout and compassion satisfaction was $-.858$, indicating a *statistically significant relationship* (Sig. = .000). Similarly, the Pearson correlation coefficient between secondary traumatic stress and compassion satisfaction was $-.722$ (Sig. = .000), suggesting another *strong and statistically significant negative association*.

- The researchers introduced the ICU Thrive Program, designed to address ICU nurses' challenges.

ICU Thrive Program: Fostering Resilience and Well-being

Rationale: ICU nurses experience high levels of compassion fatigue due to demanding workloads and emotional stress from caring for critically ill patients and witnessing patient suffering. This program addresses these challenges by promoting individual resilience and fostering a supportive work environment that enhances compassion, satisfaction, and well-being.

Objectives:

- Decrease compassion fatigue and increase compassion satisfaction among ICU nurses.
- Improve nurse well-being and reduce burnout.
- Enhance the quality of patient care by creating a more positive and supportive work environment.
- Retain experienced nurses and attract new talent to the ICU.

Expected Outcomes: By implementing the ICU Thrive Program, we expect to see a reduction in compassion fatigue among ICU nurses, leading to:

- Improved job satisfaction and morale.
- Increased resilience and better coping mechanisms for dealing with stress.
- Enhanced collaboration and teamwork within the ICU.
- Reduced nurse turnover and improved patient care outcomes.

Beneficiaries: All ICU nurses (registered nurses, licensed practical nurses, and nursing assistants)

Program Arrangement: The ICU Thrive Program incorporates a multi-pronged approach with both individual and unit-level interventions.

➤ **Individual Support:**

- Stress Management Techniques: Offer workshops and resources on mindfulness meditation, yoga, and relaxation techniques.
- Peer Support Groups: Facilitate regular in-person or virtual support groups for nurses to connect and share experiences.
- Employee Assistance Programs (EAP): Ensure easy access to confidential counseling and support services.

➤ **Unit-Level Improvements:**

- Staffing Adjustments: Advocate for adequate staffing levels based on patient acuity and workload.

- Workload Distribution: Implement strategies for fair workload distribution among nurses.
- Communication Enhancement: Conduct training to improve communication between nurses, physicians, and all healthcare team members.
- Teamwork Activities: Organize team-building exercises to foster collaboration and a sense of community within the ICU.
- **Compassion Satisfaction Initiatives:**
 - Recognition and Appreciation: Publicly acknowledge nurse achievements through newsletters, awards, and staff appreciation events.
 - Mentorship Programs: Pair experienced nurses with new or struggling colleagues to provide guidance and support.
 - Leadership Development: Offer training programs to empower nurses and give them a voice in decision-making processes.
 - Continuing Education: Provide opportunities for nurses to stay up to date on advancements in critical care through workshops and conferences.

Implementation:

❖ **Phase 1 (Initial 3 Months):**

- Conduct a needs assessment survey among ICU nurses to identify specific areas of concern.
- Launch low-cost, high-impact strategies like stress management workshops, peer support groups, and communication skills training.
- Develop a task force of nurses and hospital leadership to oversee program implementation.

❖ **Phase 2 (Ongoing):**

- Implement remaining program components such as workload distribution adjustments and continuing education opportunities.
- Refine and adapt program elements based on feedback from nurses.
- Secure funding for ongoing program activities through grants or hospital budgets.

Evaluation:

- Regularly assess program effectiveness by conducting surveys to measure changes in compassion fatigue, compassion satisfaction, and overall nurse well-being.
- Monitor key performance indicators (KPIs) such as nurse turnover rates, absenteeism, and patient satisfaction scores.
- Conduct focus groups with nurses to gather qualitative feedback on the program's impact.

Conclusion

1. The inclusion of a diverse range of nurses ensured a well-rounded perspective. An unexpected result was the high proportion of nurses not engaging in leisure activities.
2. While some nurses reported finding meaning and satisfaction in their work, others struggled with emotional distress and workload, suggesting a potential risk factor for further compassion fatigue. Thus, ICU nurses exhibited *moderate levels* of burnout and secondary traumatic stress.
3. ICU nurses have a strong sense of purpose, combined with a commitment to professional development, which likely contributes to job satisfaction and resilience against burnout, hence a *high level of* compassion satisfaction.
4. The study did not reveal any statistically significant associations between demographic variables and compassion fatigue, supporting the null hypothesis.
5. The study supported the null hypothesis concerning the relationship between demographic variables and compassion satisfaction, suggesting other variables may be more influential.
6. The study failed to reject the null hypothesis regarding the relationship between compassion fatigue and compassion satisfaction, with a *strong negative correlation*. Compassion satisfaction serves as a protective factor, mitigating the negative emotional consequences often associated with ICU work. Nurses who experience greater satisfaction and fulfillment from their work may be less vulnerable to burnout and secondary traumatic stress.
7. Compassion fatigue is a significant concern among ICU nurses. The need for multifaceted interventions that address both individual vulnerabilities and unit-level factors to promote nurse well-being and prevent burnout is underscored.

Recommendations

1. Given the high prevalence of nurses not engaging in leisure activities, future research should explore the influence of self-care practices and work-life balance on compassion fatigue and compassion satisfaction.
2. Healthcare institutions should prioritize screening programs and targeted interventions to address individual vulnerabilities and unit-level factors such as staffing, workload, and communication.
3. Healthcare institutions can conduct further research to understand specific areas where nurses feel their personal growth opportunities are limited.
4. Future research with larger and more diverse samples can further explore the potential influence of demographics on compassion fatigue, while also considering workplace factors, personality traits, and coping mechanisms.
5. Future research can explore a broader range of individual and work-related variables in larger, more diverse samples such as ethnicity, socioeconomic background, practice setting, personality traits, coping mechanisms, unit culture, and social support networks which may exert a greater influence on compassion satisfaction.
6. Healthcare institutions implement recognition and mentorship programs to boost morale and provide growth opportunities for nurses. Investing in leadership development and continuing education programs can empower nurses and enhance their sense of competence.
7. Healthcare institutions can significantly improve ICU nurses' well-being and mitigate compassion fatigue by addressing individual needs and fostering a supportive work environment through screening programs, Critical Incident Stress Management (CISM) programs, mentorship programs, and addressing unit-level factors such as staffing, workload, and communication.

Conflicts of Interest

The authors declare that there is no conflict of interest in this manuscript. Results have been deduced objectively; nothing influenced this result by any individual, monetary, or institutional interests. In effect, utmost endeavors were in order to conduct a bias-free operation of gathering and analyzing the data into interpretation and producing a study based on merit, away from research inconsistencies.

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