

Clinician Compassion Fatigue Recognizing & Resetting

terminal².care

Evidence Base: Figley (1995) · ProQOL (Stamm, 2010) · Journal of Hospice & Palliative Nursing

What Compassion Fatigue Is — and Isn't

Compassion fatigue is not burnout, though they overlap. Burnout comes from systemic workplace stress — too many patients, too little support, too much paperwork. Compassion fatigue comes from the relationship between you and the people you serve.

It is the cost of caring. It is the emotional residue of exposure to the suffering of others. And in hospice — where every patient dies — it is not a question of if, but when.

[Rourke \(2007\). Compassion Fatigue in Palliative Care. Canadian Family Physician.](#)

The Three Components (ProQOL Model)

Compassion Satisfaction: The positive feelings from helping others. The reason you entered this field. When this drops, everything feels harder.

Burnout: Exhaustion, cynicism, ineffectiveness. The system wore you down.

Compassion Fatigue (Secondary Traumatic Stress): Intrusive thoughts about patients. Difficulty sleeping after a death. Emotional numbness. Avoidance of certain cases. Feeling like you have nothing left to give.

[Stamm \(2010\). The ProQOL Manual. Professional Quality of Life Scale.](#)

Warning Signs — Be Honest With Yourself

You dread going to work — not because of the work, but because of the weight

You find yourself emotionally numb during patient visits

You avoid certain patients or families because they remind you of a loss

You're irritable at home — snapping at people who don't deserve it

You're not sleeping, or sleeping too much

You've stopped doing the things that used to restore you

You feel guilty for not caring enough — or for caring too much

You fantasize about leaving the profession

You use alcohol, food, or isolation to cope

You can't remember the last time you felt joy at work

Evidence-Based Reset Strategies

Immediate (Today)

- Take your full lunch break. Away from the office. Outside if possible.
- Call a colleague who understands. Not to vent — to be heard.
- Use a transition ritual between patients: 3 deep breaths, change a song, roll the windows down.
- Drink water. Eat something. Basic physiology matters.

Short-Term (This Week)

- Take the ProQOL self-assessment: proqol.org
- Schedule time for one activity that has nothing to do with caregiving
- Practice a body scan before sleep — clinicians carry tension in the neck, jaw, lower back, and hands
- Limit after-hours chart reviewing and work communication

Structural (This Month)

- Request clinical supervision or peer support group through your organization
- Evaluate your caseload — is it sustainable?
- Consider therapy with a provider experienced in healthcare worker stress
- Explore the Accelerated Recovery Program (ARP) or similar structured interventions
- Reconnect with why you entered this field — revisit a meaningful patient story or mentor relationship

Resilience Is Not the Same as Toughness

Research shows that resilience is the single strongest protective factor against compassion fatigue in hospice workers — explaining over 40% of the variance. But resilience is not about being tough or never struggling. Resilience is the practice of recovery. It is the willingness to feel the weight, set it down, and pick it up again tomorrow. It requires support, self-awareness, and permission to be human.

"You cannot pour from an empty cup — and I mean that literally." — Waldo, NP

Factors Influencing Compassion Fatigue among Hospice Nurses (2021). [Korean J Hospice Palliative Care](#).

share the message of

terminal².care