

The Compassion Fatigue Assessment Tool

How to determine your frontline staff's risk of emotional burnout

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What is compassion fatigue, and why is it important?

Compassion fatigue is a condition that occurs when caregivers are overwhelmed by stresses stemming from either the clinical or interpersonal components of their role.

Individuals affected by compassion fatigue are unable to deliver highest-quality care and are at risk for burnout.

What can we do about it?

To successfully build frontline staff's emotional capacity and decrease the likelihood of compassion fatigue and burnout, organizations should adopt a proactive approach to demonstrating emotional support.

The first step of this approach involves proactively assessing the emotional capacity of your staff. They often don't think about it until it's too late—like when a crisis occurs or when they have already reached a point of emotional exhaustion.

Our Compassion Fatigue Assessment tool helps staff recognize the visible and invisible signs of compassion fatigue, investigate the root causes of compassion fatigue, and seek additional help, if necessary.



Who should use this tool?

We recommend that any leader who oversees frontline staff, managers, or other unit-based roles should conduct this assessment to determine their staff's potential risk of compassion fatigue.



In this tool

- + How to administer the compassion fatigue assessment
- + Compassion fatigue discussion guide for leaders
- + Compassion fatigue assessment
- + Compassion fatigue literature guide

How to administer the compassion fatigue assessment

- Step 1** Before you distribute the Compassion Fatigue Assessment tool, make sure you have a strong understanding of compassion fatigue. You may wish to use the **compassion fatigue literature guide**, provided on page 4, to review key resources on the topic.
- Step 2** Facilitate a discussion with your staff to ensure everyone understands the concept of compassion fatigue and why you're conducting an assessment. Use the **compassion fatigue discussion guide** below to prepare for the discussion.
- Step 3** Set a time frame within which you (and any other hospital and/or unit leaders who are distributing the assessment) will discuss the results of the assessment with staff.
- Step 4** Distribute the **compassion fatigue assessment** on page 3 to participating staff. They can use the tool as a self-evaluation by following the instructions at the top of the assessment form. Staff should return the form to their leaders when finished.
- Step 5** Discuss the results of the assessments with your staff during the time you decided in step 3. If results show high risk for compassion fatigue among your staff, direct them to organizational or other resources for help. You and your leadership team should also discuss how to bolster emotional support for your frontline staff and build their emotional capacity to avoid compassion fatigue in the future.

Compassion fatigue discussion guide for leaders

Before you conduct the Compassion Fatigue Assessment, you should facilitate a discussion with your staff about the topic. This will help them understand and feel comfortable with the assessment they will be taking.

First, make sure you're comfortable explaining compassion fatigue to your staff. You should be able to point staff to organizational resources that can help them prevent or alleviate compassion fatigue. You may wish to consult the literature guide at the end of this document to review select resources on this topic.

- Ask yourself:**
- + Do I understand compassion fatigue?
 - + What are potential sources of compassion fatigue?
 - + How can I help my staff manage caregiver demands to avoid compassion fatigue?
 - + Are there resources available to staff at my institution that can help avoid compassion fatigue?

Then, use the following questions to guide your discussion with staff.

- Make sure to cover:**
- + What is compassion fatigue?
 - + What causes compassion fatigue?
 - + How can we identify compassion fatigue?
 - + What resources are available for staff?

Compassion fatigue assessment

Instructions

If you're **assessing someone else**, answer the questions listed under "Visible signs of compassion fatigue" on this page. Total your "Yes" answers, then refer to the bottom of the page for next steps.

If you're **assessing yourself**, answer the questions listed under "Visible signs of compassion fatigue," then answer the questions listed under "Invisible signs of compassion fatigue." Total your "Yes" answers, then refer to the bottom of the page for next steps.

Visible signs of compassion fatigue

	Yes	No
Shows marked decline in work efficiency	☐	☐
Is intent on clinical tasks to the detriment of patient interactions	☐	☐
Is more callous toward patients than in the past	☐	☐
Shows signs of mental or physical breakdown during crisis periods	☐	☐
Has outbursts of anger or irritability with little provocation	☐	☐
Exhibits a declining opinion of caregiver role	☐	☐
Treats patients like impersonal "objects"	☐	☐
Has expressed a desire to explore an entirely different position	☐	☐
Repeatedly fails to fulfill clinical responsibilities	☐	☐
Total "Yes" answers	_____	

Invisible signs of compassion fatigue

	Yes	No
Feeling a reduced sense of accomplishment	☐	☐
Being secretly happy when a procedure is canceled	☐	☐
Avoiding interactions with patients and colleagues when possible	☐	☐
Often leaving work feeling ineffective in job	☐	☐
Having mood swings with every patient interaction	☐	☐
Harboring resentment about role as caregiver	☐	☐
Having unhealthy attachment to patients	☐	☐
Feeling that poor patient outcomes adversely affect continued performance	☐	☐
Experiencing anxiety when interacting with emotional patients	☐	☐
Total "Yes" answers	_____	

Total combined "Yes" answers _____

What your score means: **0–2:** No cause for immediate concern; **3–5:** Investigate root causes of "Yes" answers; **6–18:** Seek additional professional counseling.

Compassion fatigue literature guide

Resources for compassion fatigue, burnout, and stress management

Boyle DA, “Countering compassion fatigue: A requisite nursing agenda,” *Online Journal of Issues in Nursing*, 16, no.1 (2011).

In this article, the author describes compassion fatigue and clearly distinguishes it from burnout. The article also addresses common risk factors of compassion fatigue and the importance of workplace interventions to confront compassion fatigue, particularly to help nurses deal with their emotional responses to witnessing tragedy and death.

Fetter KL, “We grieve too: One inpatient oncology unit’s interventions for recognizing and combating compassion fatigue,” *Clinical Journal of Oncology Nursing*, 16, no.6 (2012): 559–561.

With oncology nurses frequently caring for patients who are dying or near death, they frequently suffer from emotional distress and compassion fatigue. This article describes the success of implementing bereavement interventions in a community hospital’s oncology unit. While these practices come from an oncology setting, leaders may wish to review the practices and adapt them to other settings in their hospitals.

Gentry JE, Baggerly J, Baranowsky A, “Training as treatment: Effectiveness of the certified compassion fatigue specialist training,” *International Journal of Emergency Mental Health*, 6, no.3 (2004): 147–155.

This study examines the impact of Certified Compassion Fatigue Specialist Training (CCFST) across 83 participating mental health professionals. Results showed a significant decrease in the symptoms of compassion fatigue and burnout for participants, and an increase in their compassion satisfaction. The study details this “training-as-treatment” strategy as well as further details of the final evaluations.

Kravits K, et al., “Self-care strategies for nurses: A psycho-educational intervention for stress reduction and the prevention of burnout,” *Applied Nursing Research*, 23, no.3 (2010): 130–138.

The study aimed to develop and evaluate the effects of implementing a psycho-educational program to help nurses develop stress management plans. Quantitative and qualitative measures of stress and burnout were conducted pre- and post-educational program. Preliminary results found that the program had a positive impact on the levels of emotional exhaustion experienced by participants.

Lombardo B, Eyre C, “Compassion fatigue: A nurse’s primer,” *Online Journal of Issues in Nursing*, 16, no.1, manuscript 3 (2011).

This article begins with a case study of a reactive nurse who did not seek help for her mounting stress. The authors then outline symptoms of compassion fatigue (work related, physical, and emotional) and describe effective interventions to address these symptoms. The article ends with a case study of a proactive nurse who successfully avoided developing compassion fatigue by connecting with her peers and learning positive self-care strategies.

Mathieu F, “Running on empty: Compassion fatigue in health professionals,” *Rehab & Community Care Medicine*, (2007).

A Compassion Fatigue Specialist, Françoise Mathieu, provides a helpful description of compassion fatigue and highlights potential symptoms to be aware of in health care professionals. The article also discusses factors that contribute to compassion fatigue and suggests solutions to combat this issue.



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