



Management of compassion fatigue in clinical nurses: A qualitative content analysis

Mahdiah Sabery ¹, Farzaneh Saberi ², Azade Safa ¹, Nastaran Heydari Khayat ^{3*}

¹ Trauma Nursing Research Center, Kashan University of Medical Sciences, Kashan, Iran

² Trauma Nursing Research Center, Department of Midwifery, School of Nursing and Midwifery, Kashan University of Medical Sciences, Kashan, Iran

³ Department of Nursing, Iranshahr University of Medical Sciences, Iranshahr, Iran

* **Corresponding author:** Nastaran Heydari Khayat, PhD, Assistant professor, Department of Nursing, Iranshahr University of Medical Sciences, Iranshahr, Iran. **Email:** n.hkhyat@gmail.com

Received: 9 February 2022 Revised: 19 March 2023 Accepted: 3 April 2023 e-Published: 30 June 2023

Abstract

Background: Compassion fatigue (CF) is a progressive process of absorbing patients' pain and suffering resulting from caring interactions between caregivers and patients. Since compassion fatigue is strongly influenced by cultural and ethnic differences, the question arose, "How do Iranian deal with CF?"

Objectives: This study aimed to obtain a deep understanding of Iranian nurses' strategies in dealing with CF.

Methods: The study was conducted using the conventional content analysis method. Purposive sampling was conducted to select clinical nurses working in hospitals of Tehran and Kashan Universities of Medical Sciences, Iran. Using semi-structured face-to-face interviews, data were collected from 13 nurses who had experienced CF. Data analysis was performed according to the steps proposed by Graneheim and Lundman. To prove the trustworthiness of the data, the four criteria of credibility, dependability, confirmability, and transferability were used.

Results: Participants included 13 nurses whose average age was 31 years. Three categories emerged from the participants' experiences, namely "creating a work-life balance," "trying to ignore," and "use of support circle." All categories were placed under the theme of "struggling to survive in a turbulent workplace".

Conclusion: Nurses make lots of effort to deal with CF in personal and social levels. Healthcare managers can help nurses by providing them with more support, such as spiritual and organizational ones.

Keywords: Compassion fatigue, Management, Qualitative study, Nurse.

Introduction

Compassion fatigue (CF) refers to the cumulative negative feelings which may result from continuous exposure to traumatic or stressful situations.^[1-3] CF is a progressive process of absorbing patients' pain and suffering resulting from caring interactions between caregivers and patients with varying degrees of disease.^[1] It may also affect patients, organizations, and even the community.^[1,4,5] Studies show that 20–40% of nurses are affected by CF,^[6] such that 21.6% of oncology nurses,^[7] 27.3% of trauma nurses,^[8] 30% of neonatal nurses,^[9] 39.9% of emergency care nurses,^[10] and 40% of the intensive care unit (ICU) nurses^[11] are at high risk for

compassion fatigue.

CF is a complex phenomenon with many adverse effects. At first, nurses lose their feelings of self-efficacy, competence, and job satisfaction, and eventually experience physical, emotional, social, and spiritual complications that menace their existential integrity.^[1,12] It is also associated with an increase in clinical errors, a decrease in empathy and compassionate care, and consequently a decline in the quality of care.^[3,12]

It is very important to know how nurses define CF management strategies because this meaning shapes their behavior in their professional and even personal lives. Understanding the CF management strategies will reveal

how nurses react in stressful situations. This will ultimately help them find ways to cope CF and manage difficult caregiving situations.^[13]

In a qualitative study of CF and coping strategies among nurses from Central Europe, seven themes emerged that represented nurses' coping strategies related to cognitive, emotional, behavioral, somatic, personal relations, spiritual, and work-related symptoms of CF. A review study described the need for some interventions to promote resilience, toughness, psychosocial support, and an ideal work environment for nurses.^[14] Some studies have also examined and confirmed the effectiveness of educational workshops,^[15] resilience enhancement,^[2] and cognitive behavioral approaches^[16] in preventing or alleviating CF. However, quantitative approaches cannot fully uncover how nurses can manage CF and protect themselves from its adverse effects.^[17] Despite the fact that compassion fatigue is strongly influenced by cultural and ethnic differences, no studies have been conducted on Iranian nurses in this regard. Thus, the questions arose, "How do nurses manage CF? What strategies do they use to deal with CF?"

Objectives

This study aimed to gain a deep understanding of Iranian nurses' strategies in dealing with CF.

Methods

Design and participants

This qualitative study was conducted using conventional content analysis method. Content analysis explores people's understanding of phenomena, helps interpret subjective data, and facilitates understanding of context.^[18,19]

Purposive sampling was conducted to select clinical nurses working in hospitals of Tehran and Kashan Universities of Medical Sciences. Inclusion criteria included at least five years of clinical work experience, a bachelor's degree or higher in nursing, and experiencing CF based on the Nurses' Compassion Fatigue Inventory (NCFI). The NCFI is a 35-item instrument used to identify CF in nurses.^[3] Participants were excluded if they declined to remain in the study. Participants were selected with maximum variation in age, work experience, type of ward, and education level.

Data collection

Data were collected through semi-structured interviews from June to October 2020. Thirteen in-depth face-to-face interviews were conducted with nurses. Each interview lasted between 30 and 60 minutes and was conducted in a

private room at the hospital. The interview guide consisted of open-ended questions to permit participants to fully explain their own experiences. To start, participants were asked to explain their individual experiences of taking care of patients, and then they were asked: "Have you ever experienced mental and emotional fatigue while caring for patients? Describe it". "Do you take any special measures or activities when you experience such fatigue?", "What do you do to relieve this fatigue?", "What do you do to prevent this fatigue?" Probing questions such as "Could you explain more?", "What do you mean by that?", "Could you make your point more clear?", and "Could you give an example?" were also asked to encourage participants to give more in-depth information. All interviews were audio-recorded. Data saturation occurred at the 10th interview, which yielded no new conceptual code. However, the researcher conducted three more interviews to ensure data saturation.

Data analysis

Data collection and analysis were performed simultaneously. Data were analyzed using the method suggested by Graneheim and Lundman.^[20] The content of each interview was transcribed verbatim. The texts were then transferred to MAXQDA (v.12) software. The principal investigator (MS) read the interview transcripts several times to attain a general meaning and more understanding. Each interview was considered a unit of analysis. Words, sentences, or paragraphs were considered as meaning units. According to their contents, these units were put together and condensed meaning units were formed, abstracted, labeled, and converted into codes. The codes were produced based on the nurses' actual words or based on the researcher's general perception of their speech. The codes were compared in terms of similarities and differences and categorized into eight subcategories and three main categories. Finally, the categories were compared and, after deep reflection, the content hidden in the data was extracted as the theme "struggling to survive in a turbulent workplace".

Data trustworthiness

To ensure the data trustworthiness, the four criteria of transferability, credibility, dependability, and confirmability were used.^[21] Throughout the study, the research team held regular meetings to appraise and approve the study process. To facilitate data transferability, the participants were selected with maximum diversity. Data credibility was confirmed through participant reviews. Some interviews, along with the extracted codes, were printed and passed to the

relevant participants to be compared to their own experiences. To confirm dependability, a coded interview was presented to an expert in qualitative research at Kashan University of medical sciences to check and verify the coding process. For confirmability, the researcher documented the study process precisely so that readers can follow and understand the steps and decisions.

Ethical considerations

The study protocol was approved by the Institutional Review Board and the Research Ethics Committee of Kashan University of Medical Sciences (ethics approval code: IR.Kaums.REC.1399.021). The participants were informed of the aims and the process of the study and signed a written informed consent form before participating in the study. They were also assured of no obligation to participate in the study, permission for withdrawal at any time, and anonymity of data. The study was conducted in accordance with the Declaration of Helsinki.

Results

The participants included thirteen nurses (4 men and 9 women). The mean age of the participants was 31 years [Table 1]. Initially, 350 codes were derived, and after reducing, deleting, and merging the codes, 180 codes remained. Finally, one theme, three main categories, and eight subcategories emerged.

Struggling to survive in a turbulent workplace

The nurses utilized different strategies to continue living despite overwhelming work-related stress. They tried to find a balance between work and personal life. Nurses sought support to protect themselves, which ranged from family and workplace support to spiritual support. Sometimes they performed certain activities to keep themselves away from stressful situations. Based on participants' experiences, the theme of "struggling to survive in a turbulent workplace" was divided into three categories: "creating a work-life balance," "trying to ignore," and "using a support circle" [Table 2].

Creating a work-life balance

This category was classified into three subcategories, namely "accepting the nature of caring," "learning during the time," and "energy restoration."

Accepting the nature of caring

The majority of participants stated that compassion fatigue is inevitable among nurses due to the caring nature of the nursing profession. Care for patients is the essence of the nursing profession and differentiates nursing from

other disciplines. The nurse should be able to discover the patient's limitations, try to meet the patient's needs, and help their recovery and well-being. Then, caring is the primary duty of a nurse. A number of participants pointed out that a nurse must provide comprehensive care at every stage of the disease, even in incurable and end-of-life diseases. As Muslim Iranian nurses, participants believed that humans are immortal beings and they have been promised paradise, so they deserve to be cared for in the best possible way until they die. A nurse with 13 years of experience said: "*I have to take care of ailing patients whom I know will never get better, but my duty as a nurse is to take care of them. I have to take care of my patients at every stage, even at the end of their lives. I can't take care of them if I don't believe in that principle*" (p1).

Learning during the time

A number of nurses mentioned that they gained more experience and performed better over time and by dealing with different situations and patients. They believed that every patient, every situation, and even how each patient managed their disease were new experiences from which nurses could learn a lot. Such experiences were really useful and empowered them to manage stressful situations and crises more easily. The better they were able to manage the situation, the more satisfied they were, and the less physical and mental fatigue they experienced. A nurse with 14 years of experience commented: "*I have worked in various wards and situations. I have seen a bunch of patients, colleagues, doctors, and managers. When I had just started my job, the difficult and stressful situation made me anxious and exhausted sooner. But time has taught me many things and now I can work easily in difficult situations. Gaining experience is very important in our profession and teaches us important, useful, and practical tips*" (p7).

Energy restoration

The participants mentioned some strategies such as regular exercise, healthy eating, good recreation, balanced work and rest hours, some days off, and traveling that helped them regain their energy and prepared them to work with renewed vigor. A nurse with 6 years of experience commented: "*A nurse has to take care of him/herself. In my opinion, nutritious food, exercise, enough sleep, and planned and enjoyable entertainment are necessary for nurses' personal life and help them to overcome work stress more easily*" (p8). A nurse with 15 years of experience also said: "*We have to learn how to separate work and life to get less hurt*" (p9).

Table 1. Demographic characteristics of participants

Participant	Gender/ age (year)	Marital status	City	Ward	Work experience	Level of Education
1	Female/37	Single	Kashan	Gynecology	13	BSc
2	Female/29	Single	Tehran	ICU-surgery	5	BSc
3	Female/33	Single	Kashan	Kidney transplantation	11	MSc
4	Female/40	Married	Kashan	Delivery admission	13	BSc
5	Female/32	Married	Kashan	NICU	7	BSc
6	Female/33	Married	Tehran	Oncology	10	BSc
7	Male/41	Married	Tehran	Cardiac-ICU	14	BSc
8	Female/35	Married	Kashan	Neurosurgery	6	BSc
9	Female/40	Married	Kashan	Emergency-surgery	15	BSc
10	Male/27	Single	Kashan	Emergency	7	MSc
11	Male/33	Married	Tehran	Internal-ICU	9	BSc
12	Female/35	Married	Kashan	Internal-ICU	7	BSc
13	Male/38	Married	Tehran	Surgery-Male	8	BSc

BSc: Bachelor of Science, MSc: Master of Science

Table 2. The Categories extracted from the meaning of management strategies of compassion fatigue

Theme	Category	Sub-category	Examples of initial coding
Struggling to survive in a turbulent workplace	Creating a work-life balance	Accepting the nature of caring	Care not cure Care to end of life Deserve to better quality care
		Learning during the time	Learning from previous patients Learning from other situations
		Energy restoration	Go to trip Go to gym Eat healthy food Enough sleep
	Trying to ignore	The desire to be alone	Tendency to be at home Avoiding crowded settings
		Getting rid of work stress	Tendency to more delay at work Tendency to quit
	Use of support circles	Family support	Wife emotional support Keeping child by parents
		Hope for an afterlife reward	Trust to God Rely on God Hope to give gain
		Creating a friendly atmosphere	Peers sharing Colleagues support Need to respect

Trying to ignore

The participants had deliberately used some strategies to get away from a stressful work environment. Sometimes they tended to withdraw from the hospital environment, isolate themselves, or avoid stressful work situations to protect themselves. Nurses tried to avoid attention to stressful situations, even temporarily. This category includes two subcategories: "the desire to be alone" and "getting rid of work stress."

The desire to be alone

Isolation and distancing from others helped some nurses to get rid of their emotional exhaustion. Sometimes they preferred to be alone and even away from their colleagues and family. They do not want to go out of their homes or be in crowded situations. A nurse with 9 years of experience stated: "*Sometimes I want to be alone and see no one*"(p11).

Getting rid of work stress

Some of the participants tried to avoid troublesome and frustrating work situations. They tried to find legal and even illegal ways to protect themselves from the destructive workplace consequences. Some of them asked for days off to escape the work environment. However, some of them tried illegal methods such as absenteeism and delays. Some also desired to quit their jobs. A nurse with 8 years of experience commented: "Some days I am physically and mentally exhausted and unable to work. *I don't want to come to the hospital and be in a stressful situation anymore. I require peace of mind, a life without stress, and I am even thinking of leaving my job forever*" (p13).

Use of support circles

Nurses emphasized the crucial role of family, society, and organization as predisposing or protective factors in the development of CF. This category includes family support, hope for an afterlife reward, and creating a friendly atmosphere.

Family support

Like the majority of Iranians, our nurses were family-oriented and felt the need for a supportive partner to listen, care, and help them. A nurse with 6 years of experience said: "*I feel that my house is a place where I can be recharged. I seek help and support from my family, and then I get back to work*" (p8).

Hope for an afterlife reward

The hope for an afterlife reward originates from the spiritual and religious culture of Iranian nurses. Participants highlighted the significant impact of spirituality on their personal and professional lives. Their strong belief in a supernatural power gave them hope and kept them from becoming frustrated and discouraged by hardships. Furthermore, they achieved better meaning in life, which promoted their mental health and endowed them with valuable properties. A nurse said: "*We are taught that God forgives our sins if we try to meet the needs of the patients, and I believe in that*" (P1). Another nurse with 14 years of experience also said: "*Sometimes I have patients who need long-term care, but I never feel tired because I believe that someone is there and watching over me in any situation. I am sure that he will reward me one day in this world or another*" (p7).

Creating a friendly atmosphere

Nurses mentioned that there were many challenges in their work that contributed significantly to their physical

and emotional fatigue. They considered hospitals as their second home. They tried to create a friendly atmosphere to promote a culture of interprofessional collaboration and respectful relationships in order to protect themselves. Nurses also emphasized that with the hospital's support, they would be less likely to suffer from occupational problems. A nurse with 11 years of experience said: "*just as home gives us peace, work should provide conditions that reduce stress and create mental peace*" (p3).

In a friendly environment, they could talk about existing problems, share their fears and concerns, and express their feelings. This not only helps and supports them, but also brings peace and a good feeling. Nurses talked to patients, talked to each other about how to provide better care, and even talked to other members of the team and search for advice on how to meet the patient's needs. A nurse with 8 years of experience said: "*Not long ago, a patient who was frequently hospitalized in our department died. It affected me very much, I became so sad, and even cried. I also couldn't throw him out of my mind even at home. The next day, I talked to one of my colleagues about the sadness that the patient's death had caused. He consoled me and said that we did everything we could for him. We are nurses and understand each other's words better*" (p13).

Discussion

This study explored the CF management strategies used by Iranian nurses. Participants' experiences showed that they were struggling to survive in a turbulent workplace. Such a struggle appeared in three categories, namely, "creating a work-life balance," "trying to ignore," and "use of support circles." Nurses are continuously working with patients and need to care for them compassionately. Such a condition predisposes them to CF and nurses try to use various strategies to cope with these difficult situations and protect themselves from being hurt. From the nurses' point of view, good nursing care is not just about treating patients. Instead, nurses should provide comprehensive care to their patients. Our nurses have accepted the nature of their profession. Studies reported that acceptance of the nature of the profession is among the problem-solving coping strategies and is associated with a sense of control^[22] and conversely related to compassion fatigue.^[23]

Nurses in the present study believed that learning over time is another strategy that creates a balance between work and life. Some studies reported that stress has a cumulative effect, then, the more work experience, the more stress and CF may rise in nurses.^[24,25] In line with our

findings, Jenkins and Warren believe that nurses with more years of experience have less CF.^[26] It seems that maturity and experience over the years of work increase flexibility and develop the capacity to deal with irritating situations.

Energy restoration was another approach nurses used to protect themselves from CF. Zhang et al., considered CF as a state where energy consumption is more than energy restoration. This causes marked physical, social, emotional, spiritual, and logical changes in a progressive manner; therefore, nurses need some activities to restore.^[27] Duarte also showed that nutrition, personal relationships, and participation in recreational activities are essential for the management of CF.^[28] Some researchers also highlighted the importance of self-care strategies in alleviating CF.^[29-31]

Trying to ignore and avoid was another important approach our nurses used to manage CF and difficult work-life conditions. Jang and Kim concluded that CF is negatively associated with emotion-focused coping strategies such as avoidance/escape.^[32] Others also believe that avoidance coping strategies are associated with higher stress and lower psychological health.^[33,34] In contrast, Isa et al., reported that these strategies may augment people's emotional health because they provide time for reflection and develop self-protection.^[22] It seems that although avoidance strategies do not solve the problem, temporarily keep nurses away from dealing with work stressors.

Supportive circles were another important approach that nurses employed to relieve CF. Based on systems theory, social support from colleagues, family, and friends as key resources promote mental health. Social support can reduce feelings of loneliness and hopelessness. Safa et al. also considered social support as the most imperative and useful form of adaptive strategies.^[35] Studies have also shown that nurses who receive more support from their family and colleagues are healthier, feel less concerned, have less stress, and have higher levels of self-esteem and self-confidence than those who receive less support and may experience lower levels of CF.^[10,36,37]

Nurses in this study mentioned that hoping for an afterlife reward is a prominent part of a supportive circle. Consistent with this, some evidence showed that spiritual health causes better personal and professional outcomes such as happiness and resilience. Such people also experience a better quality of life, better work performance, and lower levels of burnout.^[38,39]

There are some limitations in this study, one of which is the limited generalizability of the data due to the nature of

qualitative studies. Our findings may also be less generalizable to nurses working in other cultures. Further studies are needed to investigate CF management strategies of nurses in other organizational and cultural settings.

Conclusions

Our nurses struggled to survive in a turbulent workplace. They tried to create a work-life balance, ignore difficulties, and use a supportive circle to relieve CF. Nurses make a lot of effort to deal with occupational hazards such as CF. By accepting the nature of caring, learning during time and energy restoration as well as seeking family support, creating a friendly atmosphere, and hoping for an afterlife reward nurses tried to prevent and deal with CF. Healthcare managers can help nurses by providing them with comprehensive support and teaching them some beneficial strategies to use in such a stressful workplace.

Acknowledgment

The authors would like to appreciate the hospital nurses in Tehran and Kashan who participated in the study. We are also appreciating the research deputy of Kashan University of Medical Sciences that supported us in conducting this study.

Competing interests

The authors declare that they have no competing interests.

Abbreviations

Compassion fatigue: CF;
Intensive care unit: ICU;
Nurses' Compassion Fatigue Inventory: NCFI.

Authors' contributions

We state that all four authors have contributed to all stages of the study and will be responsible for the content and publication of the findings. Design of the study, analysis and interpretation of data was conducted by all four authors. Also, all authors participated in drafting and several revising the content to get the best findings in a qualitative study. All authors read and approved the final manuscript. All authors take responsibility for the integrity of the data and the accuracy of the data analysis.

Funding

This study was funded by the Vice Chancellor of Research at Kashan University of Medical Sciences (IR.kaums.REC.1399.021).

Role of the funding source

None.

Availability of data and materials

The data used in this study are available from the corresponding author on request.

Ethics approval and consent to participate

The Institutional Review Board and the Research Ethics Committee of Kashan University of Medical Sciences (IR.Kaums.REC.1399.021) approved the study protocol.

Consent for publication

By submitting this document, the authors declare their consent for the final accepted version of the manuscript to be considered for publication.

References

- Alharbi J, Jackson D, Usher K. Compassion fatigue in critical care nurses and its impact on nurse-sensitive indicators in Saudi Arabian hospitals. *Aust Crit Care* 2020;33:553-9. doi:10.1016/j.aucc.2020.02.002 PMID:32265099
- Delaney MC. Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion (MSC) training program on nurses' compassion fatigue and resilience. *PloS one* 2018; 13:e0207261. doi:10.1371/journal.pone.0207261 PMID:30462717 PMCID:PMC6248952
- Sabery M, Tafreshi MZ, Hosseini M, Mohtashami J, Ebadi A. Development and Psychometric Evaluation of the Nurses' Compassion Fatigue Inventory. *J Nurs Meas* 2017;25:185-201. doi:10.1891/1061-3749.25.3.E185 PMID:29268821
- Cross LA. Compassion Fatigue in Palliative Care Nursing: A Concept Analysis. *J Hosp Palliat Nurs* 2019; 21:21-8. doi:10.1097/NJH.0000000000000477 PMID:30608916 PMCID:PMC6343956
- Peters E. Compassion fatigue in nursing: A concept analysis. *Nurs forum* 2018;53:466-80. doi:10.1111/nuf.12274 PMID:29962010
- Sinclair S, Raffin-Bouchal S, Venturato L, Mijovic-Kondejewski J, Smith-MacDonald L. Compassion fatigue: A meta-narrative review of the healthcare literature. *Int J Nurs Stud* 2017;69:9-24. doi:10.1016/j.ijnurstu.2017.01.003 PMID:28119163
- Cho HJ, Jung MS. Effect of Empathy, Resilience, Self-care on Compassion Fatigue in Oncology Nurses. *J Korean Acad Nurs Adm* 2014;20:373-82. doi:10.1111/jkana.2014.20.4.373
- Hinderer KA, VonRueden KT, Friedmann E, McQuillan KA, Gilmore R, Kramer B, et al. Burnout, compassion fatigue, compassion satisfaction, and secondary traumatic stress in trauma nurses. *J Trauma Nurs* 2014;21:160-9. doi:10.1097/JTN.0000000000000055 PMID:25023839
- Sacco TL, Ciurzynski SM, Harvey ME, Ingersoll GL. Compassion Satisfaction and Compassion Fatigue Among Critical Care Nurses. *Crit Care Nurse* 2015;35:32-43. doi:10.4037/ccn2015392 PMID:26232800
- Ariapooran S. The Prevalence of Secondary Traumatic Stress among Nurses in Iran, Malayer: The Predicting Role of Mindfulness and Social Support. *Int J Community Based Nurs Midwifery* 2013;1:156-64.
- Elkonin D, Van der Vyver L. Positive and negative emotional responses to work-related trauma of intensive care nurses in private health care facilities. *Health SA Gesondheid* 2011;16:1-8. doi:10.4102/hsag.v16i1.436
- Jarrad RA, Hammad S. Oncology nurses' compassion fatigue, burn out and compassion satisfaction. *Ann Gen Psychiatry* 2020; 19:22. doi:10.1186/s12991-020-00272-9 PMID:32265998 PMCID:PMC7110622
- Dev V, Fernando AT 3rd, Lim AG, Consedine NS. Does self-compassion mitigate the relationship between burnout and barriers to compassion? A cross-sectional quantitative study of 799 nurses. *Int J Nurs Stud* 2018;81:81-8. doi:10.1016/j.ijnurstu.2018.02.003 PMID:29518624
- Bayuo J, Agbenorku P. Compassion fatigue in the burn unit: A review of quantitative evidence. *J Burn Care Res* 2022;43:957-64. doi:10.1093/jbcr/irab237 PMID:34874445
- Adimando A. Preventing and alleviating compassion fatigue through self-care: An educational workshop for nurses. *J Holist Nurs* 2018;36:304-317. doi:10.1177/0898010117721581 PMID:28766396
- Partlak Günüşen N, Şengün İnan F, Üstün B, Serttaş M, Sayin S, Yaşaroglu Toksoy S. The effect of a nurse-led intervention program on compassion fatigue, burnout, compassion satisfaction, and psychological distress in nurses: A randomized controlled trial. *Perspect Psychiatr Care* 2022; 58:1576-86. doi:10.1111/ppc.12965 PMID:34706071
- Bengtsson M. How to plan and perform a qualitative study using content analysis. *NursingPlus Open* 2016;2:8-14. doi:10.1016/j.npls.2016.01.001
- Cavanagh S. Content analysis: concepts, methods and applications. *Nurs Res* 1997;4:5-16. doi:10.7748/nr1997.04.4.3.5.c5869 PMID:27285770
- Erlingsson C, Brysiewicz P. A hands-on guide to doing content analysis. *Afr J Emerg Med* 2017;7:93-99. doi:10.1016/j.afem.2017.08.001 PMID:30456117 PMCID:PMC6234169
- Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004;24:105-12. doi:10.1016/j.nedt.2003.10.001 PMID:14769454
- Lincoln YS, Guba EG. *Naturalistic Inquiry*. Newbury Park. 1985. doi:10.1016/0147-1767(85)90062-8
- Isa KQ, Ibrahim MA, Abdul-Manan HH, Mohd-Salleh ZH, Abdul-Mumin KH, Rahman HA. Strategies used to cope with stress by emergency and critical care nurses. *Br J Nurs* 2019;28:38-42. doi:10.12968/bjon.2019.28.1.38 PMID:30620648
- Nolte AG, Downing C, Temane A, Hastings-Tolsma M. Compassion fatigue in nurses: A metasynthesis. *J Clin Nurs* 2017; 26:4364-78. doi:10.1111/jocn.13766 PMID:28231623
- Kabunga A, Anyayo LG, Okalo P, Apili B, Nalwoga V, Udho S. Prevalence and contextual factors associated with compassion fatigue among nurses in northern Uganda. *PloS One* 2021; 16:e0257833. doi:10.1371/journal.pone.0257833 PMID:34570787 PMCID:PMC8475982
- Sarabia-Cobo C, Pérez V, de Lorena P, Fernández-Rodríguez Á, González-López JR, González-Vaca J. Burnout, Compassion Fatigue and Psychological Flexibility among Geriatric Nurses: A Multicenter Study in Spain. *Int J Environ Res Public Health* 2021; 18:7560. doi:10.3390/ijerph18147560 PMID:34300009 PMCID:PMC8305508
- Jenkins B, Warren NA. Concept analysis: compassion fatigue and

- effects upon critical care nurses. *Crit Care Nurs Q* 2012;35:388-95. doi:10.1097/CNQ.0b013e318268fe09 PMID:22948373
27. Zhang YY, Zhang C, Han XR, Li W, Wang YL. Determinants of compassion satisfaction, compassion fatigue and burn out in nursing: A correlative meta-analysis. *Medicine (Baltimore)* 2018; 97:e11086. doi:10.1097/MD.0000000000011086 PMID:29952947 PMID:PMC6242309
28. Duarte J. Professional quality of life in nurses: Contribution for the validation of the Portuguese version of the Professional Quality of Life Scale-5 (ProQOL-5). *Análise Psicológica* 2017; 35:529-42. doi:10.14417/ap.1260
29. Wang J, Okoli CTC, He H, Feng F, Li J, Zhuang L, et al. Factors associated with compassion satisfaction, burnout, and secondary traumatic stress among Chinese nurses in tertiary hospitals: A cross-sectional study. *Int J Nurs Stud* 2020;102: 103472. doi:10.1016/j.ijnurstu.2019.103472 PMID:31810017
30. Shepherd TD. Investigating Compassion Fatigue in Medical-Surgical Nurses: Gardner-Webb University; Nursing Theses, 2019.
31. Sorenson C, Bolick B, Wright K, Hamilton R. An Evolutionary Concept Analysis of Compassion Fatigue. *J Nurs Scholarsh* 2017; 49: 557-63. doi:10.1111/jnu.12312 PMID:28598011
32. Jang YM, Kim SY. Coping strategies, compassion fatigue and compassion satisfaction among nurses in emergency room. *J Korean Acad Nurs* 2014;20:348-58.
33. Tsaras K, Daglas A, Mitsi D, Papathanasiou IV, Tzavella F, Zyga S, et al. A cross-sectional study for the impact of coping strategies on mental health disorders among psychiatric nurses. *Health Psychol Res* 2018;6:7466. doi:10.4081/hpr.2018.7466 PMID:30596156 PMID:PMC6247012
34. Vagni M, Maiorano T, Giostra V, Pajardi D. Coping With COVID-19: Emergency Stress, Secondary Trauma and Self-Efficacy in Healthcare and Emergency Workers in Italy. *Front Psychol* 2020;11:566912. doi:10.3389/fpsyg.2020.566912 PMID:33013603 PMID:PMC7494735
35. Safa A, Adib-Hajbaghery M, Rezaei M. Support Received and Provided by Older Adults who Lost a Child: A Qualitative Content Analysis. *Iran J Nurs Midwifery Res* 2022;27:432-8.
36. Branch C, Klinkenberg D. Compassion fatigue among pediatric healthcare providers. *MCN The American journal of maternal child nursing. MCN Am J Matern Child Nurs* 2015; 40:160-6. doi:10.1097/NMC.000000000000133 PMID:25594692
37. Xia W, Defang W, Xiaoli G, Jinrui C, Weidi W, Junya L, et al. Compassion satisfaction and compassion fatigue in frontline nurses during the COVID-19 pandemic in Wuhan, China. *J Nurs Manag* 2022;30:2537-48. doi:10.1111/jonm.13777 PMID:36042535 PMID:PMC9538334
38. Akbari M, Hossaini SM. The Relationship of Spiritual Health with Quality of Life, Mental Health, and Burnout: The Mediating Role of Emotional Regulation. *Iran J Psychiatry* 2018;13:22-31.
39. Heidari A, Afzoon Z, Heidari M. The correlation between spiritual care competence and spiritual health among Iranian nurs. *BMC Nurs* 2022;21:277. doi:10.1186/s12912-022-01056-0 PMID:36224620 PMID:PMC9555262

How to Cite this Article:

Sabery M, Saberi F, Safa A, Heydari Khayat N. Management of Compassion Fatigue in Clinical Nurses: A Qualitative Content Analysis. *Nurs Midwifery Stud.* 2023;12(2):89-96. doi: 10.48307/NMS.2023.175268