

Editorial

Professor Jed Duff

PhD, RN, FACORN

Editor, Journal of Perioperative Nursing

Professor, School of Nursing Faculty

of Health, Queensland University of

Technology Nursing and Midwifery

Research Centre, Royal Brisbane and

Women's Hospital

journaleditor@acorn.org.au

Addressing burnout and compassion fatigue in perioperative nursing: An urgent call to action

Burnout and compassion fatigue have a considerable impact on perioperative nurses' wellbeing and job satisfaction as well as on the quality of patient care.

Since the pandemic, burnout and compassion fatigue have emerged as significant challenges in perioperative nursing, affecting not only individual wellbeing but also the quality of patient care. While burnout and compassion fatigue differ in aetiology and manifestation, both have a substantial impact on nurses' mental health and job satisfaction as well as on patient outcomes. In this editorial, I examine the prevalence and consequences of burnout and compassion fatigue in perioperative nursing and emphasise the urgent need for effective interventions and organisational support.

Burnout and compassion fatigue are two distinct yet related phenomena. Burnout is characterised by emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment, whereas compassion fatigue involves the emotional and physical depletion that arises from caring for patients experiencing suffering or trauma.¹

As perioperative nurses, we are at particularly high risk because of our unique exposure to stressors, including heavy workloads, long working hours, high patient acuity and the emotionally taxing nature of the perioperative environment. These factors, combined with limited resources and support, contribute to the development of burnout and compassion fatigue.² A recent meta-analysis revealed that up to 52 per cent of nurses

experience burnout, and 53 per cent report moderate to high levels of compassion fatigue.³

Burnout and compassion fatigue can lead to severe consequences for us and the patients we care for. Nurses suffering from burnout are more likely to experience decreased job satisfaction, reduced productivity and increased intention to leave their jobs, which results in higher turnover rates and decreased retention.⁴ Additionally, burnout has been linked to an increased risk of medical errors, decreased patient satisfaction and adverse patient outcomes. Similarly, compassion fatigue can negatively impact the quality of care provided to patients, as it diminishes nurses' ability to empathise, connect and respond to patients' needs.⁴

Recognising burnout and compassion fatigue in colleagues requires vigilance and attention to a range of signs. These signs include emotional exhaustion, characterised by persistent fatigue, irritability or sadness; depersonalisation, which may involve a negative or detached attitude towards patients or co-workers; and a reduced sense of personal accomplishment, often expressed as feelings of incompetence or inadequacy.⁴ If you identify these signs in a colleague, approach them with empathy, offer support and encourage them to seek help.

To address burnout and compassion fatigue in our specialty, we need a multi-faceted approach that is targeted at both the individual and organisational levels. At the individual level, the evidence suggests that we benefit from interventions focused on self-care and coping strategies. These may include mindfulness-based stress reduction, cognitive behavioural therapy (CBT) and emotional intelligence training.⁵ Peer support groups can also provide a safe space for sharing experiences and fostering resilience.⁵

At the organisational level, health services must acknowledge and address the systemic factors contributing to burnout and compassion fatigue. This requires a commitment to creating a supportive work environment that fosters a healthy work-life balance. Strategies include reducing workload, providing adequate staffing and offering flexible scheduling options.⁵ Additionally, organisations should prioritise ongoing education and training, promoting a culture of learning that emphasises the importance of self-care and resilience-building.⁵

To support the next generation of perioperative nurses, our education programs need to incorporate burnout and compassion fatigue in the curriculum and teach strategies for self-care, stress management and coping. Training in these areas will help nurses develop the necessary skills to recognise and manage the early signs of burnout and compassion fatigue, thus enhancing their resilience and ability to provide high-quality patient care.

ACORN and other nursing associations must advocate for policies that include safe workloads, adequate breaks during shifts, access to mental health services and other practices that support the wellbeing of perioperative nurses. Additionally, they should raise awareness about the importance of addressing burnout and compassion fatigue by promoting research, disseminating best practices and collaborating with health care organisations and policymakers.

Burnout and compassion fatigue pose significant challenges to our profession and the overall quality of our patient care. By recognising the severity of these phenomena and

implementing targeted interventions, we can foster a supportive work environment that promotes wellbeing and ultimately improves patient outcomes. As a specialty, we must act collectively to address this issue to ensure the sustainability of practice for future generations.

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