



UNIVERSITY of 
TASMANIA
 Compassion
 Fatigue/Empathetic distress
 syndrome quite quitting: How
 to renew your passion and save
 you love for nursing!

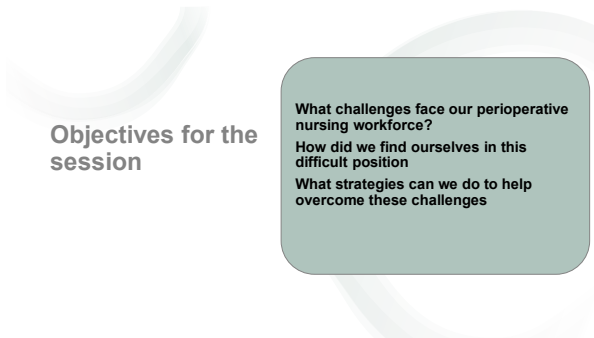
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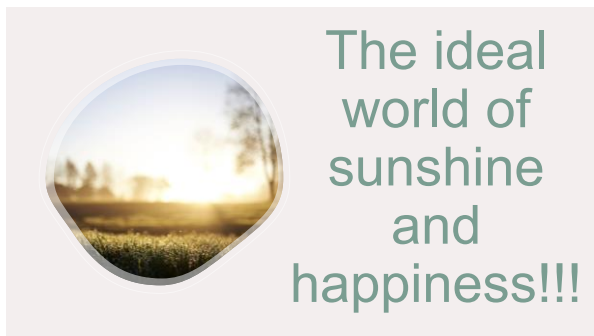
Objectives for the session

What challenges face our perioperative nursing workforce?
 How did we find ourselves in this difficult position
 What strategies can we do to help overcome these challenges



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 The ideal world of sunshine and happiness!!!



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What challenges face our perioperative nursing workforce?

Job satisfaction

- Tired overworked
- Not working to the level of 'competence that we would like due to time constraints and production pressure
- Barriers to evidence-based nursing that prevent great practice
- Compassion fatigue/empathetic distress/ quiet quitting

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Not working to the level of 'competence' that we would like

This is a huge problem because when you are working and not feeling like we are doing the best for our patients, this may undermine our 'love for the job'

This often falls under two reasons;

- Lack of ability to follow evidence-based practices
- Lack of time resources, time constraints and production pressure

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Evidence-based practice in perioperative nursing: Barriers and facilitators to compliance
<https://www.journal.acorn.org.au/jpn/vol36/iss2/6/>



Evidence based-practice

Evidence-based practice (EBP) may be defined as 'the practice of delivering exceptional patient-centred care by understanding and transitioning the best scientific evidence into practice and combining that knowledge with clinical expertise and patient values and wishes'¹

EBP is known to enhance patient outcomes, embed a culture of safety and decrease overall health care costs²

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Evidence based-practice

- However, there are many barriers and facilitators to implementing and sustaining EBP
- Two common barriers are lack of time and increased workloads
- In a study by Bianchi et al.³ findings revealed that EBP in combination with low nurse-patient ratios facilitated more EBP
- After long and tiring shifts, perioperative nurses have difficulty finding the time and energy to read journals about new evidence⁴
- However, lack of time also has implications in the clinical setting as both Lin et al.⁵ and Halberg et al.⁶ found that nurses admitted that to save time they would seek nursing practice guidance from more senior nurses in place of referring directly to hospital, state or national standards or guidelines

24/10/2025



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Evidence based-practic

Other barriers to EBP were lack of research and evidence knowledge, and resistance to culture⁷

However, on the bright side, there are facilitators to EBP and these included 'positive leadership' and 'culture of learning'⁷

24/10/2025



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<https://www.journal.acorn.org.au/jpn/vol36/iss2/6/>

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If we merge these ideas....

What I don't understand is that much of our frustrations comes from our working conditions
 In perioperative nursing we actually have great policies to follow on ?? staffing, counting on sustainability etc...
 But we don't always follow these

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Our powerful voice

I struggle with this!!

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Our powerful voice

I think / know if we were one LARGE UNITED voice we would succeed

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Food for thought!

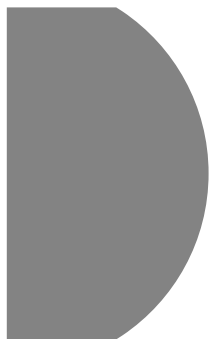
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Not working to the level of 'competence' that we would like

As mentioned, this is problematic because, when you are working and not feeling like we are doing the best for our patients, this may undermine your 'love for the job'

And this can contribute to '**compassion fatigue**' / '**empathetic distress**' or '**empathetic distress fatigue**' or **Quiet Quitting**

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What is it like to face this????



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Not exclusive to nursing

Doctors Ancillary staff

**Medical Management
Nursing Care**


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Definition
Compassion Fatigue refers to the process where caregivers empathetically bear the pain of the patient, thus reducing caregivers' own energy or interest⁹

Compassion is a core attribute of healthcare professionals, reflected in morally attuned and empathetic behaviour—showing kindness, patience, hope, and comfort toward patients¹⁰

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Balancing Act

Compassion Satisfaction
• The positive feelings from helping others

Compassion Fatigue /Empathetic distress fatigue
• A combination of physical, emotional, and spiritual depletion associated with caring for patients

Quiet quitting
• reduced productivity and hindered professional development

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Quiet Quitting

Individuals who exhibit quiet quitting intentions may contribute to reduced productivity and hindered professional development, as they are less willing to take on responsibilities beyond their basic duties. Quiet quitting also fosters a broader culture of disengagement, lowers staff morale, and undermines team cohesion, trust, and the overall quality of the work environment.

This disengagement can lead to unmet patient needs, diminished quality of care, prolonged hospital stays, increased healthcare costs, and greater patient safety risks, ultimately compromising organizational performance and reputation¹².

In terms of workforce stability, compassion fatigue can lead to full withdrawal from the profession¹⁰, while quiet quitting, though often temporary, increases the risk of nurses leaving their roles¹².

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POLL

Did you
join
nursing
for the
money!

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Where did this come from?

The concept of compassion fatigue first emerged in scholarly literature in the 1990s from North America to explain a phenomenon being observed in emergency nurses⁹

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Australian Nurses have been shown to be at risk of compassion fatigue due to the stresses of caring for patients in significant emotional pain and physical distress¹²

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Research tells us

An Australian study revealed that higher anxiety levels were correlated with nurses who were younger, worked full-time and without a postgraduate qualification¹²

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Research tells us

Twenty percent had elevated levels of compassion fatigue: 7.6% having a very distressed profile. At-risk nurses' stress and depression scores were significantly higher than nurses with higher compassion satisfaction scores¹²

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Research tells us that ...

Compassion Fatigue / empathetic distress fatigue has been linked to secondary traumatic stress syndrome which is a negative feeling driven by fear and work-related trauma¹²

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Research tells us that ...

The COVID-19 pandemic has negatively impacted nurses' well-being, increasing rates of burnout among nurses internationally¹³

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Compassion fatigue / empathetic distress fatigue affects the nurse's ability to provide compassion, and that 'caring is no longer experienced' in the same way¹⁴

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Nurses who experience compassion fatigue / empathetic distress fatigue say it is being deprived of the gift of compassion¹⁴

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Compassion is often defined as a “moral emotion” required for excellent nursing¹⁴

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Research tells us that ...

Burnout among nurses has been associated with work-related stress, inadequate resources, and poor support outside of work¹⁴
However, there are also many nurses who are not experiencing burnout¹⁴
Many nurses are creating positive experiences of their work, so there is also evidence to support nurses to having good outcomes in their careers¹⁴

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What can we do about this?

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Research tells us that ...

Thriving at work has been mentioned in the nursing literature, but there is no clear definition of what thriving is in the nursing context¹³

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Satisfaction arises when nurses experience positive feelings of caring compassion¹⁴



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Some ideas to consider

There are courses in compassion training that are available

Please talk to someone and consider professional assistance if needed
Nurse & Midwife Support is the national 24/7 support service for nurses, midwives and students. The service is anonymous confidential and free and can be contacted for any issue you need support for 1800 667 877 www.nmsupport.org.au



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Some ideas to consider

A healthy lifestyle, time for reflection, recovery, and **social networking** are important aspects in order for the nurse not to end up in chronic compassion fatigue /empathetic distress fatigue

A balance between rest and exercise and informal or professional support as required



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Comradery

Strategies that promote collegial relations are needed¹⁴

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