

Jesmo li umorni od suosjećanja?

Are we tired of compassion?

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Sažetak

Medicinske sestre neizostavni su članovi zdravstvene skrbi koji pružaju kontinuiranu i holističku skrb pacijentima tijekom liječenja. Međutim, zbog učestalih traumatičnih situacija i stresnih iskustava s kojima se susreću u svakodnevnom radu, medicinske su sestre izložene riziku od razvoja umora od suosjećanja, smanjenog zadovoljstva poslom i izgaranja, što negativno utječe na njihovu sposobnost pružanja kvalitetne skrbi.

Umor od suosjećanja predstavlja kompleksan i multidimenzionalan fenomen koji uključuje emocionalnu iscrpljenost, osjećaj depersonalizacije i smanjenje osobnog postignuća. Medicinske sestre izložene su većem riziku od razvoja umora od suosjećanja u usporedbi s drugim zdravstvenim radnicima zbog svoje bliske interakcije s pacijentima, dugotrajnih razdoblja rada i visokog stupnja odgovornosti koji nosi njihov posao.

Umor od suosjećanja ima ozbiljne posljedice na kvalitetu zdravstvene skrbi, stoga zdravstvene organizacije trebaju prepoznati ovaj fenomen i poduzeti preventivne mjere kako bi smanjili rizik od razvoja umora od suosjećanja među svojim osobljem. To uključuje razvoj programa edukacije i podrške za zdravstvene radnike, pružanje emocionalne podrške i mentorstva, prilagođavanje radnog okruženja i uspostavljanje politika koje promiču samopomoć i brigu o zdravlju zaposlenika.

Razumijevanje i prepoznavanje umora od suosjećanja posebno je važno za zdravlje i dobrobit medicinskih sestara, pacijenata i zdravstvenih organizacija. Kao neizostavni članovi tima zdravstvene skrbi, medicinske sestre zaslužuju podršku i brigu kako bi se osiguralo da mogu nastaviti pružati najbolju moguću skrb pacijentima.

Gljučne riječi: medicinske sestre, umor od suosjećanja, rizični faktori, intervencije

Kratak naslov: Umor od suosjećanja

Abstract

Nurses are indispensable members of healthcare who provide continuous and holistic care to patients during treatment. However, due to the frequent traumatic situations and stressful experiences they encounter in their daily work, nurses are exposed to the risk of developing compassion fatigue, reduced job satisfaction, and burnout, which negatively affects their ability to provide quality care.

Compassion fatigue is a complex and multidimensional phenomenon that includes emotional exhaustion, feelings of depersonalization, and diminished personal accomplishment. Nurses are at greater risk of developing compassion fatigue compared to other healthcare professionals due to their close interaction with patients, long work periods, and the high degree of responsibility that their job entails.

Compassion fatigue has serious consequences for the quality of healthcare, so healthcare organizations should recognize this phenomenon and take preventive measures to reduce the risk of developing compassion fatigue among their staff. That includes developing education and support programs for healthcare workers, providing emotional support and mentoring, adapting the work environment, and establishing policies that promote self-help and employee health care.

Understanding and recognizing compassion fatigue is vital to the health and well-being of nurses, patients, and healthcare organizations. As indispensable members of the health care team, nurses deserve support and care to ensure they can continue to provide the best possible care to patients.

Keywords: nurses, compassion fatigue, risk factors, interventions

Short title: Compassion fatigue

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Uvod

Medicinske su sestre zdravstveni profesionalci koji pružaju kontinuiranu podršku, brigu i suosjećanje pacijentima tijekom cijelog procesa liječenja. Međutim, dugotrajna izloženost traumatičnim iskustvima i stresu, karakterističnima za ovu profesiju, može dovesti do razvoja umora od suosjećanja, smanjenog zadovoljstva poslom te izgaranja, što predstavlja značajan rizik za kvalitetu zdravstvene skrbi. Umor od suosjećanja relativno je nov koncept koji se od-

Introduction

Nurses are healthcare professionals who provide continuous support, care, and compassion to patients throughout the entire treatment process. However, prolonged exposure to traumatic experiences and stress, characteristic of this profession, can lead to the development of compassion fatigue, reduced job satisfaction, and burnout, which pose a significant risk to the quality of healthcare. Compassion fatigue is a relatively new concept that refers to the emo-

nosi na emocionalnu i fizičku iscrpljenost koja s vremenom pogađa zdravstvene djelatnike [1]. Posljednjih godina problem umora od suosjećanja među medicinskim sestrama dobio je značajnu pozornost zbog sve većeg broja dokaza da može dovesti do ozbiljnih posljedica za njihovo fizičko, psihičko i emocionalno zdravlje. Umor od suosjećanja povezuje se s nesanicom, iscrpljenošću, depresijom, slabijim zadovoljstvom na poslu, gubitkom nade i neuspjehom u njegovanju, nedostatkom emocionalne svjesnosti te lošom prosudbom [2, 3]. Dugotrajni terapijski odnosi medicinskih sestara s pacijentom i pacijentovom obitelji ne samo da uzrokuju njihovu izloženost većem stresu nego i povećavaju rizik za suosjećajni umor [4]. U procesu povezivanja s pacijentima, medicinske sestre mogu percipirati pozitivne ili negativne emocije koje na kraju dovode do zadovoljstva suosjećanjem i umora suosjećanjem [5].

Cilj je ovog rada opisati umor od suosjećanja, faktore rizika, simptome te način prevencije kako bi se pomoglo medicinskim sestrama da se bolje nose sa stresom i da ostanu fokusirane i motivirane u svom radu.

Zadovoljstvo suosjećanjem

Suosjećajna skrb temelj je sestrinske prakse. Suosjećanje je osjećaj duboke sućuti, to je svijest o patnji drugog zajedno sa željom da se ona ublaži [6]. Zadovoljstvo suosjećanjem pozitivan je osjećaj o dobro obavljenom zadatku, osjećaj zadovoljstva zbog pomaganja drugom i sposobnost pozitivnog doprinosa radnom okruženju ili društvu [7, 8]. Suosjećanje je osjećaj zadovoljstva koje proizlazi iz pružanja skrbi za ublažavanje patnje drugih ljudi [9, 10]. Prema Newhamu i sur. suosjećanje se prikazuje kao ponašanje i djelovanje empatije, ljubaznosti, strpljenja, pružanja nade i utjehe [11]. Osjećaj zadovoljstva važna je komponenta u razvoju otpornosti na umor suosjećanja [12]. Zadovoljstvo suosjećanja može se smatrati zaštitnim faktorom od profesionalnih psiholoških rizika [13]. Međutim, osjećaj suosjećanja s vremenom zamjenjuje umor od suosjećanja zbog činjenice da su zdravstveni djelatnici uvijek tu kad pacijenti pate ili im je prolongiran oporavak [14]. Zadovoljstvo suosjećanjem, koje je osjećaj zadovoljstva i postignuća, i njegovo negativno stanje, umor od suosjećanja, ključni su za dobrobit medicinskih sestara, stoga utječu na kvalitetu skrbi za pacijente [5].

Umor od suosjećanja

Pojam umor od suosjećanja (engl. Compassion Fatigue – CF) prva je opisala Joinsons kao klasičan obrazac stresa kod medicinskih sestara koje rade u hitnoj službi i koje su izgubile „sposobnost njegovanja“ [15]. Ona umor od suosjećanja smatra emocionalnom, fizičkom i psihičkom iscrpljenošću zbog kronične izloženosti stresu povezanom s radom zdravstvenih djelatnika. Najčešće korištenu definiciju umora od suosjećanja razvio je Figley koji ga opisuje kao „stanje iscrpljenosti i biološke, psihološke i društvene disfunkcije kao rezultat produljene izloženosti stresu suosjećanja i svemu što on izaziva“ [16]. Također ga naziva i „trošak skrbi“. Umor od suosjećanja, kao i svaka druga vrsta umora, smanjuje našu sposobnost ili naš interes za podnošenje patnje drugih [14]. CF je opisan kao konvergencija sekundarnog

tional and physical exhaustion that affects healthcare workers over time [1]. In recent years, the issue of compassion fatigue among nurses has gained significant attention due to a growing body of evidence that it can have serious consequences for their physical, mental, and emotional well-being. Compassion fatigue is associated with insomnia, exhaustion, depression, lower job satisfaction, loss of hope, failure in nurturing, lack of emotional awareness, and poor judgment and discernment [2, 3]. Prolonged therapeutic relationships between nurses and patients and their families not only expose them to increased stress but also increase the risk of compassion fatigue [4]. In the process of connecting with patients, nurses may perceive positive or negative emotions that ultimately lead to compassion satisfaction and compassion fatigue [5].

This paper aims to describe compassion fatigue, risk factors, symptoms, and prevention methods to assist nurses in coping with stress and remaining focused and motivated in their work.

Compassion Satisfaction

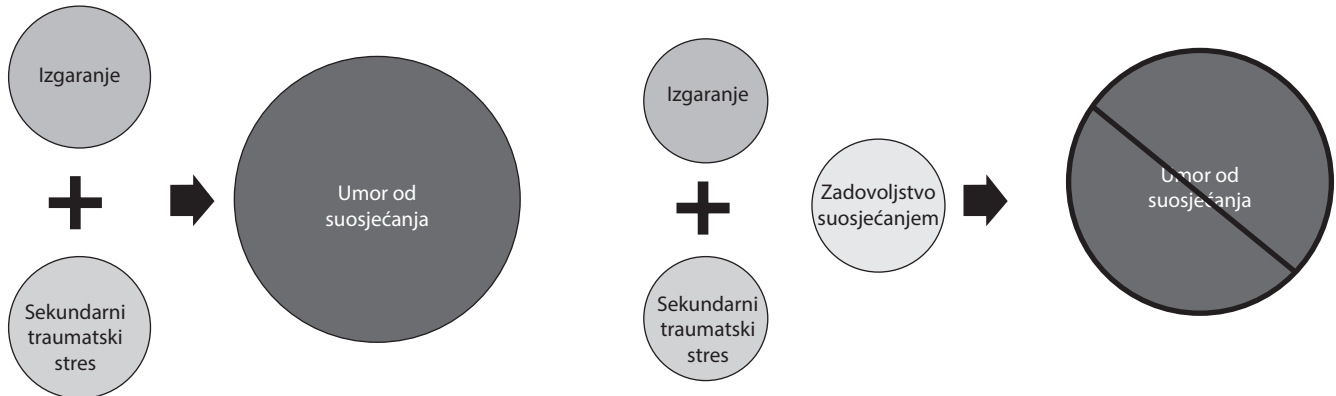
Compassionate care is the foundation of nursing practice. Compassion is a deep feeling of empathy, an awareness of another's suffering, along with the desire to alleviate it [6]. Compassion satisfaction is the positive feeling of a job well done, a sense of satisfaction from helping others, and the ability to make a positive contribution to the work environment or society [7, 8]. Compassion satisfaction is the feeling of contentment that arises from providing care to alleviate the suffering of others [9, 10]. According to Newham et al., compassion is demonstrated through behaviors and actions such as empathy, kindness, patience, providing hope, and offering comfort [11]. The feeling of satisfaction is an important component in developing resilience against compassion fatigue [12]. Compassion satisfaction can be considered a protective factor against professional psychological risks [13]. However, over time, the feeling of compassion is replaced by compassion fatigue because healthcare professionals are always there when patients are suffering or experiencing prolonged recovery [14]. Compassion satisfaction - the feeling of contentment and accomplishment, and its negative state, compassion fatigue, are crucial for the well-being of nurses and, therefore, impact the quality of patient care [5].

Compassion Fatigue

The concept of compassion fatigue (CF) was first described by Joinson as a classic pattern of stress in nurses working in the emergency department who have lost the "ability to nurture" [15]. She considers compassion fatigue as emotional, physical, and psychological exhaustion due to chronic exposure to the stress associated with healthcare work. The most commonly used definition of compassion fatigue was developed by Figley, who describes it as "a state of exhaustion and biological, psychological, and social dysfunction as a result of prolonged exposure to compassion stress and everything it evokes" [16]. It is also referred to as the "cost of caring". Compassion fatigue, like any other form of fatigue, reduces our ability or interest in enduring the suffering

traumatskog stresa (STS) i kumulativnog sagorijevanja (BO), stanja fizičke i mentalne iscrpljenosti uzrokovane smanjenom sposobnošću suočavanja sa svakodnevnim okruženjem [17].

ring of others [14]. CF is described as the convergence of secondary traumatic stress (STS) and burnout (BO), a state of physical and mental exhaustion caused by a reduced ability to cope with everyday surroundings [17].



SLIKA 1. Umor od suosjećanja / Figure 1. Compassion Fatigue
Izvor / source: <https://www.mdpi.com/1660-4601/13/6/618>

Sestrinstvo je visokorizična, stresna profesija i medicinske su sestre osjetljivije na umor od suosjećanja od ostalih zdravstvenih djelatnika [18]. One rade s povećanim opterećenjem u zdravstvenom sustavu kako bi zadovoljile složene potrebe pacijenata i izložene su riziku od umora od suosjećanja [19]. Općenit izraz umora od suosjećanja opisuje se kao rezultat kontinuiranog i intenzivnog kontakta s pacijentima, stalnog davanja sebe te podvrgavanja velikom stresu, što se potom pretvara u progresivan proces koji se manifestira kao stresno suosjećanje [20]. Stalna izloženost stresu i traumatskim iskustvima svojstvenima sestričkoj profesiji značajno pridonose razvoju smanjenog zadovoljstva poslom, umora od suosjećanja i izgaranja, što posljedično dovodi do znatno visoke stope fluktuacije u sestričtvu [21]. Dokazi pokazuju da je prevalencija umora od suosjećanja do 57,7 % osobito visoka kod kliničkih medicinskih sestara koje rade na odjelima intenzivne njege, hitnoj, onkologiji, psihijatrijskim i pedijatrijskim odjelima [22]. Nedavni sustavni pregled koji je uključio 28 509 kliničkih medicinskih sestara otkrio je da su razine umora od suosjećanja porasle tijekom posljednjih nekoliko godina, a medicinske sestre u azijskim regijama patile su od ozbiljne razine CF simptoma, znatno više nego medicinske sestre u Europi, Australiji i Sjevernoj Americi [23]. Pitanje CF-a postalo je još gore tijekom pandemije COVID-19 kad su medicinske sestre bile izložene traumatičnim događajima koji su im promijenili život [24]. Kako se simptomi sagorijevanja i umora od suosjećanja povećavaju, kvaliteta života povezana sa zdravljem opada. Dodatno, kako se zadovoljstvo suosjećanjem povećava, kvaliteta života povezana sa zdravljem također se povećava [25]. Hegney i sur. pronašli su negativan odnos između zadovoljstva suosjećanjem i depresije; pronašli su pozitivan odnos između umora od suosjećanja, izgaranja i anksioznosti te vrlo slab pozitivan odnos između izgaranja i depresije [26]. Neke studije pokazale su da dugotrajni suosjećajni umor može dovesti do smanjenja empatije i suosjećanja prema pacijentima, napetosti u odnosu medi-

Nursing is a high-risk, stressful profession, and nurses are more susceptible to compassion fatigue than other healthcare professionals [18]. They work under increased pressure in the healthcare system to meet complex patient needs and are more exposed to the risk of compassion fatigue [19]. The general expression of compassion fatigue is described as the result of continuous and intense contact with patients, constantly giving of oneself, and subjecting oneself to high levels of stress, which then turns into a progressive process manifested as stressful compassion [20]. Ongoing exposure to stress and traumatic experiences inherent in the nursing profession significantly contributes to the development of reduced job satisfaction, compassion fatigue, and burnout, leading to a significantly high turnover rate in nursing [21]. Evidence shows that the prevalence of compassion fatigue is up to 57.7%, especially high among clinical nurses working in intensive care units, emergency departments, oncology, psychiatric, and pediatric units [22]. A recent systematic review involving 28,509 clinical nurses found that levels of compassion fatigue have increased over the past few years, and nurses in Asian regions suffered from severe CF symptoms significantly more than nurses in Europe, Australia, and North America [23]. The issue of CF became even worse during the COVID-19 pandemic when nurses were exposed to life-altering traumatic events [24]. As symptoms of burnout and compassion fatigue increase, health-related quality of life declines. Additionally, as compassion satisfaction increases, health-related quality of life also improves [25]. Hegney et al. discovered a link between compassion satisfaction and depression; they discovered a link between compassion fatigue, burnout, and anxiety; and they discovered a very weak link between burnout and depression [26]. Some studies have shown that prolonged compassionate fatigue can lead to reduced empathy and compassion towards patients, tension in the nurse-patient relationship, decreased patient care [27], increased medical disputes, and a reduced ability to

cinska sestra – pacijent i smanjenja skrbi za pacijente [27], povećane medicinske sporove i smanjenu sposobnost suosjećanja te empatije na poslu [20, 28, 29]. Na društvenoj razini ima negativan utjecaj na zdravstvene organizacije kao što su povećani troškovi za medicinske ustanove, smanjenu produktivnost i veliku fluktuaciju osoblja [30, 31]. Osim toga, izloženost pacijentima koji doživljavaju traumu može negativno utjecati na mentalno i fizičko zdravlje, sigurnost i dobrobit medicinskih sestara te na zdravlje njihovih obitelji, osoba o kojima skrbe i organizaciju koja ih zapošljava [17].

Rizični faktori i simptomi

Prema Figleyju, rizični faktori koji doprinose razvoju umora od suosjećanja su: loša briga o sebi, prethodna neriješena trauma, nesposobnost kontrole stresora na poslu i nedostatak zadovoljstva poslom [16]. Jedan od najčešćih uzroka umora od suosjećanja traumatični su događaji poput smrti ili teških bolesti pacijenata. Medicinske su sestre izložene ovim situacijama svakodnevno, što može dovesti do akumulacije emocionalnog stresa i iscrpljenosti. Radno opterećenje također je važan faktor rizika za razvoj umora od suosjećanja kod medicinskih sestara. Prevelik broj pacijenata i prevelika odgovornost za brigu o njima može dovesti do emocionalne i fizičke iscrpljenosti, što povećava rizik od razvoja ovog sindroma. Nedostatak podrške od kolega, uprave ili obitelji vodi osjećaju izoliranosti koji dodatno može otežati suočavanje s emocionalnim stresom i iscrpljenosti. Medicinske sestre koje ne prakticiraju dobru samopomoć i ne brinu se dovoljno o sebi imaju veći rizik od razvoja umora od suosjećanja. Nedostatak odmora, prehrane, vježbanja i drugih aktivnosti koje pomažu u smanjenju stresa mogu dovesti do emocionalne iscrpljenosti. Također, medicinske sestre koje previše suosjećaju s pacijentima i teško postavljaju granice, kao i osobe koje su sklonije stresu, anksioznosti, depresiji ili imaju nisku razinu samopouzdanja, sklonije su razvoju ovog sindroma.

Simptomi koji mogu proizaći iz umora od suosjećanja uključuju emocionalne reakcije kao što su emocionalna i fizička iscrpljenost, očaj, depersonalizacija, tuga, ljutnja, jak stres, smanjena sposobnost empatije i suosjećajnosti te smanjen osjećaj osobnog postignuća [8, 32, 33]. Poznato je da je umor od suosjećanja rezultat povećanog emocionalnog davanja medicinske sestre pacijentu tijekom vremena. Navedeno, u konačnici, uzrokuje nemogućnost održavanja ravnoteže empatije i objektivnosti [34]. Autorice su simptome podijelile na:

- *fizičke*: glavobolja ili bolovi u mišićima, hipertenzija, umor, debljanje, ukočen vrat, poremećen san, šećerna bolest, kardiovaskularne bolesti, gastrointestinalna stanja, imunološka disfunkcija, česte dugotrajne bolesti;
- *psihičke*: bijes, dosada, anksioznost, beznade, loša komunikacija, osjećaj izoliranosti;
- *bihevioralne*: zloupotreba supstanci, kašnjenje, izostanak s posla, pogreške u liječenju, sarkazam, cinizam.

Prema Figleyju, učinci umora od suosjećanja mogu se pojaviti od akutnih do kroničnih, a utječu na sedam područja: kognitivno, emocionalno, bihevioralno, osobne odnose, somatsko, radni učinak i duhovnost [14].

show compassion and empathy at work [20, 28, 29]. At a societal level, it has a negative impact on healthcare organizations, such as increased costs for medical facilities, reduced productivity, and high staff turnover [30, 31]. Moreover, exposure to patients experiencing trauma can negatively affect the mental and physical health, safety, and well-being of nurses, as well as the health of their families, the individuals they care for, and the organization employing them [17]. Top of Form

Risk Factors and Symptoms

According to Figley, risk factors contributing to the development of compassion fatigue include poor self-care, unresolved previous trauma, the inability to control workplace stressors, and job dissatisfaction [16]. One of the most common causes of compassion fatigue is traumatic events such as patient deaths or severe illnesses. Nurses are exposed to these situations daily, which can lead to the accumulation of emotional stress and exhaustion. Workload is also a significant risk factor for the development of compassion fatigue in nurses. An excessive number of patients and excessive responsibility for their care can lead to emotional and physical exhaustion, increasing the risk of developing this syndrome. Lack of support from colleagues, management, or family leads to a feeling of isolation, which can further hinder coping with emotional stress and exhaustion. Nurses who do not practice good self-care and do not take sufficient care of themselves are at higher risk of developing compassion fatigue. Lack of rest, nutrition, exercise, and other stress-reducing activities can lead to emotional exhaustion. Also, nurses who empathize too much with patients and have difficulty setting boundaries, as well as those who are prone to stress, anxiety, depression, or low self-confidence, are more susceptible to developing this syndrome.

Symptoms that may result from compassion fatigue include emotional reactions such as emotional and physical exhaustion, despair, depersonalization, sadness, anger, severe stress, reduced ability for empathy and compassion, and a diminished sense of personal achievement [8, 32, 33]. It is known that compassion fatigue results from increased emotional giving over time, which the nurse provides to the patient, ultimately leading to an inability to maintain a balance of empathy and objectivity [34]. The authors have categorized the symptoms into:

- *physical*: headaches or muscle pains; hypertension; fatigue; weight gain; a stiff neck; disrupted sleep; diabetes; cardiovascular diseases; gastrointestinal conditions; immune dysfunction; frequent prolonged illnesses;
- *psychological*: anger, boredom, anxiety, hopelessness, poor communication, feelings of isolation;
- *behavioral*: substance abuse, lateness, absenteeism, treatment errors, sarcasm, cynicism.

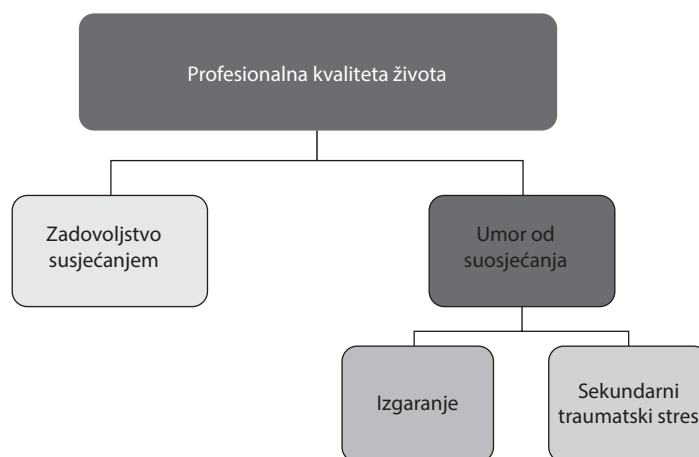
According to Figley, the effects of compassion fatigue can range from acute to chronic, impacting seven areas: cognitive, emotional, behavioral, personal relationships, somatic, work performance, and spirituality [14].

Ljestvica profesionalne kvalitete života (ProQOL)

Umor od suosjećanja najčešće se mjeri pomoću Ljestvice profesionalne kvalitete života (ProQOL) koju je razvio Stamm [8]. ProQOL ima ukupno 30 stavki, s 10 stavki u svakoj subskali. Sastoji se od triju dimenzija: zadovoljstvo suosjećanjem, izgaranje i sekundarni traumatski stres. Zadovoljstvo suosjećanjem povezano je s osjećajem osobnog postignuća proizašlim iz pomaganja drugima da prođu kroz traumatične događaje [35, 36]. Viši rezultati na ovoj subskali predstavljaju veće zadovoljstvo vezano za nečiju sposobnost da bude učinkovit njegovatelj. Izgaranje se odnosi na psihološki sindrom koji uključuje emocionalni ili fizički umor, depersonalizaciju i smanjen osjećaj osobnog postignuća zbog nezadovoljstva poslom [37]. Viši rezultati na ovoj subskali predstavljaju veći rizik od izgaranja. Sekundarni traumatski stres može proizaći iz neizravne izloženosti medicinske sestre vezane za posao tuđim traumatskim iskustvima i stresnim situacijama [38, 39]. Viši rezultati na ovoj subskali predstavljaju veći rizik od sekundarnog traumatskog stresa. Izgaranje i sekundarni traumatski stres zajedno povećavaju rizik od suosjećanja i kombiniraju se za mjerenje umora od suosjećanja u Stammov model [8]. Za održavanje pozitivne profesionalne kvalitete života, poznate kao zadovoljstvo suosjećanjem, medicinske sestre moraju imati dobru ravnotežu između poslovnog i privatnog života, postaviti granice te razviti strategiju brige o sebi koja vodi duhovnom blagostanju [36].

Professional Quality of Life Scale (ProQOL)

Compassion fatigue is most commonly measured using the Professional Quality of Life Scale (ProQOL) developed by Stamm [8]. The ProQOL consists of 30 items, with 10 items in each subscale. It comprises three dimensions: compassion satisfaction, burnout, and secondary traumatic stress. Compassion satisfaction is associated with a sense of personal achievement derived from helping others navigate through traumatic events [35, 36]. Higher scores on this subscale indicate greater satisfaction related to one's ability to be an effective caregiver. Burnout refers to a psychological syndrome involving emotional or physical exhaustion, depersonalization, and a reduced sense of personal achievement due to job dissatisfaction [37]. Higher scores on this subscale represent a higher risk of experiencing burnout. Secondary traumatic stress can result from a nurse's indirect exposure to others' traumatic experiences and stressful situations related to their job [38, 39]. Higher scores on this subscale indicate a greater risk of experiencing secondary traumatic stress. Burnout and secondary traumatic stress together increase the risk of compassion fatigue and are combined to measure compassion fatigue in Stamm's model [8]. To maintain a positive professional quality of life, known as compassion satisfaction, nurses must find a good balance between work and personal life, set boundaries, and develop self-care strategies leading to spiritual well-being [36].



SLIKA 2. Model profesionalne kvalitete života (Stamm BH: 2010) / Professional Quality of Life Model (Stamm BH: 2010)
Izvor / Source: <http://www.collaborativecurriculum.ca/en/modules/CanMEDS-professional/canmeds-professional-physicianhealth-02.jsp>

Prevenција i liječenje

Da bi smanjile utjecaj umora od suosjećanja, medicinske sestre moraju sudjelovati u specifičnim preventivnim mjerama i mjerama suočavanja [14]. Važno je educirati medicinske sestre o umoru od suosjećanja i povećati svijest o ovom sindromu. To će pomoći u prepoznavanju simptoma i pravodobnom prepoznavanju problema. S ciljem smanjenja rizika od razvoja umora od suosjećanja, potrebno je:

Prevention and Treatment

To reduce the impact of compassion fatigue, nurses must engage in specific preventive measures and coping strategies [14]. It is important to educate nurses about compassion fatigue and raise awareness about this syndrome. That will help in recognizing symptoms and addressing the issue in a timely manner. To reduce the risk of developing compassion fatigue, it is necessary to:

- osigurati podršku kolega, uprave i obitelji. To može uključivati mentorstvo, timski rad, kvalitetne međuljudske odnose i priliku za razgovor o emocionalnim iskustvima;
- smanjiti radno opterećenje medicinskih sestara koje se može postići redistribucijom posla, zapošljavanjem dodatnog osoblja i osiguravanjem adekvatne opreme i tehnologije;
- stvoriti zdravo radno okruženje koje podržava i promiče dobrobit medicinskih sestara;
- naučiti medicinske sestre kako da se brinu o sebi i svojim potrebama, što uključuje dovoljno spavanja, uravnoteženu prehranu, vježbanje, vrijeme za hobije i društvene aktivnosti;
- naučiti razvijati empatiju i socijalne vještine koje će pomoći medicinskim sestrama da se bolje nose sa stresom i emocijama tijekom rada.

Praćenje simptoma umora od suosjećanja može pomoći u ranoj detekciji sindroma i sprečavanju ozbiljnijih posljedica. U slučajevima kad se simptomi umora od suosjećanja razvijaju, važno je rano prepoznati sindrom i poduzeti mjere za liječenje. To može uključivati psihoterapiju, farmakoterapiju, promjene u radnom okruženju i edukaciju. Trend koji najviše obećava jest usmjerenost na podučavanje i/ili jačanje otpornosti [40, 41, 42]. Ova metoda ohrabruje jer sugerira da se radnici u rizičnim skupinama zanimanja mogu naučiti nositi s poznatim čimbenicima rizika za razvoj umora od suosjećanja koji su, nažalost, neizbježni dijelovi njihova zanimanja. Također se ističe dodatna potreba za ulaganjem u programe poput ubrzanog programa za umor od suosjećanja (Accelerated Recovery Program – ARP), koji su razvili Gentry i sur. (2002). To je model od pet sesija za liječenje štetnih učinaka koje medicinske sestre doživljavaju kao rezultat svojeg rada u pružanju skrbi promicanjem otpornosti i samoučinkovitosti. Sudionici u ARP-u ne samo da su prijavili smanjenje simptoma umora od suosjećanja već se također osjećaju snažnije, energičnije i imaju jači osjećaj samopoštovanja. Program promiče smanjenje umora od suosjećanja, dovodi do zadovoljstva poslom te bolje kvalitete života [43].

Zaključak

Umor od suosjećanja važna je tema koja se sve više prepoznaje u zdravstvenoj skrbi. To je sindrom koji može ozbiljno utjecati na zdravlje i dobrobit medicinskih sestara te na kvalitetu skrbi koju pružaju pacijentima. Njegovo prepoznavanje, prevencija i liječenje ključni su za očuvanje mentalnog i fizičkog zdravlja medicinskih sestara te za pružanje kvalitetne zdravstvene skrbi. Osim toga, treba uspostaviti programe pomoći zaposlenicima u svakoj zdravstvenoj ustanovi koji bi uključivali savjetovanje i učenje vještina koje bi medicinskim sestrama pružile priliku da se bolje nose s emocionalnim teretom svojeg posla te da spriječe razvoj i progresiju umora od suosjećanja. Imperativ je da se sestrijska profesija bavi podrškom, strategijama i rješenjima koja mogu omogućiti višu razinu zadovoljstva poslom među medicinskim sestrama. Kultiviranje suosjećanja osnažuje profesionalce sposobnošću da budu prisutni u kontekstu

- Provide support from colleagues, management, and family. That may include mentorship, teamwork, quality interpersonal relationships, and opportunities to discuss emotional experiences.
- Decrease the workload of nurses which can be achieved through task redistribution, hiring additional staff, and ensuring adequate equipment and technology.
- Create a healthy work environment that supports and promotes the well-being of nurses.
- Teach nurses how to take care of themselves and their needs. That includes getting enough sleep, maintaining a balanced diet, exercising, allocating time for hobbies, and engaging in social activities.
- Teach to develop the empathy and social skills that will help nurses to better cope with stress and emotions during work.

Monitoring the symptoms of compassion fatigue can help in the early detection of the syndrome and prevent more serious consequences. In cases where symptoms of compassion fatigue develop, it is important to recognize the syndrome early and take measures for treatment. That may include psychotherapy, pharmacotherapy, changes in the work environment, and education. A promising trend is the focus on teaching and/or strengthening resilience [40, 41, 42]. This approach is encouraging because it suggests that workers in high-risk professions can learn to cope with known risk factors for the development of compassion fatigue, which are unfortunately, inevitable parts of their profession. There is also a suggested additional need to invest in programs such as the Accelerated Recovery Program (ARP), developed by Gentry et al. (2002), a five-session model for treating the harmful effects that nurses experience as a result of their caregiving work through promoting resilience and effectiveness. Participants in the ARP not only reported a reduction in symptoms of compassion fatigue but also felt stronger, more energetic, and had a greater sense of self-worth. The program promotes a reduction in compassion fatigue, leading to job satisfaction and an improved quality of life [43].

Conclusion

Compassion fatigue is an important topic that is increasingly recognized in healthcare. It is a syndrome that can significantly impact the health and well-being of nurses as well as the quality of care they provide to patients. Recognizing, preventing, and treating it are crucial for preserving mental and physical health of nurses and for delivering quality healthcare. Additionally, it is important to establish employee assistance programs in every healthcare institution, which would include counseling and learning skills that would give nurses the opportunity to cope with the emotional burden of their work and prevent the development and progression of compassion fatigue. It is imperative for the nursing profession to address support, strategies, and solutions that can enable a higher level of job satisfaction among nurses. Cultivating compassion empowers professionals with the ability to be present in the context of suffering and a genuine desire to prevent and/or alleviate such

patnje i imaju istinsku želju da spriječe i/ili ublaže takvu patnju, čime se smanjuje umor od suosjećanja i povećava zadovoljstvo suosjećanjem koje predstavlja zaštitni faktor za profesionalce. Na taj će se način poboljšati dobrobit zdravstvenih djelatnika i kvaliteta skrbi za pacijente. Kultiviranje suosjećanja mora biti ključan element budućih programa sestrinske intervencije.

Nema sukoba interesa.

suffering, thereby reducing compassion fatigue and increasing compassion satisfaction, which is a protective factor for professionals. In this way, the well-being of healthcare workers and the quality of patient care will be improved. Cultivating compassion must be a key element of future nursing intervention programs.

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