Research Output Journal of Public Health and Medicine 6(2):1-13, 2026

ROJPHM ISSN ONLINE: 1115-9715

https://rojournals.org/roj-public-health-and-medicine/ ISSN PRINT: 1115-6147

https://doi.org/10.59298/ROJPHM/2026/6211300

Burnout and Compassion Fatigue Among Nurses: Causes, Consequences and Strategies for Resilience and Self Care

Chioma Ibe[1], Solomon Justina Adanma Nwagwu[1], Kaunda Julia Ibebuike[1], Chinelo Clare Vincent[1], Anthonia Chinwendu Emesowum[1], Onyekwuo Festa Chinonye[1] and *Emmanuel Ifeanyi Obeagu[2]

[1]Department of Nursing Sciences, Faculty of Health Sciences, Imo State University, Owerri, Nigeria
[2]Department of Biomedical and Laboratory Science, Africa University, Mutare, Zimbabwe

***Corresponding email: emmanuelobeagu@yahoo.com**

ABSTRACT

Burnout and compassion fatigue have become increasingly prevalent among nurses due to the demanding nature of the nursing profession and the continuous exposure to physical, emotional, and psychological stressors. These conditions not only affect the well-being of nurses but also compromise the quality and safety of patient care. This seminar explores burnout and compassion fatigue among nurses by examining their causes, consequences, and strategies for resilience and self-care. The major causes discussed include excessive workload, inadequate staffing, prolonged working hours, emotional exhaustion, exposure to patients' pain and suffering, lack of organizational support, poor work-life balance, and insufficient coping mechanisms. The seminar further highlights the consequences of burnout and compassion fatigue, such as decreased job satisfaction, reduced productivity, increased absenteeism, high staff turnover, impaired professional judgment, medical errors, poor patient outcomes, and adverse effects on nurses' physical and mental health. Emphasis is placed on evidence-based strategies that promote resilience and self-care, including stress management, mindfulness practices, regular physical exercise, adequate sleep, healthy nutrition, peer and social support, professional counseling, continuous professional development, and organizational interventions such as supportive leadership, adequate staffing, and employee wellness programs. Building resilience enables nurses to adapt effectively to workplace challenges while maintaining their emotional well-being and professional competence. The seminar concludes that preventing and managing burnout and compassion fatigue require a collaborative approach involving individual nurses, healthcare institutions, and policymakers. Implementing effective resilience and self-care strategies is essential for enhancing nurses' well-being, improving patient care outcomes, strengthening workforce retention, and promoting a healthier and more sustainable healthcare system.

Keywords: Burnout; Compassion Fatigue; Nurses; Resilience; Self-Care.

INTRODUCTION

Nursing is globally recognized as one of the most demanding and emotionally intensive professions within the healthcare system. Nurses provide continuous physical, emotional, psychological, and spiritual care to patients and their families across diverse healthcare settings. Due to the nature of their work, nurses are frequently exposed to pain, suffering, trauma, death, ethical dilemmas, and heavy workloads, inadequate staffing, and prolonged working hours. Continuous exposure to these stressful situations predisposes nurses to psychological conditions such as burnout and compassion fatigue, which have increasingly become major occupational health concerns in contemporary healthcare practice [1]. According to Woo et al [2], burnout is defined as a state of mental exhaustion related to the work environment, which leads to physiological changes. Among its most common symptoms are physical, psychological, and emotional exhaustion caused by work-related stress and overload. 3 interdependent macro factors are required to characterize burnout syndrome: emotional exhaustion,

depersonalization, and reduced personal accomplishment. In today's demanding world, the line between hard work and burnout is becoming increasingly blurred. It is more than just feeling tired; it is a state of deep emotional, physical, and mental exhaustion caused by prolonged stress [3]. In addition, she opined that burnout happens when long-term stress leaves you feeling completely exhausted in every way: emotionally, physically, and mentally. You feel overwhelmed, drained, and can't keep up with the demands placed on you. This condition can leave you feeling cynical about your work, detached from others, and doubtful of your abilities.

World Health Organisation [4[defined nurse burnout as the exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration. Burnout and compassion fatigue represent significant challenges that impact healthcare professionals worldwide. Nurse compassion fatigue is the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time [5]. While burnout and compassion fatigue share similarities in their detrimental effects on nurses' well-being and patient care, they differ in their underlying causes and manifestations. While burnout may result from broader systemic issues within healthcare environments, compassion fatigue is more directly linked to the emotional demands of caregiving [6]. Nurses are one of the most affected groups is health professionals, who face a high risk of exhaustion in the work place. Among health care fields, nursing stands out due to the constant pressure involved in its tasks and the diminishing ability to carry them out effectively. This issue becomes evident when such distress interferes with the efficiency of patient care, leading to reduced work quality, procedural errors, absenteeism, disengagement, dissatisfaction, conflicts with colleagues and family members, use of legal and illegal drugs, and physical inactivity [7]. In 2020, 14.3% of nurses in Brazil were diagnosed with burnout syndrome, exhibiting physical and emotional symptoms such as irritability, headaches, shortness of breath, insomnia, anxiety, and a lack of interest in social interactions. In the workplace, this often led to reduced work quality, procedural errors, absenteeism, disengagement, dissatisfaction, interpersonal conflicts, substance use, and sedentary behavior.

In Brazil, scientific studies on this topic remain scarce, even though it is a highly prevalent condition among the population today. Therefore, addressing burnout syndrome is essential to developing strategies that promote physical and mental well-being among nursing professionals in their work environment [8]. According to Kelly et al [9], burnout is a psychological syndrome that results from chronic workplace stress that has not been successfully managed. It is commonly characterized by emotional exhaustion, depersonalization, cynicism, reduced professional efficacy, and decreased job satisfaction. In nursing practice, burnout develops gradually when nurses consistently experience overwhelming job demands with insufficient emotional, organizational, and social support. Compassion fatigue, on the other hand, refers to the physical, emotional, and psychological exhaustion that caregivers experience because of prolonged exposure to patients' suffering and trauma. It is often described as the "cost of caring" for individuals experiencing pain, distress, or traumatic conditions. Although burnout and compassion fatigue are related concepts, compassion fatigue develops more rapidly and is strongly associated with secondary traumatic stress arising from empathetic engagement with patients.

Burnout describes a work-related syndrome, characterized by emotional exhaustion, depersonalization or cynicism towards patients and colleagues, and a reduced sense of personal accomplishment. It emerges when chronic workplace stress is not successfully managed and it directly undermines job satisfaction, clinical decision-making and retention. The burnout syndrome is no longer an exclusive term for healthcare or social environments, but a reality present in almost every work sector. In recent years, more and more employees from executives to junior workers experience one form or another of emotional, mental, and physical exhaustion derived from work [10]. According to Pavithrakshmi [3], burnout and compassion fatigue among nurses have received increased scholarly and clinical attention due to their rising prevalence and negative implications for healthcare delivery. Furthermore, COVID-19 pandemic further intensified these conditions among nurses because of increased patient mortality, workforce shortages, fear of infection, emotional trauma, and excessive workloads. Studies have shown that nurses working in critical care units, emergency departments, oncology units, and palliative care settings are particularly vulnerable due to constant exposure to critically ill and dying patients.

According to Wei et al [11], several factors contribute to burnout and compassion fatigue among nurses. These factors may be organizational, professional, or personal in nature. Organizational factors include inadequate staffing, poor remuneration, excessive workload, long shifts, lack of managerial support, workplace violence, poor working conditions, and limited opportunities for professional development. Professional factors include emotional involvement with patients, ethical conflicts, role ambiguity, and high job expectations. He further opined that personal factors such as poor coping mechanisms, low resilience, insufficient social support, and work–life imbalance might further increase vulnerability among nurses. Research has also identified occupational stress as a major predictor of compassion fatigue and burnout among nursing professionals.

According to Labrague [12], the consequences of burnout and compassion fatigue are multidimensional and affect nurses, patients, healthcare institutions, and society. For nurses, these conditions may lead to anxiety, depression, insomnia, emotional detachment, substance misuse, decreased productivity, low morale, and intention to leave the profession. Burnout has also been associated with increased absenteeism, poor interpersonal relationships, reduced professional commitment, and diminished quality of life. In severe cases, prolonged emotional exhaustion may contribute to suicidal ideation and other serious mental health challenges. Given the growing burden of burnout and compassion fatigue in nursing, resilience and self-care have emerged as important protective strategies. Resilience refers to the ability of individuals to adapt positively, recover from stress, and maintain psychological well-being despite adversity. Resilient nurses are better able to cope with workplace stressors, maintain emotional balance, and sustain compassionate care. Self-care strategies such as mindfulness, regular exercise, adequate rest, healthy nutrition, emotional support, counseling, spiritual practices, stress management, and work–life balance have also been shown to reduce burnout and compassion fatigue. Furthermore, organizational interventions including supportive leadership, mental health programs, adequate staffing, employee assistance programs, peer support systems, and professional development opportunities play significant roles in enhancing nurses' resilience and well-being [13].

Concept of Burnout

According to Spendiff [8], the American psychologist Herbert Freudenberger first used the term "burnout" in 1974. He opined that burnout described the result of unyielding stress and high standards experienced by people working in healthcare. He defined burnout as a state of physical, emotional, and mental exhaustion. A nurse suffering from burnout may suffer from feelings of emotional exhaustion where the person feels exhaustion from the physical and emotional overload from interactions with coworkers and healthcare users. In addition, he stated that burnout might cause a nurse to feel diminished sense of personal accomplishment. Moreso that reduced personal accomplishment causes the nurse to adopt a negative self-concept because of unrewarding situations such as overwork high stress etc. All professionals can experience general workplace burnout, but nurse burnout is a condition characterized by exhaustion and physical, emotional, and mental stress common in nursing and healthcare workplaces. It is preventable and treatable when nurses learn to recognize the signs and understand how to manage it effectively [14]. According to Montgomery and Patrician [15], burnout has played a significant role in health care organizations because of its negative impact on workforce turnover, job satisfaction, performance among nurses, and is a potential detriment to patient safety. The physical and mental health of nurses could affect work performance, and this could lead to a lack of consistency in vigilance and overall quality of care. Many studies report that increasing job demands have an impact on physical and psychological health, leading to such negative effects as emotional exhaustion, psychosomatic complaints, and a lowered perception of job satisfaction as well as reduced quality of patient care.

According to Alcazar[10], burnout is a state of physical, mental, and emotional exhaustion caused by prolonged exposure to chronic workplace stress. Although for a long time it was associated exclusively with professions of high emotional demand such as medicine or teaching, today we know it can affect any worker who feels overwhelmed, demotivated, or disconnected from their work environment. He further opined that poor physical and mental health in nurses can decrease nurse performance and quality of care because nurses are one of the most important factors in the healthcare system to improve quality of care. Moreso, burnout among nursing staff may play an important role in the occurrence of adverse patient events. However, a better understanding of nurse burnout is still needed According to Batiridou [16], emotional exhaustion arises when health professionals reach the limits of their capacity. As a result, there is a lack of emotional energy and a perception that emotional resources are depleting. For that reason, professionals cannot respond at an emotional level 'Emotional exhaustion' is the reaction to chronic stressors in the workplace, such as work overload, which are constant over time and introduce a pressure component on people's daily lives, causing emotional exhaustion. It is the lack of emotional energy, not directly physical energy itself. People are not physically fatigued from performing a strenuous job; the main issue is being emotionally drained from the lack of resources to deal with demands and stressors. The exhaustion increases the possibility of distancing oneself emotionally and cognitively from work, apparently as a way to cope with work overload. This lack of energy, perceived as a further loss of resources, can lead to maladaptive coping strategies such as emotional detachment from work or depersonalization.

Burnout is a psychological syndrome that develops as a result of prolonged exposure to chronic occupational stress, especially in emotionally demanding professions such as nursing. The concept of burnout has gained increasing attention in healthcare because of its negative effects on healthcare workers, patient outcomes, and organizational productivity [17]. The World Health Organization [4] classified burnout as an occupational phenomenon resulting from workplace stress that has not been successfully managed. Burnout is characterized

by three major dimensions: emotional exhaustion, depersonalization, and reduced professional accomplishment. According to Dall'Ora et al. [18], burnout among nurses is closely associated with excessive workload, inadequate staffing, long working hours, poor organizational support, and emotionally demanding work environments. Nurses often work under intense pressure, managing critically ill patients, responding to emergencies, and handling emotional interactions with patients and families. These repeated stressors gradually contribute to emotional exhaustion and psychological distress. The COVID-19 pandemic further intensified burnout among nurses worldwide. During the pandemic, nurses faced overwhelming workloads, shortage of personal protective equipment, fear of infection, increased patient mortality, and psychological trauma. These challenges significantly increased emotional exhaustion and stress among healthcare professionals [19].

Scholars have emphasized the importance of preventive strategies in addressing burnout among nurses. Interventions such as stress management programs, supportive leadership, adequate staffing, counseling services, resilience training, and work–life balance initiatives have been recommended to reduce burnout and promote nurses' psychological well-being [20]. It is important to note that the most widely used concept of burnout refers to these three dimensions. However, in the use of the instrument developed by the authors, it is often mentioned that burnout is considered to be present if: (a) the three subscales are altered; (b) emotional exhaustion and/or the depersonalization scale are altered (the sub-scale personal accomplishment not being taken into consideration and a high score for one of the other two sub-scales are enough to be considered as burnout); and (c) there is at least one dimension with severely abnormal ratings [21].

Concept of Compassion Fatigue

The term compassion fatigue originated in trauma psychology and refers to a coexisting state of secondary traumatic stress (STS) and burnout (BO) experienced by caregivers due to prolonged empathy for patients' physical and psychological suffering. Although its symptoms overlap with STS and BO, compassion fatigue has distinct conceptual foundations. In the context of emergency nurses, it was characterized as physical, emotional, and spiritual exhaustion resulting from chronic workplace stress and repeated exposure to patients' grief, anxiety, and distress. He later conceptualized it as "the cost of caring". According to Alruwaili et al [22], compassion fatigue is a phenomenon that extends its grasp across various healthcare disciplines, affecting not only geriatric nursing but also a broad spectrum of healthcare professionals who find themselves navigating the intricate and emotionally charged landscape of serious illness and end-of-life care. They further opined that it is a complex emotional response that arises from several contributing factors, and understanding these factors is crucial in addressing and mitigating this challenge. Moreso, they stated that one of the primary catalysts for compassion fatigue is the relentless exposure to human suffering. Healthcare providers, including nurses, witness patients grappling with pain, distress, and the overwhelming burden of chronic illnesses on a daily basis. This persistent exposure to suffering can weigh heavily on their hearts and minds, leading to emotional exhaustion and a sense of helplessness. Furthermore, in the realm of geriatric nursing, there is often the added weight of high patient mortality rates. Caring for Older Adults patients frequently involves addressing conditions that may be terminal or have a limited life expectancy. The realization that many of their patients may not recover or have limited time left can be emotionally taxing for healthcare professionals. This constant confrontation with mortality can take a toll on their emotional well-being and resilience. Over time, the definition has evolved, allowing clearer differentiation from burnout. For instance, Wolotira reframed compassion fatigue as a progressive decline in empathetic capacity, marked by accumulating empathetic strain—yet balanced by compassion satisfaction, a positive counterforce that enhances resilience and facilitates recovery [23].

By its very nature, nursing is a profession that demands both clinical expertise and significant emotional labor, placing nurses at heightened risk for compassion fatigue [24]. Recent studies estimated its prevalence among nurses to range from 23 % to 60 % with particular high rates (40% - 68.8%) in high pressure departments such as emergency unit, intensive care units, psychiatric unit, palliative care unit, oncology units etc. [16]. According to Zhang et al (2021), fatigue is a state of emotional, physical, and psychological exhaustion resulting from prolonged exposure to the suffering, trauma, and emotional distress of others. In addition, It commonly occurs among healthcare professionals, especially nurses, due to their continuous involvement in caring for patients experiencing pain, trauma, chronic illness, and death. He further stated that compassion fatigue is often described as the "cost of caring" because it develops from repeated empathetic engagement with suffering individuals.

Compassion fatigue, a concept well-established in healthcare, encompasses the cumulative physical, emotional, and psychological strain that healthcare professionals experience while caring for individuals confronting serious illness or end-of-life situations. Its hallmark symptoms include emotional exhaustion, reduced empathy, and a sense of detachment, profoundly affecting the well-being and effectiveness of caregiving professionals [22]. They further opined that while compassion fatigue has garnered substantial attention within healthcare, its

implications for geriatric nurses, particularly those specializing in palliative care for Older Adults patients, warrant in-depth exploration. Moreso, substantial evidence links compassion fatigue to severe health consequences, including insomnia, depression, emotional exhaustion, and impaired cognitive function (e.g., poor concentration and judgment), as well as diminished professional fulfillment. They also argued that compassion fatigue also compromises patient care quality, manifesting in negative coping behaviors, strained nurse-patient relationships, and increased medical conflicts. Organizational impacts are equally concerning, with compassion fatigue correlating to higher turnover rates and reduced productivity. Thus, developing robust risk prediction and early identification of compassion fatigue is imperative to inform timely interventions.

Unlike burnout, which develops gradually due to chronic workplace stress, compassion fatigue may occur suddenly after repeated exposure to traumatic patient experiences. Compassion fatigue is closely associated with secondary traumatic stress, where caregivers indirectly experience trauma through their interactions with distressed patients [5]. Cavanagh et al. [24] explained that compassion fatigue differs from burnout because it specifically arises from exposure to patients' trauma and suffering rather than general workplace stress alone. Compassion fatigue is common among nurses working in critical care units, oncology wards, emergency departments, mental health units, and palliative care settings where exposure to severe illness and death is frequent. In addition, The COVID-19 pandemic also increased the prevalence of compassion fatigue among healthcare workers. Nurses caring critically ill COVID-19 patients experienced fear, grief, helplessness, and emotional trauma due to high mortality rates and overwhelming workloads. These experiences significantly affected their emotional and psychological well-being.

Compassion fatigue has serious consequences for nurses and healthcare delivery. Nurses experiencing compassion fatigue may demonstrate reduced empathy, emotional numbness, anxiety, depression, sleep disturbances, and social withdrawal. They may also lose interest in their work and struggle to maintain therapeutic relationships with patients. According to Fukumori [25], a challenging work environment for nurses, where they are at risk of experiencing compassion fatigue, is in nursing homes. In these settings, nurses provide care to older adults dealing with multiple emotional and physical losses, co-morbidities, and end-of-life care needs. Nurses caring for older adults may face challenges such as heavy workloads, staff shortages, limited resources, and high demands. Moreover, compassion fatigue is triggered by unkind or prejudiced behaviour from patients or their families, patient suffering and death, and emotional conflicts arising from treatment. Upon reviewing the studies in this field, several quantitative investigations have assessed compassion fatigue among nurses working with older adults, revealing that it is a common issue among staff in this area [26]. Additionally, patient care may also be negatively affected because emotionally exhausted nurses may provide less compassionate and less patient-centered care. Compassion fatigue contributes to communication difficulties, decreased patient satisfaction, and impaired clinical judgment. Healthcare institutions may also experience increased absenteeism, low morale, reduced workforce retention, and decreased organizational efficiency [26].

Some scholars have questioned whether compassion itself causes fatigue. Hofmeyer et al. [27] argued that the emotional exhaustion associated with compassion fatigue might result more from excessive stress, poor emotional regulation, and inadequate support systems rather than compassion itself. The authors emphasized the importance of self-care, emotional regulation, and organizational support in protecting healthcare professionals from psychological distress. According to Kelly et al [9], to reduce compassion fatigue among nurses, researchers have recommended interventions such as mindfulness training, counseling services, emotional debriefing, peer support, stress management, resilience-building programs, adequate rest, and work–life balance. They also stressed that organizational support through healthy work environments, adequate staffing, and supportive leadership is also essential in promoting nurses' emotional well-being and sustaining compassionate care.

TYPES OF BURNOUT

According to Alcazar (2018), burnout manifest in different ways depending on the work context, worker's personality and organizational conditions. He explored five common types of burnout, which includes:

1. Overload burnout

This type of burnout appears when the worker constantly demands more of themselves than is sustainable, sacrificing rest, personal relationships, and even health in order to reach goals or prove their worth. It is common among perfectionist, highly competitive profiles or in companies that promote a culture of continuous high performance. Common symptoms of overload burnout includes:

- Long workdays without real breaks
- Difficulty disconnecting outside of work hours
- Appearance of physical ailments related to stress (migraines, muscle tension, insomnia)
- Feeling that nothing is ever enough

2. Neglect burnout

This type develops when work demands a lot but offers little in return, whether in recognition, support, or resources. It is common in positions where employees invest a lot of emotional energy without receiving validation or the tools they need to perform effectively. Common symptoms include:

- Feelings of uselessness or demotivation
- Sense of being "worn out" or empty
- Gradual loss of enthusiasm for work
- Increased irritability or apathy

Often, people in this situation remain "out of inertia," but they no longer feel engaged with what they do.

3. Boredom burnout

This occurs in repetitive or unstimulating work environments, where the worker finds no challenges or motivation. Although the workload may be low or moderate, the lack of purpose and development can lead to silent exhaustion. Symptoms include:

- Sense of stagnation
- Loss of interest in assigned tasks
- Reduced creativity
- Emergence of evasive behaviors (excessive phone use, emotional absenteeism)

4. Lack of control or autonomy burnout

This type appears when employees feel they have no decision-making power over their work, nor real influence over processes or outcomes. It is common in highly hierarchical structures or environments with micromanagement. Symptoms include:

- Frequent frustration over imposed decisions
- Difficulty taking initiative
- Emotional disconnection from work
- High turnover in the role

It is important to note that this is not just about "wanting more freedom," but about needing autonomy to work with meaning.

5. Lack of purpose burnout

This is one of the deepest and most difficult types to detect. It appears when work loses meaning for the individual. Even if the environment is healthy and conditions are optimal, if the employee does not find a connection between what they do and what they value, emotional exhaustion gradually takes hold. Typical symptoms include:

- Feeling of existential emptiness related to work
- Professional identity crisis
- Emotional detachment from the team or company
- Active search for purpose outside of work

Smith and Reid (2026), opined that different types of burnout exist, and they differ by the amount of dedication a person holds toward work. Possible burnout subtypes include frenetic, underchallenged, and worn-out. It's possible to transition from one to another over time.

- ❖ Frenetic. This is also called overload burnout. It's the result of an overly dedicated or ambitious approach to work. Maybe fear of being fired or a desire for promotion leads you to spend too much time in the office. Or perhaps you're taking on so many projects that you overextend yourself and neglect your social life.
- ❖ Underchallenged. This subtype involves under-stimulation or feeling as if your job is monotonous. Perhaps you're bored and can't find meaning in a repetitive job task. Or maybe you don't see room for personal growth in your position, so you **become less dedicated. You** feel trapped, unmotivated, and disengaged.
- ❖ Worn-out. This type of burnout is also called neglect burnout. It comes with feelings of hopelessness or helplessness. May be a lack of acknowledgement or guidance from your boss or coworkers leads you to feel unsupported. Perhaps you feel like, despite all your hard work, the job remains just as stressful and frustrating as it's always been.

Causes of Burnout Among Nurses

According to America Nurses Association [5], there are many causes of nurse burnout. Some causes are inherent to the job: providing compassionate care, working long hours, changing shift schedules, and being on your feet for hours at a time can all place serious demands on nurses. Other causes of nurse burnout are derived from systemic challenges facing the health care system. For instance, aging baby boomers and the pandemic have increased the demand for nursing professionals. They further stated that shortage of nurses has, in turn, led to more or longer shifts and placed greater demands on individual nurses during each shift. The pandemic has

increased stress on nurses in other ways, too. Witnessing patient deaths and being asked to provide moral and emotional support for those who die without their families nearby is an emotional burden that often falls on nurses. And coping with the day-to-day reality of the pandemic while hearing skepticism about its existence from outside people can be disheartening to those on the front lines of health care. Moreso, they opined that burnout is caused by unmanaged, chronic workplace stress. It can occur in any job or sector and results in the following symptoms, according to the World Health Organization:

- ❖ Mental and physical exhaustion
- ❖ Mental distance from the job
- ❖ Cynicism about the job
- ❖ Reduced efficacy in the workplace

According to Wolotira [1], Nurses often work long hours performing tasks that are both physically and emotionally demanding. What's more, the work nurses perform can have important and even life-or-death consequences for patients, significantly adding to workplace stress. Burnout among nurses has become a major occupational concern globally due to the stressful and emotionally demanding nature of nursing practice. Burnout is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment resulting from chronic workplace stress (World Health Organization [[4]. Several scholars have identified multiple causes of burnout among nurses, including excessive workload, inadequate staffing, long working hours, poor remuneration, workplace violence, emotional demands, and lack of managerial support [25]. According to Zhang et al. [7], nurses working in high-intensity units such as intensive care units, oncology wards, and emergency departments are more likely to experience burnout because of constant exposure to critically ill patients and emotionally distressing situations. Similarly, Mirutse et al. [20] found that prolonged exposure to patients' suffering and death significantly contributes to emotional exhaustion among nurses. According to Dall'Ora et al [18], heavy workload and nurse–patient imbalance remain prominent predictors of burnout. In their study, they revealed that nurses who work prolonged shifts exceeding 12 hours are at higher risk of fatigue, emotional exhaustion, and job dissatisfaction. In many healthcare institutions, shortage of nursing staff increases the workload burden on available nurses, thereby increasing stress levels and reducing job satisfaction.

Poor organizational support is another major factor associated with burnout. Kelly et al. [9] reported that lack of supportive leadership, inadequate recognition, poor communication, and insufficient opportunities for professional growth contribute significantly to burnout among nurses. Furthermore, workplace bullying and violence have also been identified as occupational stressors that negatively affect nurses' mental well-being. Personal factors such as poor coping skills, low resilience, inadequate social support, and inability to maintain work–life balance may further predispose nurses to burnout. Batiridou et al. [16] observed that nurses with low emotional resilience and poor psychological coping mechanizing to Compassion Fatigue Among Nurses. Yi et al. [23], in their systematic review and meta-analysis, found that compassion fatigue is highly prevalent among registered nurses and nursing students, particularly those working in critical care settings. The study identified frequent exposure to trauma, death, and severe illness as key contributors to compassion fatigue. Similarly, Sorenson et al. [28] argued that repeated emotional involvement with patients without adequate psychological recovery increases the likelihood of compassion fatigue among nurses. Nurses who constantly witness pain, terminal illness, and patient loss may gradually experience emotional depletion and reduced capacity for empathy. Occupational stress has also been strongly associated with compassion fatigue. Lourenção et al. [17] reported that excessive workload, role conflict, inadequate staffing, and emotionally demanding work environments significantly increase compassion fatigue among nursing professionals. In addition, lack of emotional support from colleagues and management further intensifies psychological distress.

The COVID-19 pandemic further worsened compassion fatigue among nurses globally. During the pandemic, nurses experienced fear of infection, increased mortality rates, emotional trauma, and overwhelming workloads. According to Labrague and Santos [29], frontline nurses reported severe emotional exhaustion and secondary traumatic stress during the COVID-19 crisis due to prolonged exposure to critically ill patients and inadequate healthcare resources. According to Mental Health America (2026), burnout happens when ongoing stress leaves you exhausted—emotionally, physically, and mentally. It can happen when you are trying to handle too many things—work, school, parenting, caregiving, or other duties. After a while, you may feel drained, disconnected, and overwhelmed. The primary causes include understaffing, excessively long shifts, high patient-to-nurse ratios, emotional strain from constant exposure to trauma, and a lack of organizational support. The American Nurses Association [5], classified the driving forces behind burnout into a few core categories:

Systemic and Workplace Pressures

● Staffing Shortages: Operating without adequate personnel means remaining nurses must take on heavier workloads and extra shifts, which erodes their work-life balance.

● Excessive Hours & Shift Work: Long shifts (often 8 to 12+ hours) combined with rotating schedules cause chronic sleep deprivation and physical fatigue, making it impossible to properly recover.

●Lack of Resources: Inadequate administrative support and missing equipment make it incredibly difficult for nurses to do their jobs effectively.

2. Emotional and Psychological Load

● Compassion Fatigue: Constantly acting as the first line of emotional support for grieving or suffering patients and their families leads to emotional numbing.

● Trauma and High-Stakes Environments: Regularly facing life-or-death situations, medical emergencies, and loss—especially in intensive care or trauma units—takes a heavy cumulative psychological toll.

● Difficult Interactions: Managing aggressive or noncompliant patients and families can foster feelings of under appreciation and resentment.

3. Ethical and Moral Challenges

● Moral Injury: When systemic issues (such as profit-driven structures or resource scarcity) force nurses to provide care that falls short of their ethical standards, it creates deep feelings of powerlessness and moral distress.

● Lack of Control: Having little to no input regarding institutional changes, scheduling, or facility policies can leave nurses feeling helpless and detached from their profession.

According to Clearstep Team (2026), nurse burnout is a growing crisis in the healthcare system. It affects not only frontline workers but also patient outcomes, hospital operations, and the overall stability of healthcare delivery. At Clearstep, we are committed to helping health systems navigate and solve workforce challenges—including preventing burnout among nurses.

The World Health Organization [4], defined burnout as an "occupational phenomenon" caused by chronic, unmanaged workplace stress. It manifests in three key dimensions:

- Exhaustion and depletion
- Mental detachment or cynicism
- Reduced professional effectiveness
- Burnout is also known to lead to a wide assortment of problematic symptoms, such as;

~ A cynical attitude towards work
~ A lack of empathy for coworkers and patients
~ A sense of panic about work
~ Withdrawal from professional or personal relationships
~ Decreased work ethic
~Slower responses to workplace duties
~Feelings of depression and anxiety

Given the demands of healthcare—especially during the COVID-19 pandemic—it's not surprising that nursing burnout is reaching epidemic levels (Woo et al, 2020). The National Institutes of Health (NIH) has called it a critical issue affecting both providers and patient care outcomes.

According to Wolotira [1], nursing is a highly intensive and challenging job, and several elements of the profession are known to lead to burnout. Some of the most common causes include;

1. High Stress Environments

Nurses work in fast-paced, high-pressure situations. Emergency rooms, ICUs, and trauma centers often expose staff to intense workloads, urgent care needs, and life-or-death scenarios—all of which contribute to long-term stress and burnout.

2. Excessive and Irregular Hours

Nurses frequently work 8 to 12-hour shifts, often on back-to-back days. In understaffed hospitals, overtime and on-call shifts further increase the burden, leaving little time for recovery.

3. Lack of Organizational Support

Burnout is more likely in environments with poor communication, inadequate training, or limited emotional and logistical support. A culture that deprioritizes staff well-being breeds disengagement and turnover.

4. Sleep Deprivation

Long shifts and stress-related insomnia contribute to chronic sleep deprivation, which impacts focus, mood, and immune function—all factors that intensify burnout.

5. Emotional Labor from Patient Care

Nurses are often the first line of emotional support for patients and families. Dealing with loss, grief, or difficult diagnoses—especially in oncology, palliative, or geriatric care—can take a cumulative emotional toll.

6. Other Contributing Factors

Aggressive or noncompliant patients

- Career stagnation or unclear growth paths
- Repetitive tasks and administrative overload
- Physical risk from contagious diseases

According to De Hert (2020), etiology of burnout and compassion fatigue is multifactorial, which could be external factors or internal factors. external factors include:

- High demand at work
- Problem of leadership and collaboration
- Contradictory instructions
- Time pressure
- Bullying at work
- Lack of freedom to make decisions
- Lack of organizational influence
- Few opportunities to participate
- Hierarchy problems
- Poor internal communication
- Administrative constraints
- Pressure from superiors
- Increased responsibility
- Poor work organization
- Lack of resources (Personnel and funding)
- Problematic institutional rules and structures
- Lack of perceived opportunities for promotion
- Lack of clarity of roles
- Lack of positive feedback
- Poor team work
- Absence of social support

Internal Factors Include:

- High self expectation
- Perfectionism
- Strong need for recognition
- Always wanting to please other people
- Suppressing own need
- Feeling Irreplaceable
- Overestimation to deal with challenges
- Work as only meaningful activity
- Work as substitute for social life

Symptoms Of Burnout

According to ANA [5], Early warning signs to be aware of include the following:

- You feel constantly overworked
- You regularly feel too tired to go to work
- You don't look forward to your job
- You feel unappreciated or like your work doesn't matter

While these are some of the most common warning signs, you may have other nurse burnout symptoms like trouble sleeping, tension in the body, or even feelings of depression.

According to De Hert [19], symptoms of burnout appears to be complex as the syndrome seems to develop in several consecutive stages. This 5-stage model starts with the honeymoon phase and is characterized by enthusiasm. Later, it becomes associated with experiencing the stresses of the job. If at this stage, no positive coping strategies are implemented, the process of burnout risks to become initiated. This is followed by a stage of stagnation characterized by the onset of stress. This second stage begins with an awareness of some days being more difficult than others. Life becomes limited to work and taking care of business, while family, social life and personal priorities are neglected and suffer and common stress symptoms appear, which affect the person emotionally, but also physically. Then a stage of chronic stress develops which leads to frustration. Individuals get the feeling of failure and a sense of powerlessness. Efforts do not visibly pay off and the impression or fact of not receiving enough acknowledgement leads to one feeling incompetent and inadequate. This then leads to the stage of apathy, where despair and disillusionment occur. People do not see a way out of the situation and become resigned and indifferent. The final stage is habitual burnout. Symptoms of burnout cause a significant physical or emotional problem and ultimately these may prompt one to look for help and intervention.

According to Badawy [13], burnout is a gradual process. It doesn't happen overnight, but it can creep up on you. The signs and symptoms are subtle at first, but become worse as time goes on. Think of the early symptoms as red flags that something is wrong that needs to be addressed. If you pay attention and actively reduce your stress, you can prevent a major breakdown. If you ignore them, you'll eventually burn out.

Physical signs and symptoms of burnout

¤ Feeling tired and drained most of the time.
¤ Lowered immunity, frequent illnesses.
¤ Frequent headaches or muscle pain.
¤ Change in appetite or sleep habits.

Emotional signs and symptoms of burnout

¤ Sense of failure and self-doubt.
¤ Feeling helpless, trapped, and defeated.
¤ Detachment, feeling alone in the world.
¤ Loss of motivation. Increasingly cynical and negative outlook.
¤ Decreased satisfaction and sense of accomplishment.

Behavioral signs and symptoms of burnout

¤ Withdrawing from responsibilities.
¤ Isolating from others.
¤ Procrastinating, taking longer to get things done.
¤ Using food, drugs, or alcohol to cope.
¤ Taking frustrations out on others.
¤ Skipping work or coming in late and leaving early.

Consequences of Burnout and Compassion Fatigue on Nurses, Patient Care And Health Outcome

Burnout and compassion fatigue have serious consequences for nurses, patients, healthcare organizations, and the healthcare system as a whole. Emotional exhaustion resulting from burnout negatively affects nurses' physical, psychological, and professional well-being. According to Wei et al. [11], burnout among nurses is associated with depression, anxiety, insomnia, emotional detachment, irritability, and reduced job satisfaction. Nurses experiencing burnout may develop feelings of hopelessness and lack of motivation toward their professional responsibilities. In severe situations, chronic emotional stress may lead to suicidal ideation and substance abuse. According to Wolotira [1], nurses may display physical and emotional exhaustion, increased anxiety, anger, irritability, intimacy issues, and irrational fears, decreased sympathy and/or empathy toward patients and coworkers and may express dread in working with certain clients or patients. Also, Negative coping behaviors, including drug and alcohol abuse, may emerge along with decreased job satisfaction. Nurse leaders may notice that staff members demonstrate increased use of sick days and/or paid time off and higher rates of absenteeism. In contrast to absenteeism, presenteeism is the physical presence of a nurse or health care provider on the job when they should not report for duty due to illness or job-related stressors. Nurses have the highest rates of presenteeism in the workforce, which is linked to poor patient outcomes and decreased patient safety.

Nurses who experience prolonged compassion fatigue may face emotional resource depletion, which leads to a decline in work engagement [14]. They further opined that high levels of compassion fatigue can cause nurses to lose enthusiasm and a sense of responsibility for their work, thus affecting their work efficiency and quality. Increased compassion fatigue is associated with poorer nursing quality, lower job satisfaction, and higher turnover intentions. Therefore, understanding how compassion fatigue influences nurses' work engagement and perceptions of decent work is crucial for addressing these challenges and improving nursing outcomes.

Burnout and compassion fatigue pose a damaging impact on both physical and mental health, leading to a lack of motivation for work and indifference towards patients, causing more patient safety [31-33]. Compassion fatigue also negatively affects nurses' emotional and psychological functioning. Zhang et al [7], noted that compassion fatigue reduces empathy, emotional connectedness, and caring behaviors among nurses, thereby affecting interpersonal relationships and professional performance. From the organizational perspective, burnout contributes to increased absenteeism, staff turnover, poor productivity, and workforce shortages. Kelly et al. [9] emphasized that emotionally exhausted nurses are more likely to leave the profession, thereby worsening the global nursing shortage crisis. Patient care outcomes are also adversely affected by burnout and compassion fatigue. Dall'Ora et al. [18] reported that emotionally exhausted nurses are more prone to medication errors, reduced concentration, ineffective communication, and poor clinical judgment. Consequently, patient safety, patient satisfaction, and quality of care may significantly decline. Furthermore, compassion fatigue may reduce nurses' ability to establish therapeutic relationships with patients. This emotional withdrawal may lead to depersonalization and reduced compassionate care, which negatively impacts patient recovery and healthcare experiences [34-35].

According to Ghafarzadegan et al [32], compassion fatigue has numerous negative individual and organizational consequences for both nurses and patients. It can impair sustained empathetic engagement, leading to mental, physical, and spiritual exhaustion among nurses. Beyond psychological and physiological effects, it may negatively influence job performance, resulting in decreased quality of care, reduced patient satisfaction, increased clinical errors, higher staff turnover rates, and increased absenteeism. These outcomes impact hospital units and healthcare systems, contributing to a growing intent among nurses to leave the profession. Given that palliative care nurses constantly witness patient suffering and death and are regularly

surrounded by critically ill or dying patients, they are particularly vulnerable to compassion fatigue due to their repeated, empathetic responses to others' distress, making it an inherent occupational risk in palliative care practice likely to produce significant consequences. Studies in other countries have reported consequences such as decreased well-being, increased intent to leave the profession, occupational burnout, indifference, moral distress, and physical and emotional breakdowns. Challenges related to job performance, as well as issues affecting family life and personal relationships, have also been identified. However, these studies were conducted in cultural and social context [36-37].

According to De Hert [19], consequences of burnout are decreased job satisfaction, absenteeism, turnover in personnel, and cynicism. These effects at work frequently have repercussions on personal life such as feeling unhappy, anxiety, depression, isolation, substance abuse, frictional and broken relationships and divorce. Burnout in physicians may have more serious professional implications than in other professions. Indeed, physician burnout has been linked to suboptimal patient care resulting in lower patient satisfaction, impaired quality of care. This may eventually lead to medical errors, with potential malpractice suits and subsequent litigation, with substantial costs for caregivers and hospitals as a consequence. Burnout and compassion fatigue negatively influence patient care quality and healthcare outcomes. Nurses experiencing emotional exhaustion often demonstrate reduced attention, decreased empathy, impaired communication, and poor clinical decision-making. According to Wei et al. [11], burnout among nurses contributes to increased medical errors, patient dissatisfaction, and reduced quality of care. Emotional exhaustion impairs nurses' cognitive functioning and concentration, thereby affecting patient safety. Similarly, Dall'Ora et al. [19] found that nurses experiencing burnout are more likely to provide suboptimal care due to fatigue and psychological distress. Burnout also affects nurses' ability to maintain therapeutic relationships with patients and families. Compassion fatigue may reduce compassionate and patient-centered care. Zhang et al. [7] explained that emotionally exhausted nurses may become detached from patients' emotional needs, thereby reducing empathy and emotional support during care delivery. Healthcare institutions also experience negative outcomes due to burnout among nurses. High turnover rates, reduced workforce retention, absenteeism, and decreased productivity increase healthcare costs and affect organizational efficiency. Kelly et al. [9] emphasized that improving nurses' psychological well-being is essential for enhancing patient safety and healthcare quality.

Strategies for Preventing and Managing Burnout and Compassion Fatigue

Self-care strategies are essential in preventing and managing burnout and compassion fatigue among nurses. Self-care involves deliberate activities aimed at promoting physical, emotional, psychological, and spiritual well-being. Pavithrakshmi et al. [3] identified mindfulness meditation, stress management training, regular exercise, adequate sleep, relaxation techniques, and counseling as effective interventions for reducing compassion fatigue among nurses. These strategies help nurses regulate stress and maintain emotional balance. Similarly, Wei et al. [11] emphasized that healthy nutrition, physical activity, and maintaining work–life balance improve nurses' psychological well-being and reduce emotional exhaustion. Nurses who engage in regular self-care practices are more likely to maintain resilience and job satisfaction. Spiritual practices such as prayer, meditation, and religious support may also enhance emotional coping among nurses. According to Labrague and Santos [12], spiritual well-being and emotional support contributed significantly to psychological recovery among frontline nurses during the COVID-19 pandemic.

Peer support programs, debriefing sessions, employee assistance programs, and mental health counseling are also effective organizational strategies for reducing burnout and compassion fatigue. Kelly et al. [9] recommended that healthcare institutions establish supportive work environments that prioritize nurses' mental health and well-being. According to Wolotira (2022), Nurse leaders must provide nurses and frontline staff encouragement and resources to help them process workplace stress and trauma and to engage in self-care. Recommended trauma-informed leadership approaches include the following: There may also be a place for antidepressants, preferably combined with psychotherapy. There are several therapies for the treatment of burnout but all with unclear evidence. In 2012, a health technology assessment analyzed the usage and efficacy of different burnout therapies.85 In this systematic review, 17 papers were included. Thirteen of them (partly in combination with other techniques) deal with the efficacy of psychotherapy and psychosocial interventions for the reduction of burnout. In the majority of the studies, cognitive behaviour therapy seems to result in the improvement of emotional exhaustion. However, evidence is inconsistent for the efficacy of stress management and music therapy. Two studies on the efficacy of Qigong therapy do not deliver a distinct result and only one study shows the efficacy of the roots of Rhodiola Rosea. Physical therapy is examined separately in only one study and does not show a better result than standard therapy. Some authors report the effects of considerable natural recovery. Spendiff [8], Prioritized self-care. Taking care of yourself is essential when addressing compassion fatigue in nursing. Consider carving out time for hobbies that promote relaxation, joy, and emotional renewal. Engage in physical activities such as exercise or a walk around the block, or decompress through mindful meditation or journaling to replenish your well-being.

Conclusion

Burnout and compassion fatigue remain major challenges within the nursing profession because of the emotionally demanding nature of nursing practice. If left unaddressed, these conditions can adversely affect nurses' health, reduce the quality of patient care, and weaken healthcare systems through increased staff turnover and reduced workforce productivity. Recognizing the early signs and implementing timely interventions are essential for preventing their progression. Promoting resilience and self-care should be regarded as a shared responsibility between individual nurses and healthcare organizations. Nurses should prioritize their physical, emotional, and psychological well-being through healthy lifestyle practices, stress management, and seeking support when needed. At the same time, healthcare institutions must provide supportive work environments, adequate staffing, effective leadership, and accessible mental health resources. Through a combination of personal commitment and organizational support, burnout and compassion fatigue can be reduced, enabling nurses to maintain professional satisfaction, improve patient outcomes, and ensure the delivery of safe, compassionate, and high-quality healthcare.

References

1. Wolotira,A.E.(2023).Trauma,compassionfatigueandburnoutinnurses:Thenurseleader'sresponse.https: //pubmed.ncbi.nlm.nih.gov
2. Woo, T., Ho, R., Tang, A., & Tam, W. (2020). Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. Journal of Psychiatric Research, 123, 9–20. https://doi.org/10.1016/j.jpsychires.2019.12.015
3. Pavithrakshmi, K. M., Chukkali, S., & Krishnamurthy, V. (2026). Interventions addressing compassion fatigue among nurses: A scoping review. Journal of Advanced Nursing. Advance online publication. https://doi.org/10.1111/jan.70465
4. World Health Organization. (2019). Burn-out an occupational phenomenon: International classification of diseases. https://www.who.int/news-room/questions-and-answers/item/burn-out-an-occupational-phenomenon
5. American Nurses Association. (2024). Nurse burnout: What is it and how to prevent it. https://www.nursyworld.org
6. Peters,E.(2018).Compassion fatigue in nursing: A concept analysis. https://onlinelibrary.wiley.com
7. Obeagu, E. I. (2025). Strategies to safeguard mental health among medical and allied health trainees: a narrative review. *Advances in Medical Education and Practice*, 2219-2227.
8. Zhang, Y. Y., Han, W. L., Qin, W., Yin, H. X., Zhang, C. F., Kong, C., & Wang, Y. L. (2021). The prevalence of compassion satisfaction and compassion fatigue among nurses: A systematic review and meta-analysis. International Journal of Nursing Studies, 120, 103973. https://doi.org/10.1016/j.ijnurstu.2021.103973
9. Spendiff, P. (2022). Effects of compassion fatigue and burnout education in the nurse. ttps://scholarworks.waldenu.edu
10. Kelly, L. A., Gee, P. M., & Butler, R. J. (2021). Impact of nurse burnout on organizational and position turnover. https://doi.org/10.1016/j.outlook.2020.06.008
11. Alcazar,P.(2018).Types of burnout: What they are and how to identify them. https://hyrbo. app
12. Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2020). Nurse leaders' strategies to foster nurse resilience. Journal of Nursing Management, 28(4), 681–687. https://doi.org/10.1111/jonm.12936
13. Labrague, L. J. (2021). Resilience as a mediator in the relationship between stress-associated with the COVID-19 pandemic, life satisfaction, and psychological well-being in student nurses. Nurse Education in Practice. https://doi.org/10.1016/j.nepr.2021.103182
14. Uba, M. B. I., Aigbonoga, S. O., Victor-Aigbodion, V., Omeje, G. N., Ede, M. O., Usman, M. B., ... & Obeagu, E. I. (2025). Understanding the psychological benefits of counseling intervention in decreasing school-based stress: Implications for school administrators. *Medicine*, *104*(33), e43658.
15. Badawy, W., Shalaby, S. A., & Shaban, M. (2026). Burnout and compassion fatigue among ICU nurses: A systematic review of predictors, protective factors and workforce retention interventions. Nursing in Critical Care, 31(2), e70377. https://doi.org/10.1111/nicc.70377
16. Feng,Y., Li, S., Ma, W., Chen, T., Zhang, J., Luo, H., & Xue, B. (2025). The relationship between compassion fatigue, engagement and decent work among nurses: Across-sectional study. https://pubmed.ncbi.nlm.nih.gov
17. Montgomery, A. P., & Patrician, A. P. (2020). The concept of burnout in the nursing profession. https://www.gavinpublishers.com
18. Batiridou, A. L., Dragioti, E., Konstanti, Z., Mantzoukas, S., & Gouva, M. (2026). Love, compassion, and personality as predictors of burnout in nurses: A path analysis study. https://doi.org/10.3390/healthcare14030404
19. Obeagu, E. I. (2020). Mental health care during the COVID-19 pandemic. *Journal of Public Health and Nutrition*, *3*(5), 12-32.

20. Lourenção, L. G., Penha, J. G. M., Galvão, D. M., da Silva, F. G., Ximenes Neto, F. R. G., & Menezes Júnior, L. A. A. (2026). Occupational stress and compassion fatigue: A cross-sectional association study among nursing professionals. Bioscience Journal, 42. https://doi.org/10.14393/BJ-v42n0a2026-78555
21. Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. Human Resources for Health. https://doi.org/10.1186/s12960-020-00469-9
22. De Hert, S.(2020).Burnout in healthcare workers: Prevalence, impact and preventive strategies. https://pubmed.ncbi.nlm.nih.gov
23. Mirutse, A., Mengistu, Z., & Bizuwork, K. (2023). Prevalence of compassion fatigue, burnout, compassion satisfaction, and associated factors among nurses working in cancer treatment centers in Ethiopia. https://doi.org/10.1186/s12912-023-01383-w
24. Omeje, G. N., Ede, M. O., Amadi, K., Ogbueghu, S. N., Chinweuba, N. H., Obeagu, E. I., ... & Ekwueme, F. O. (2023). Intervention for burnout and irrational beliefs in parents of couples seeking a divorce: A critical reflection of Igbo-African marital discord. *Medicine*, *102*(27), e34221.
25. Mealer, M., Jones, J., & Moss, M. (2021). A qualitative study of resilience and posttraumatic stress disorder in United States ICU nurses. Intensive Care Medicine, 48(3), 367–374. https://doi.org/10.1007/s00134-021-06540-8
26. Atruwaiti, A.N., etal. (2024). Compassion fatigue in palliative care: Exploring its comprehensive impact on geriatric nursing well-being and care quality. https://www.sciencedirect.com
27. Yi, L., Hu, S., Liao, M., Cheng, L., Liu, Y., Tian, X., & Jiménez-Herrera, M. F. (2024). Prevalence and related factors of compassion fatigue among registered nurses and nursing students during internship: A systematic review and meta-analysis. https://doi.org/10.1186/s12912-024-02597-2
28. Cavanagh,N.,Cockett,G.,Heinrich,C.,etal.(2020).Compassionfatigueinhealthcareproviders:Asystematic reviewandmeta-analysis.https://pubmed.ncbi.nlm.nih.gov
29. Fukumori, T., Shirai, T., Takebayashi, Y., & Asai, M. (2025). Model for compassion fatigue onset in cancer care nurses: Focusing on patient traumatic events and nurses' cognitive reactions. https://link.springer.com
30. Nwadi, C. L., Ede, M. O., Nwakpadolu, G. M., Okoro, J. O., Onu, E. A., Emeghebo, U. M., ... & Obeagu, E. I. (2024). Impact of stress coping strategy in modifying perceptions of school stress among adult learners enrolled in Home Economics and Indigenous Textiles Education in Nigerian Universities. *Medicine*, *103*(12), e37392.
31. Kolthoff, K.,& Hickman, S. (2017). Compassion fatigue among nurses working with older adults. https://pubmed.ncbi.nlm.nih.gov
32. Hofmeyer, A., Taylor, R., & Kennedy, K. (2020). Foster compassion and reduce burnout: How can health system leaders respond in the COVID-19 pandemic and beyond? https://www.svhm.org.au
33. Sorenson, C., Bolick, N. B., Wright, K., & Hamilton, R. (2016). Understanding compassion fatigue in healthcare providers: A review of current literature. https://www.researchgate.net
34. Labrague, L. J., & de Los Santos, J. A. A. (2021). Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. Journal of Nursing Management. https://doi.org/10.1111/jonm.13168
35. Mental Health America, (2026). Burnout, Signs, Symptoms And How To Recover. https://mhanational.org
36. Gideonu, I. (2024). To determine the effects of burnout and compassion fatigue on registered nurses' ability to deliver patient care. https://www.researchgate.net
37. Ghafarzadegan, R., Vanaki, Z., Mohammadi, E., & Kazemnejad, A. (2025). Consequences of compassion fatigue in palliative care nurses: The experience of meaninglessness and emptiness in life. https://pubmed.ncbi.nlm.nih.gov

CITE AS: Chioma Ibe, Solomon Justina Adanma Nwagwu, Kaunda Julia Ibebuike, Chinelo Clare Vincent, Anthonia Chinwendu Emesowum, Onyekwuo Festa Chinonye and *Emmanuel Ifeanyi Obeagu (2026). Burnout and Compassion Fatigue Among Nurses: Causes, Consequences and Strategies for Resilience and Self Care. https://doi.org/10.59298/ROJPHM/2026/6211300