







COMPASSION FATIGUE IN NURSING PROFESSIONALS IN THE CONTEXT OF PALLIATIVE CARE: SCOPING REVIEW

FADIGA POR COMPAIXÃO EM PROFISSIONAIS DE ENFERMAGEM NO CONTEXTO DOS CUIDADOS PALIATIVOS: REVISÃO DE ESCOPO

EL DESGASTE POR EMPATÍA EN LOS PROFESIONALES DE ENFERMERÍA EN EL CONTEXTO DE LOS CUIDADOS PALIATIVOS: REVISIÓN DEL ALCANCE

 Mariana de Sousa Dantas Rodrigues¹
 Pablo Leonid Carneiro Lucena¹
 Alana Vieira Lordão¹
 Brunna Hellen Saraiva Costa¹
 Jaqueline Brito Vidal Batista¹
 Solange Fátima Geraldo da Costa¹

¹Universidade Federal da Paraíba - UFPB, Programa de Pós-Graduação em Enfermagem - PPGEnf. João Pessoa, PB - Brazil.

Corresponding Author: Mariana de Sousa Dantas Rodrigues
E-mail: nanasantas_@hotmail.com

Authors' Contributions:

Conceptualization: Mariana S. D. Rodrigues, Solange F. G. Costa; Data Collection: Mariana S. D. Rodrigues, Alana V. Lordão, Brunna H. S. Costa; Investigation: Mariana S. D. Rodrigues, Alana V. Lordão, Brunna H. S. Costa; Methodology: Mariana S. D. Rodrigues, Pablo L. C. Lucena, Brunna H. S. Costa; Project Management: Mariana S. D. Rodrigues, Jaqueline B. V. Batista, Solange F. G. Costa; Software: Mariana S. D. Rodrigues, Alana V. Lordão; Supervision: Mariana S. D. Rodrigues, Jaqueline B. V. Batista, Solange F. G. Costa; Statistical Analysis: Mariana S. D. Rodrigues, Alana V. Lordão; Validation: Mariana S. D. Rodrigues, Pablo L. C. Lucena, Jaqueline B. V. Batista, Solange F. G. Costa; Visualization: Mariana S. D. Rodrigues, Alana V. Lordão; Writing – Original Paper Preparation: Mariana S. D. Rodrigues; Writing – Review and Editing: Mariana S. D. Rodrigues, Pablo L. C. Lucena, Jaqueline B. V. Batista, Solange F. G. Costa.

Funding: No funding.

Submitted on: 2021/01/21

Approved on: 2021/06/07

Responsible Editors:

 Kênia Lara Silva
 Tânia Couto Machado Chianca

ABSTRACT

Objective: to map scientific evidence on compassion fatigue in Nursing professionals in the context of palliative care. Method: scoping review based on the Joanna Briggs Institute recommendations. Fourteen articles in English published between 2000 and 2019 were included. The Preferred Report checklist for Systematic Reviews and Meta-Analyses, an extension for scoping reviews, was used. And the sources of information for obtaining the studies were: Web of Science, Cumulative Index to Nursing and Allied Health Literature, Embase, Latin American and Caribbean Literature on Health Sciences, US National Library of Medicine National Institutes of Health and Scientific Electronic Library Online. Results: the evidence revealed important factors for the management of compassion fatigue, such as: professional training programs, recognition of the problem and the association with interpersonal relationships in palliative care. Conclusions: the study highlighted that the advancement of the palliative approach at different levels of care denotes more vulnerability to compassion fatigue in Nursing professionals, which requires more investment in educational activities at work as well as more attention from managers. As it is a significant theme for well-being and care, the evidence identified on compassion fatigue can support further investigations in the field of mental health of Nursing workers and related areas.

Keywords: Compassion Fatigue; Nurse Practitioners; Palliative Care; Occupational Health.

RESUMO

Objetivo: mapear evidências científicas sobre fadiga por compaixão em profissionais de Enfermagem no contexto dos cuidados paliativos. Método: revisão de escopo baseada nas recomendações do Instituto Joanna Briggs. Foram incluídos 14 artigos em inglês publicados entre 2000 e 2019. Utilizou-se o checklist do Relatório Preferencial para Revisões Sistemáticas e Metanálises, uma extensão para revisões de escopo. E as fontes de informação para a obtenção dos estudos foram: Web of Science, Cumulative Index to Nursing and Allied Health Literature, Embase, Literatura Latino-Americana e do Caribe em Ciências da Saúde, US National Library of Medicine National Institutes of Health e Scientific Electronic Library Online. Resultados: as evidências revelaram fatores importantes para o gerenciamento da fadiga por compaixão, tais como: programas de capacitação profissional, reconhecimento do problema e a associação com as relações interpessoais na assistência paliativa. Conclusões: o estudo destacou que o avanço da abordagem paliativa em níveis de assistência distintos denota mais vulnerabilidade à fadiga por compaixão em profissionais de Enfermagem, o que requer mais investimentos em atividades educacionais laborais bem como mais atenção por parte dos gestores. Por ser um tema significativo para o bem-estar e o cuidado, as evidências identificadas sobre a fadiga por compaixão podem subsidiar novas investigações no campo da saúde mental do trabalhador da Enfermagem e de áreas correlatas.

Palavras-chave: Fadiga por Compaixão; Profissionais de Enfermagem; Cuidados Paliativos; Saúde do Trabalhador.

RESUMEN

Objetivo: mapear la evidencia científica sobre el desgaste por empatía en profesionales de enfermería en el contexto de los cuidados paliativos. Método: revisión del alcance basada en las recomendaciones del Instituto Joanna Briggs. Se incluyeron catorce artículos en inglés publicados entre 2000 y 2019. Se utilizó la lista de verificación informe preferido para revisiones sistemáticas y metaanálisis, una extensión para revisiones de alcance. Y las fuentes de información para la obtención de los estudios fueron: Web of Science, Cumulative Index to Nursing and Allied Health Literature, Embase, Latin American and Caribbean Literature on Health Sciences, US National Library of Medicine National Institutes of Health y Scientific Electronic Library Online. Resultados: la evidencia reveló factores importantes para el manejo del desgaste por empatía, tales como: programas de formación profesional, reconocimiento del problema y la asociación con las relaciones interpersonales en cuidados paliativos. Conclusiones: el estudio destacó que el avance del abordaje paliativo en diferentes niveles de atención denota mayor vulnerabilidad a lo desgaste por empatía en los profesionales de enfermería, lo que requiere mayor inversión en actividades educativas en el trabajo, así como mayor atención por parte de los gerentes.

How to cite this article:

Rodrigues MSD, Lucena PLC, Lordão AV, Costa BHS, Batista JBV, Costa SFG. Compassion fatigue in Nursing professionals in the context of palliative care: scoping review. REME - Rev Min Enferm. 2021[cited _____];25:e-1386. Available from: _____ DOI: 10.5935/1415.2762.20210034

Como es un tema importante para el bienestar y el cuidado, la evidencia identificada sobre lo desgaste por empatía puede respaldar más investigaciones en el campo de la salud mental de los trabajadores de enfermería y áreas relacionadas.

Palabras clave: Desgaste por Empatía; Cuidados Paliativos; Enfermeras Practicantes; Salud Laboral.

INTRODUCTION

In modern society, the various forms of work relationships characterized by changes in the economy and demands for adaptation of professionals in the market generate trends towards a consequence aimed at the mental health of workers,¹ such as compassion fatigue.

The term compassion fatigue was introduced by Joinson in 1992 from a study carried out with nurses in emergency services who presented physical changes, chronic fatigue, in addition to situations of tiredness, irritability, fear of going to work and sadness.² It is characterized by feelings of disillusionment, uselessness and pessimism associated with work.³ In the context of occupational diseases, it appears as a global phenomenon⁴ called secondary traumatic reaction to the approach to the suffering or trauma of other people.⁵

Compassion fatigue is associated with the work contexts of professionals who deal directly with people. Thus, teachers, police officers and health professionals, such as nurses, doctors, Nursing technicians, social workers, psychologists, can be affected by this disease⁶ and develop physical, mental, and psychosocial changes.⁷

In the field of Nursing, nurses, in addition to their managerial and educational functions, are faced with the various situations in care practice in relation to the suffering and pain of patients with diseases that threaten the continuity of life,⁸ which denotes some challenges for dealing with severe and difficult conditions,⁹ especially when patients are in end-of-life care, considering it to be the most critical phase of palliative care. These professionals are witnesses of the experiences of patients and caregivers who suffer physical, psychosocial, emotional, and spiritual changes.¹⁰

Palliative care, according to the International Association for Hospice and Palliative Care, aims to improve the quality of life for patients, families and caregivers facing serious chronic illness conditions. Thus, through comprehensive and holistic care, they aim to relieve the patient's pain and suffering and address their psychological, spiritual, and social needs.¹¹

It highlights the potential risk of harm to the health of teams caring for patients in conditions of life-threatening

diseases that can make them more susceptible to the development of compassion fatigue, compromising the quality of care provided.¹² In this perspective, Nursing professionals providers of palliative care may manifest a decrease or loss of compassion and empathy with the patient considering the constant exposure to suffering and stressors involved in coping with chronic diseases, whose repercussions tend to psychological and physical exhaustion, lack of interest in work, moral distress and collapse of health.¹⁰

Studies carried out in Brazil^{13,14} and international publications^{2,3,5,12,15,16} emphasized the occurrence of this phenomenon among health professionals, such as nurses, who provide care in critical sectors and Oncology. Other findings^{17,18} included Nursing professionals who work in different work contexts and scenarios.

Therefore, compassion fatigue is a threat to the mental health of workers in the health field, further investments in studies on the subject are needed.⁶ In this sense, the study highlights that the Brazilian scientific production on this approach is incipient in terms of what it says regarding this disorder in Nursing workers.

Although it is relevant to identify the conceptual and methodological limitations related to studies on compassion fatigue and the multiple dimensions of the factors that characterize it, whether clinical, environmental, organizational, and subjective, it is worth investigating the consequences of stress faced by health professionals in care provided to others,^{4,10} especially in palliative care.

Therefore, it is necessary to develop research aimed at mapping the scientific production on compassion fatigue in the context of Nursing, with an emphasis on palliative care. It is undeniable the relevance of studies on the mentioned theme from a comprehensive literature search, such as the scoping review. Therefore, this study has as its guiding axis the following question: what is the scientific evidence on compassion fatigue in Nursing professionals in the context of palliative care, included in publications made available in online journals?

Given the above, this review aims to map scientific evidence on Compassion Fatigue in Nursing professionals in the context of Palliative Care.

METHOD

This is a scoping review study that contemplated the ethical and methodological rigor for the presentation of original data and the guarantee of methodological resources relevant to the scientific proposal.

The scoping review proposes to present evidence related to a thematic area, making it possible to identify gaps,

conceptual aspects, and clinical practice. In this way, it shows a map of diverse scientific production that helps in decision-making in the theoretical-methodological field¹⁹ and helps managers and researchers to identify priority themes in the field of health.²⁰ This review considers the inclusion criteria based on population elements (P), concept (C) and context (C), which is a “PCC” mnemonic resource, which directs the title of the study, in addition to presenting the focus and scope of the review.¹⁹

Based on this understanding, the population selected for the study were Nursing professionals; the concept used as a phenomenon of interest was compassion fatigue; and the context considered the various fields of action that encompass palliative care.

The theoretical-methodological framework used for this review was guided by the recommendations for scoping reviews presented by the Joanna Briggs Institute (JBI), an Australian entity that provides global collaboration for evidence-based practice¹⁹ and highlights the following operational steps: identification of the research question; identification of relevant studies; selection of studies; data extraction; and presentation of results.²¹

This review was developed in March 2020 by the researchers involved who predefined the objective and stages of the investigation. The checklist items of the Preferred Report for Systematic Reviews and Meta-Analyses were considered - extension for scoping reviews (PRISMA-ScR), systematized by the sections: title, abstract, introduction, methods, results, discussion, and financing.²²

Identification of the Research Question

The operationalization of this review started from the research question: what is the scientific evidence on compassion fatigue in Nursing professionals in the context of palliative care, contemplated in publications disseminated in online journals?

Search Strategy

To identify relevant studies, articles published in online journals from January 1, 2000 to December 31, 2019 were selected. This period was considered, in view of the greater dissemination of international research on compassion fatigue from the 2000s.

The search for articles was guided by the Health Sciences Descriptors (DeCs) and Medical Subject Headings (MeSH) terms presented in English and Portuguese, with the aid of Boolean AND between at least two terms: Compassion Fatigue AND Nursing; Compassion Fatigue

AND Palliative Care AND Nursing; Compassion Fatigue AND Palliative Care AND Nursing and Compassion Fatigue AND Palliative Care AND Nursing. It is noteworthy that the option to search for studies published in English denotes the internationalization of the language and the possibility of a greater number of citations that favor access to knowledge about the proposed topic.²³

The following databases and electronic libraries were used as information sources: Web of Science (WOS), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase, Latin American and Caribbean Health Sciences Literature (LILACS), US National Library of Medicine National Institutes of Health (PUBMED) and Scientific Electronic Library Online (SCIELO). We emphasize the use of databases available in institutional access through the Journal Portal of the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES).

The search strategy was carried out independently by three researchers, using the terms “Compassion Fatigue AND Palliative Care AND Nursing” in the WOS database. In CINAHL, EMBASE, LILACS, PUBMED and SCIELO, the terms “Compassion Fatigue AND Nursing”, “Compassion Fatigue AND Palliative Care” and “Compassion Fatigue AND Palliative Care AND Nursing” were associated, which enabled the identification of records. It should be noted that the search sources did not obtain publications with the terms in Portuguese “Fatigue for Compassion AND Palliative Care AND Nursing”. Consequently, the records between the three evaluators were compared, in order to resolve doubts about the permanence of these studies.

Selection of Studies

The selection of studies was made based on a careful reading of the abstracts and titles of the records obtained from the information sources. Therefore, after analyzing the full texts, the publications to be mapped in accordance with the PCC elements were selected.

Inclusion Criteria

Multiple study designs, of primary and secondary origin, published in journals, such as: original studies, reviews, experimental studies, and case reports, were considered. Publications such as: letters, guidelines, websites, blogs, conference abstracts, theses and dissertations, and articles published in other languages, unavailable in full at the time of the search or not related to the topic addressed, were excluded.

Data Extraction

A script developed by the authors was used, through which the relevant data from the publications were consolidated by two reviewers and extracted according to the objectives of this review. These records were organized in Excel spreadsheets according to the variables: study title, main author, year of publication, main author's country, journal, study design and relevant outcomes. Sequentially, there was the association of the main information selected from an analytical and consensual meeting with a third reviewer.

Data Presentation

The characterization of the studies was presented in a summary table according to the pre-established variables and the keywords of the publications were presented in a table that showed the frequency of vocabulary.

In accordance with the objective of this review, the scientific evidence on compassion fatigue in Nursing

professionals in palliative care was identified from relevant textual expressions arranged in the implications for Nursing and conclusions of the selected articles. For data processing, the Iramuteq software, version 0.7 alpha 2 was used, whose corpus preparation and textual analysis enabled the formation of a dendrogram based on the Descending Hierarchical Classification (DHC). This was composed of the group of statistically significant words extracted from text segments associated with the classes formed in the corpus of the cited studies.²⁴ In this sense, the data from the thematic classes were presented in a table and promoted the interpretation of categories on aspects of PCC.

RESULTS

The studies mentioned in this review were summarized in Figure 1 according to the variables: study title, main author, year of publication, main author's country, journal, study design and relevant outcomes.

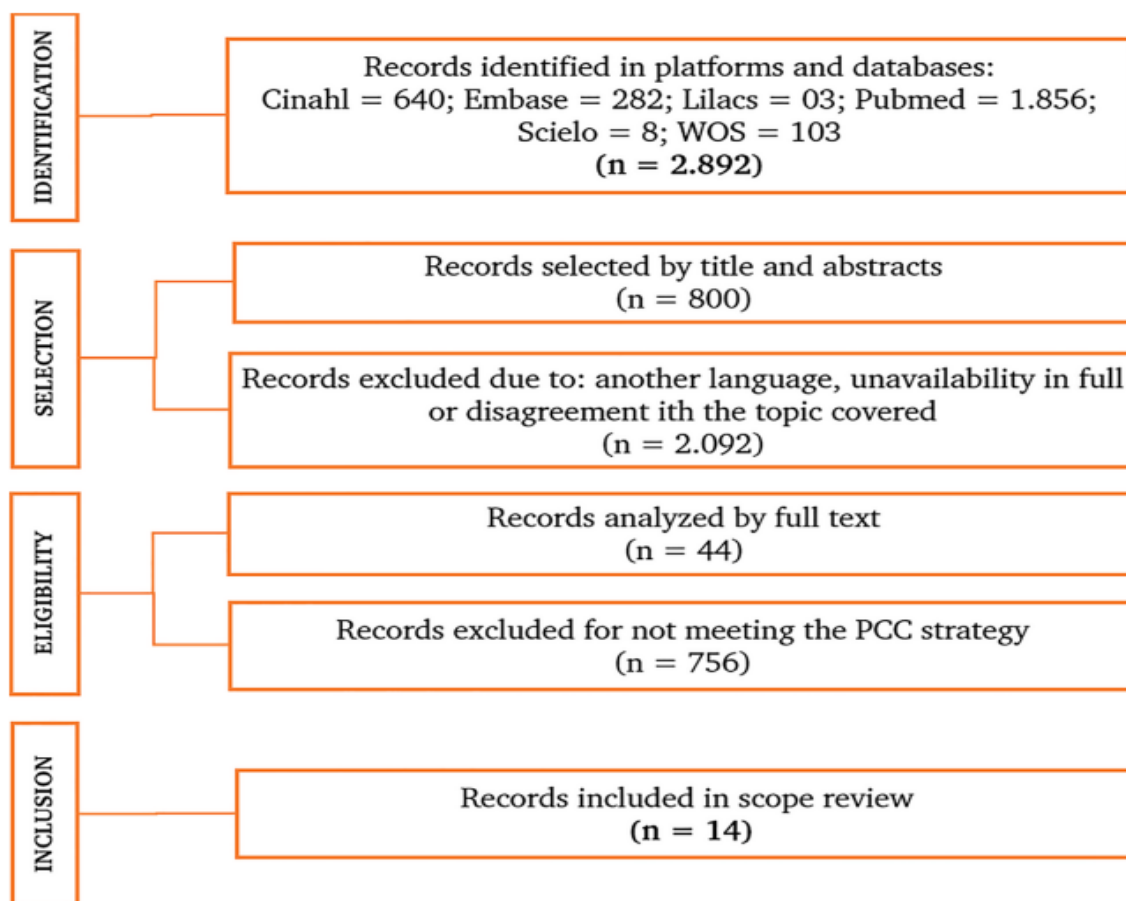


Figure 1 - PRISMA-ScR diagram of selected scientific publications included in the scoping review

The results of this review exposed an analytical corpus consisting of 14 articles on compassion fatigue in Nursing professionals in the context of palliative care, in the period between 2000 and 2019, as show in Figure 2.

Thirty-two keywords were identified related to scientific productions on the topic addressed. The terms Compassion fatigue, Compassion satisfaction and Burnout were more frequent and related to the conceptual aspects of compassion fatigue, as shown in Figure 3.

Figure 2 - Synthesis of studies on compassion fatigue in Nursing professionals in the context of palliative care, 2000 to 2019. João Pessoa, Paraíba, Brazil, 2020 (n=14)

Title and main author	Year and country of main author	Journal	Study design	Relevant outcomes
Compassion fatigue in palliative care Nursing a concept analysis ¹⁰ Lisa A. Cross	2019 United States	Journal of Hospice & Palliative Nursing	Theoretical study	Compassion fatigue is a concept inversely related to compassion satisfaction, characterized by positive aspects of the care process associated with its benefits and attention to patients' needs, resulting in favorable professional behavior. There is a theoretical gap between these two concepts, which requires a better understanding of this fatigue and can contribute to the field of Nursing in palliative care. Recognizing and embedding compassionate satisfaction, developing qualitative research to identify compassion fatigue, and raising educational awareness of quality palliative care can prevent or lessen the problem
Oncology nurse communication training needs across the cancer continuum ²⁵ Elaine Wittenberg	2019 United States	Clinical Journal of Oncology Nursing	Quantitative	It highlights the need for training in communication in cancer care and changes in institutional practices in order to achieve and provide patient-centered communication. The development of professional skills influences the wear and tear in the workplace and compassion fatigue
A survey of compassion satisfaction, burnout and compassion fatigue in nurses practicing in three oncology ¹⁵ Wentzel Dorian	2018 South Africa	International Journal of Africa Nursing Sciences	Quantitative	Compassionate care aimed at patients/families over a long period of time makes Oncology nurses prone to suffering from compassion fatigue. The promotion of satisfaction through compassion is necessary, with consequent benefit for the retention of Oncology nurses and for the quality of Nursing care
Burnout, compassion fatigue and psychological capital: findings from a survey of nurses delivering palliative care ²⁶ Rosemary Frey	2018 New Zealand	Applied Nursing Research	Quantitative	Relevance of individual factors and work-related training aimed at reducing compassion fatigue and promoting nurses' well-being, as well as motivation to get involved in education in palliative care
Reflections on the emotional hazards of pediatric oncology Nursing: four decades of perspectives and potential ²⁷ Deborah A. Boyle	2018 United States	Journal of Pediatric Nursing	Theoretical study	Pediatric Oncology Nursing is characterized by high intensity emotional cycles, whose sequelae induce compassion fatigue. A program aimed at combating occupational stress is essential for maintaining a qualified and healthy workforce
The role of psychological factors in oncology nurses' burnout and compassion fatigue symptoms ⁵ Joana Duarte	2017 Portugal	European Journal of Oncology Nursing	Quantitative	The constant exposure to the suffering of other people generates high emotional burdens on cancer nurses and other health professionals, making them vulnerable to wear and tear and compassion fatigue. Interventions and training programs focused on psychological factors can improve the individual's ability to deal with stress and help prevent and treat these events
Professional quality of life in nurses: contribution for the validation of the portuguese version of the Professional Quality of Life Scale-5 (ProQOL-5) ²⁸ Joana Duarte	2017 Portugal	Psilogical analysis	Quantitative	The use of the ProQOL-5 scale includes negative and positive aspects associated with work, which suggests a broader and more complete perspective of professional quality of life and serves to design interventions to reduce compassion fatigue and promote the sense of job satisfaction for take care of others

Continua...

Continuação...

Figure 2 - Synthesis of studies on compassion fatigue in Nursing professionals in the context of palliative care, 2000 to 2019. João Pessoa, Paraíba, Brazil, 2020 (n=14)

Title and main author	Year and country of main author	Journal	Study design	Relevant outcomes
Prevalence and predictors of compassion fatigue, burnout, and compassion satisfaction among oncology nurses: A cross-sectional survey ²⁹ Hairong Yu	2016 China	International Journal of Nursing Studies	Quantitative	Cognitive empathy, support and organizational training acted as protective predictors of professional quality of life, while passive coping and neuroticism increased the risk of compassion fatigue. Research can help managers identify nurses who are vulnerable to emotional burdens and develop comprehensive strategies to help them
Helping nurses cope with grief and compassion fatigue: an educational intervention ³⁰ Dereen Houck	2014 United States	Clinical Journal of Oncology Nursing	Qualitative	Recognizing that the educational program is not a comprehensive solution to resolve the complex issues of cumulative grief and compassion fatigue, nurses are expected to feel better prepared to recognize issues, commit to seeking better self-care, and recognize when professional assistance required
Evaluation of a compassion fatigue resiliency program for oncology nurses ³¹ Patricia Potter	2013 United States	Oncology Nursing Forum	Quantitative	The intervention program has shown great potential to inform nurses about the nature and impact of compassion fatigue in their work and personal lives. The research aims to examine over time whether the compassion fatigue resilience program can improve teamwork satisfaction, decrease turnover, and improve hospitalized patient satisfaction
We grieve too: one inpatient oncology unit's interventions for recognizing and combating compassion fatigue ³² Katrina L. Fetter	2012 United States	Clinical Journal of Oncology Nursing	Qualitative	The Nursing staff needed to recognize and discuss compassion fatigue in order to avoid it. Nurses can maintain a long and healthy journey in Oncology, perform self-care and self-reflection, prevent, or recognize the beginning of the problem, and seek guidance and support to limit its effects and avoid other occurrences
Compassion fatigue and burnout: prevalence among oncology nurses ² Patricia Potter	2010 United States	Clinical Journal of Oncology Nursing	Quantitative	The need arises for intervention for employees at risk for compassion fatigue and analysis of the workforce from multiple variables, which can enable the development of an appropriate intervention program
Dire deadlines: coping with dysfunctional family dynamics in an end-of-life care setting ³³ Lone Holst	2009 Denmark	International Journal of Palliative Nursing	Qualitative	Handling difficult situations requires workers' self-knowledge, resilience, clarity about interpersonal boundaries, ability to tolerate tension, team work and good communication skills, which can prevent compassion fatigue. The challenge for the team is how to expand their skills and support resources for mutual respect and dignity in the processes of termination of life and mourning
Interventions to manage compassion fatigue in oncology Nursing ³⁴ Nancy Aycock	2009 United States	Clinical Journal of Oncology Nursing	Quantitative	Organizations responsible for the work of cancer nurses must act on the emotional ramifications of professionals to reduce the incidence of compassion fatigue and subsequent turnover

Figure 3 - Keywords from studies on compassion fatigue in Nursing professionals in palliative care, 2000 to 2019. João Pessoa, Paraíba, Brazil, 2020 (n=14)

Keyword	n	Keyword	n	Keyword	n
Compassion fatigue	7	Empathy	1	Portuguese	1
Burnout	4	End-of-life care	1	Predictors	1
Communication (patient-provider)	1	End-of-life education	1	Proqol-5	1
Communication education/training	1	Hospice	1	Psychological (in)flexibility	1
Compassion satisfaction	4	Nurses	1	Quality of life	1
Concept analysis	1	Nurse's grief	1	Self-care	1
Confirmatory factor analysis	1	Nursing	2	Self-compassion	1
Coping strategies	1	Oncology nurses	2	Splitting	1
Cross-sectional survey	1	Oncology Nursing	1	Survey	1
Dysfunctional families	1	Palliative care Nursing	1	Validity	1
Education	1	Palliative care	1		

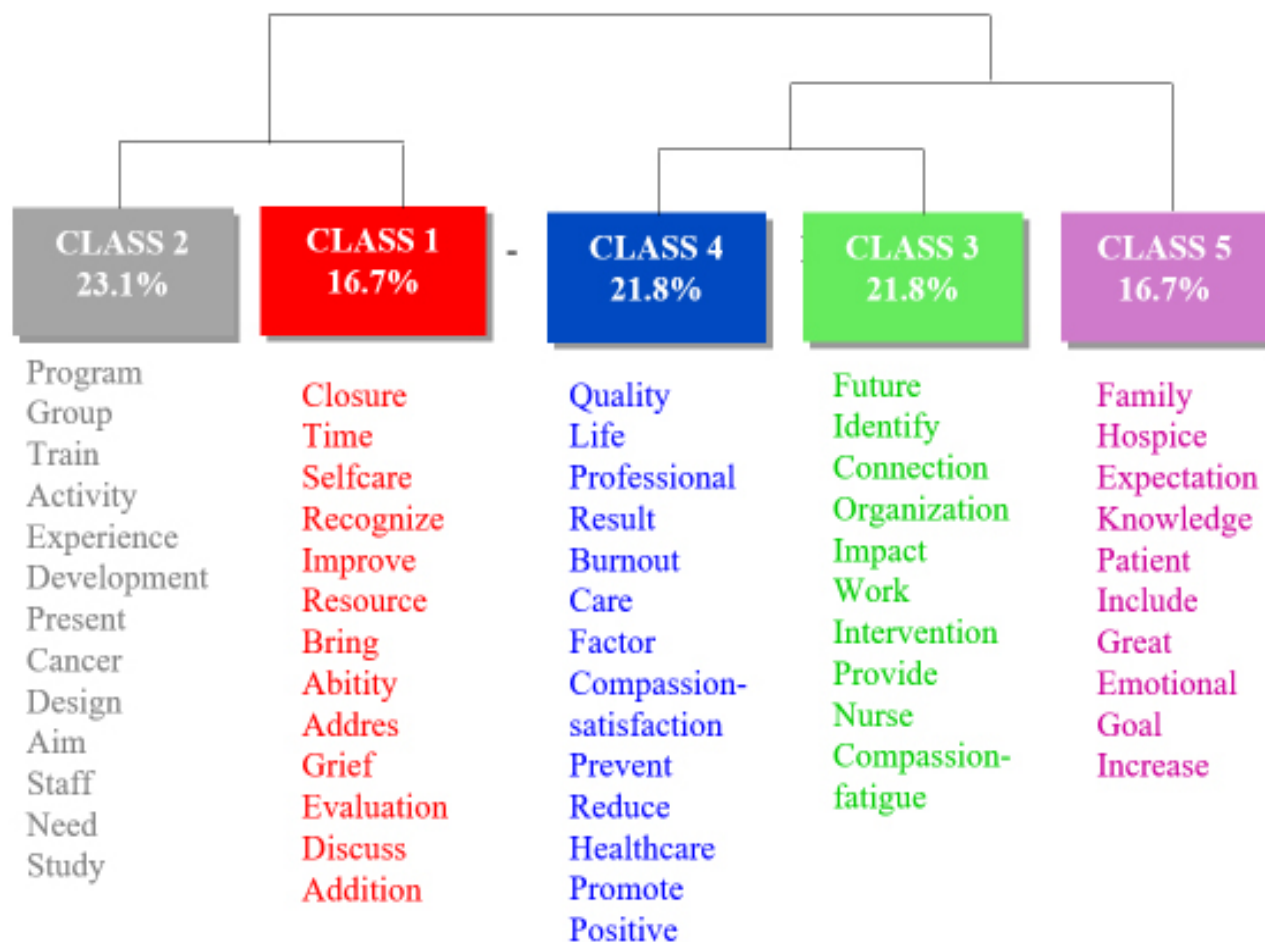


Figure 4 - Descending Hierarchical Classification Dendrogram (words with $x^2 > 3.80$). João Pessoa, Paraíba, Brazil, 2020

From the analysis of the 14 texts, it was possible to verify the classification of words by relevance, whose graphic outline (Figure 2) identified the stratification of five classes of content, divided into two major branches, the first consisting of classes I and II and the second represented by classes III, IV and V, which highlighted the main aspects associated with the proposed content.

Taking this panorama into account, the classes were categorized, namely: training programs as a strategy for managing compassion fatigue in nurses; recognition of compassion fatigue and its impacts on nurses' work; and palliative care, interpersonal relationships, and risk for the development of compassion fatigue in nurses.

DISCUSSION

The data included in this review revealed a high dissemination of investigations from 2010 to 2019,^{2,5,10,15,25-32} suggesting that in the last 10 years there was more representation

about the proposed theme, especially in 2018^{15,26,27} and 2019.^{10,25} It was observed that the North American nationality^{2,10,25,27,30-34} is prevalent among researchers involved in the studies and there is high scientific production in journals in the field of Nursing,^{2,5,10,15,26,27,29-34} being the most frequent publications in the Clinical Journal of Oncology Nursing.^{2,25,30,32,34} Of all the articles included, there was a predominance of primary studies^{2,5,15,25,26,28-34} and of quantitative approach.^{2,5,15,25,26,28,29,31,34}

Regarding the explicit scenarios in the research, the health organizations providing services in Oncology were the majority.^{2,25,15,31-34} This finding is justified, since most of the investigated studies focused on the Oncology area.^{2,5,15,25,27,29,31,32,34}

Hospital units with a generalist care profile^{5,25,26,28-30} included studies with an emphasis on palliative care. Review-type publications were carried out in electronic sources such as libraries and international databases.^{10,27}

This review obtained relevant information on the need for specific educational programs aimed at managing compassion fatigue in Nursing staff providing palliative care; recognition of the phenomenon and its impacts on the work of nurses; and its association with interpersonal relationships. Such findings will be presented from the following categories.

Training programs as a strategy for managing compassionate fatigue in nurses

Training programs for the management of compassion fatigue were the main strategies recommended by the studies and constituted the predominant thematic domain in the scope of this review, being identified in nine publications.^{2,5,10,25,27,30-32,34}

In the scientific field, there are gaps in research publications on intervention measures aimed at nurses suffering from compassion fatigue,³¹ however, in this review, evidence indicated important mechanisms for coping with stress in Nursing professionals who deal with diseases that threaten the continuity of life.

In this bias, for the prevention and treatment of compassion fatigue, interventions and training programs focused on psychological factors are considered effective alternatives.⁵ In the aforementioned studies, the strategies to avoid exposure to compassion fatigue or its permanence were: interventions and training programs designed to promote worker well-being based on self-compassion, psychological flexibility, cognitive empathy, and professional training. Other studies reinforce that such measures favor the identification of threats to traumatic events and the incorporation of stress self-regulation mechanisms.^{5,29,31,33}

In health institutions, training aimed at effective communication, especially of bad news, are essential resources to promote the professional skills of nurses and avoid work exhaustion and compassion fatigue.²⁵ Furthermore, institutional support from a program based on group meetings were opportune for discussion, with an emphasis on self-care,³⁰ professional assistance, memories of patients and the grieving process.^{30,32} Intervention programs that use focus groups allow dialogue between facilitators and participants and involve work skills to deal with difficulties experienced in palliative care.²

In the palliative care scenario, empirical indicators can contribute to the identification of compassion fatigue and its attributes. From this perspective, educational resources serve to encourage successful behaviors and practices that help in coping with stressful mechanisms.¹⁰ However, although considered useful interventions to

minimize exposure to compassion fatigue among nurses in different fields of activity, it is believed that recognition of the problematic allied to self-care and access to psychological assistance³⁰ are crucial elements in this process. As for self-care, its appreciation can be associated with the restoration of vital energy and the positive feeling related to professional practice.³¹

A study³⁴ recommends that strategies to control the emotional repercussions faced by nurses working in the Oncology area disseminate guidelines for novice and experienced employees, and that organizations carry out periodic monitoring to support resolving actions regarding this critical issue related to work. It is important to consider that Nursing care at different levels of health care usually involves stressful situations that can be enhanced in the care of chronic-degenerative diseases, such as cancer.³⁵

The implementation of preventive, educational and therapeutic measures aimed at compassion fatigue results in positive interpersonal and organizational experiences, as it impacts the well-being of professionals and patients³¹ and strengthens the practice of Nursing professionals, making them a force for healthy and highly qualified work.²⁷

It is noteworthy that the accessibility to knowledge of the negative influences related to care for cancer patients, the offer of psychological support and effective projects aimed at nurses who have neuroticism, and a passive coping style are protective factors against compassion fatigue. Furthermore, the ambience and flexibility of work shifts can help nurses to alleviate the strenuous workload while assisting cancer patients²⁹ and those dependent on palliative care.

In the context of palliative Nursing care, success in conflict management and decision-making is centered on the worker himself and stems from academic and professional, sociocultural, ethical, and moral aspects. Therefore, it is essential to consider adherence to continuing education; personal and social experiences; self-knowledge about feelings, strengths, weaknesses, and limits; the resilience; and the ability to tolerate the impact of the grieving process and intra-family crises. Other favorable mechanisms are linked to trust between team members, patients and family members, good communication skills, in addition to a multidisciplinary approach and teamwork.³³

Satisfaction and engagement with work provide self-care and qualified assistance. Therefore, the continuous monitoring of the team and the development of professional incentive programs are support tools for nurses who provide palliative care.¹⁰

In general, it is known that the promotion of mental health is a fundamental aspect of human life. And with regard to health workers who deal with difficult situations in their daily care, several reflections can emerge about the work process.

However, in the reality of scenarios involving palliative care, this perspective can present weaknesses. The disruption of this structure, in turn, indicates the need to assess the productive force played by the Nursing team that promotes palliative care and implement permanent education as an approach that arises from the gaps identified in care, enabling the transformation of a reality capable of threaten the integrity of human resources and, consequently, the care provided.

From this point of view, the identification of occupational risks, especially the manifestations of compassion fatigue, requires more collaboration from health managers to ensure the protection and maintenance of the health of Nursing professionals who work in the palliative modality.

Recognition of compassion fatigue and its impacts on nurses' work

This thematic category addresses studies that highlight the importance of identifying compassion fatigue and the impacts that this phenomenon has on the work of nurses,^{10,15,26-29,32-34} which denotes fundamental aspects for well-being and caution.

It is noteworthy that the recognition of compassion fatigue was presented in studies^{10,15,26} as a factor that enables the promotion of strategies for satisfaction through compassion, enabling the improvement of the quality of Nursing care.^{10,28} Understanding the factors that influence stressor mechanisms in the care process can help nurses to provide effective and qualified care.²⁶

Constant exposure to patients who suffer the traumatic events and side effects of treatment in advanced stages of cancer increases the vulnerability for the development of compassion fatigue in nurses.³¹ Furthermore, these workers may be susceptible to moral distress, which implies more risks for professional frustration.²⁵

Studies^{5,31} recorded that empathic concern could induce high levels of compassion fatigue, in addition to psychological inflexibility manifested by negative feelings and sensations that favor the development of the problem. Thus, pessimism, cynicism, nervousness, low self-esteem, and fear can occur, which go beyond the work context due to the possibility of interfering in various aspects of life, such as: sleep and rest, sexual activity, eating behavior and social interaction.³¹

In the reality of cancer care, Nursing workers continuously experience processes of suffering, trauma, and loss, which result in intense physiological and emotional changes.⁵ In the hospitalization process of patients under palliative conditions, there is more exposure to physical and to psycho-emotional suffering faced by patients and family members. In this trajectory, professional experiences permeate attention and knowledge of difficulties, which range from significant ruptures in autonomy and interpersonal relationships to spiritual, social, and cultural dimensions.³³

Nurses who present passive coping and personality traits characterized by neuroticism find it more difficult to deal with frustrations and control emotions in the face of negative situations, which compromises the provision of compassionate care during professional practice. Therefore, they are more susceptible to strenuous emotional burdens and the development of compassion fatigue.²⁹

Nevertheless, the provision of assistance in the context of palliative care is a reality that many nurses can face due to the global advance of this care approach.²⁷ In relation to pediatric care, there is high emotional tension among nurses, making them more vulnerable to exhaustion, compassion fatigue, moral distress, and grief. Work in the Oncology area, in turn, requires interventionist measures capable of helping the Nursing team to acquire skills to deal with stress.³¹ Consequently, the recognition of these occupational risks, in addition to increasing the individual's self-awareness about vulnerability to emotional adversity, favors the development of strategies aimed at such consequences.²⁷

A study indicates that the assessment of professional quality of life based on the ProQOL-5 scale includes negative and positive aspects associated with work, which can be useful to design interventions capable of reducing compassion fatigue and improving job satisfaction whose essence is the care of others.²⁸

From this perspective, self-reflection is an important resource to avoid or recognize the onset of compassion fatigue, as it encourages the search for guidance and support to limit its effects and avoid future occurrences, in addition to preserving the employment relationship.³² Management of emotions is an effective indicator to ensure well-being and satisfaction in labor relations.⁵ The admission of this problem, both by the affected individual and by co-workers, constitutes an important self-protection mechanism to be disseminated in work environments.

Therefore, it is necessary that health service managers recognize professionals who deny the psycho-emotional repercussions at work and, in an agile way, must adopt actions capable of minimizing the incidence of the problem and turnover,³⁴ thus reducing absenteeism. It is also perceived that the identification of the phenomenon must occur among the affected workers themselves and other team members.

Palliative care, interpersonal relationships, and risk for the development of compassion fatigue in nurses

The selected studies^{2,15,27,33,34} in this category showed that palliative care provided by nurses and the triad of relationships between the professional, the patient and the family corroborate the risk of developing compassion fatigue in these workers.

The nature of work in the palliative context is capable of establishing bonds, suffering, joy, and self-knowledge in the actors involved. From this perspective, living with pain, anguish, compassion, and solidarity may require more physical and mental mobilization from health professionals, whose configuration of care collaborates to the transformation of practices centered on the biomedical model.

In the field of Oncology, nurses deal with cancer diagnosis, therapeutic schemes, difficulty in managing pain and suffering of patients and evolution of the clinical picture, which can acutely progress to a chronic and palliative condition.^{15,36} Therefore, anguish in the face of suffering and facing negative consequences can denote some threat, which favors social isolation and psychological inflexibility. Such characteristics represent more vulnerability and maintenance for compassion fatigue.⁵

Nurses who provide oncological care have high physical, emotional and spiritual demands in relation to the peculiarity of their work, characterized by an interpersonal approach that involves patients and their families, which can favor work-related stress. Therefore, care for patients with serious illnesses and life-threatening conditions represents a challenge, as many professionals are not able to cope with these experiences.³⁴

Successive exposures to negative events arising from conflicting family dynamics are capable of compromising the integrity of the palliative care team.³³ The Nursing team has a peculiarity of care and acting in different stages of cancer can trigger psychosomatic problems. In addition, approaching family conflicts is considered a relevant traumatic event for the development of compassion fatigue.³⁶

In pediatric care, difficulties in dealing with problematic family scenarios contribute to nurses' emotional suffering. Another challenge concerns the feeling of inability to provide social and emotional support to family members, manifested by doubts about effective communication and important decision-making during the mourning phase.²⁷

Thus, interdisciplinary teams working in different environments must assume therapeutic communication skills as an essential resource for the promotion of humanized and qualified practices, capable of meeting the biopsychosocial and spiritual needs of patients and families. This process helps to improve the communication of bad news, adherence to treatment and expression of grief.³⁷

A study highlights that the successful management of care for patients who experience life-threatening diseases requires overcoming conflicts in order to ensure humanistic, dignified, and respectful care for the patient and family.³³

It is worth emphasizing that, in addition to cancer care, the development of palliative care includes patients with chronic, progressive, progressive, degenerative, and fatal diseases. This is, therefore, one of the biggest challenges for the multidisciplinary team, as distorted behavioral or emotional standards in the palliative care environment are extrapolated.³³

With regard to the vulnerability of nurses to the onset of compassion fatigue in intensive care units, there is a tendency of these professionals to prioritize the patient's care needs over their own needs.³⁸ And, once in difficult events related to grief, these professionals remain in the scenario providing continuous care at the bedside. They provide continuous support to several traumatized patients and families in crisis with life-threatening situations and do not receive immediate support to assist in the processing of feelings such as sadness and grief arising from work experiences.²⁸

Given the above, the relational triad in the context of palliative care is configured as a dynamic perspective that requires the attention of effective public policies and institutional programs capable of meeting the singularities of the protagonists of care, represented by the patient, family, and multidisciplinary health team.

This study provides a better understanding of the dimension of the phenomenon in Nursing professionals who deal with people experiencing conditions that threaten the continuity of life, as well as presenting significant scientific evidence capable of supporting new investigations in the field of mental health of workers and encouraging discussion of these themes in the academic health context.

Thus, recent research³⁸⁻⁴⁰ dealing with the development of compassion fatigue in health professionals during the COVID-19 pandemic highlight the need for more attention to the psychological demands of these workers in the emergency scenario of global health³⁹, which includes the palliative modality.

CONCLUSIONS

The evidence on compassion fatigue, from this scoping review, highlights the need to improve the work process to face the phenomenon and the appreciation of its repercussions in the labor and personal dimensions of Nursing workers who provide palliative care and search for the autonomy of care capable of strengthening the relational triad between Nursing professionals, patient, and family.

The advancement of the palliative modality at different levels of care denotes more attention to vulnerability to compassion fatigue and more investments in educational activities at work. The collaboration of health service managers is crucial for the strengthening of actions to promote the health of workers, especially the Nursing team, which provides assistance to individuals who experience life-threatening situations, in different scenarios of action, including in the primary health care.

Regarding the limitations of this study, although a wide and comprehensive survey of evidence on compassion fatigue in Nursing workers who provide palliative care was carried out, the search strategy was centered on journal publications. The use of languages other than Portuguese and English can favor the identification of relevant research on the subject in countries on different continents.

As it is a significant theme for well-being and care, the evidence identified on compassion fatigue can support further investigations in the field of Nursing worker mental health and related areas. The magnitude of this phenomenon and other work-related mental disorders that affect Nursing professionals are highlighted, as well as the types and effects of preventive and therapeutic interventions capable of minimizing occupational stressful events in the field of palliative care and promoting actions favorable to quality of professional life.

REFERENCES

1. Barros ASS. Subjective well-being (Sb) and burnout syndrome (BnS): correlational analysis teleworkers education sector. *Procedia Soc Behav*

Sci. 2017[cited 2020 May 04];237:1012-8. Available from: <https://www.sciencedirect.com/science/article/pii/S1877042817301441>

2. Potter P, Deshields T, Divanbeigi J, Berger J, Cipriano D, Norris L, et al. Compassion fatigue and burnout: prevalence among oncology nurses. *Clin J Oncol Nurs*. 2010[cited 2020 May 04];14(5):56-62. Available from: <https://pubmed.ncbi.nlm.nih.gov/20880809/>
3. Circenis K, Millere I. Compassion fatigue, burnout and contributory factors among nurses in Latvia. *Procedia Soc Behav Sci*. 2011[cited 2020 May 04];30:2042-6. Available from: <https://www.sciencedirect.com/science/article/pii/S1877042811022208>
4. Sinclair S, Raffin-Bouchal S, Venturato L, Mijovic-Kondejewski J, Smith-MacDonald L. Compassion fatigue: a meta-narrative review of the healthcare literature. *Int J Nurs Stud*. 2017[cited 2020 May 04];69:9-24. Available from: <https://pubmed.ncbi.nlm.nih.gov/28119163/>
5. Duarte J, Pinto-Gouveia J. The role of psychological factors in oncology nurses' burnout and compassion fatigue symptoms. *Eur J Oncol Nurs*. 2017[cited 2020 May 20];28:114-21. Available from: <https://pubmed.ncbi.nlm.nih.gov/28478848/>
6. Lago K, Codo W. Fadiga por compaixão: evidências de validade fatorial e consistência interna do ProQol-BR. *Estud Psicol*. 2013[cited 2020 May 23];18(2):213-21. Available from: https://www.scielo.br/scielo.php?pid=S1413-294X2013000200006&script=sci_abstract&tlng=pt
7. Borges EMN. Fadiga por compaixão em enfermeiros de urgência e emergência hospitalar de adultos. *Rev Latino-Am Enferm*. 2019[cited 2021 Apr 20];27:e3175. Available from: <https://www.scielo.br/pdf/rlae/v27/0104-1169-rlae-27-e3175.pdf>
8. Bastos RA, Quintana AM, Carnevale F. Angústias psicológicas vivenciadas por enfermeiros no trabalho com pacientes em processo de morte: estudo clínico-qualitativo. *Trends Psychol*. 2018[cited 2021 May 05];26(2):795-805. Available from: <https://www.scielo.br/pdf/tpsy/v26n2/2358-1883-tpsy-26-02-0795.pdf>
9. Fitch MI, Fliedner MC, O'Connor M. Nursing perspectives on palliative care 2015. *Ann Palliat Med*. 2015[cited 2020 May 22];4(3):150-5. Available from: <https://pubmed.ncbi.nlm.nih.gov/26231811/>
10. Cross LA. Compassion fatigue in palliative care Nursing: a concept analysis. *J Hosp Palliat Nurs*. 2019[cited 2020 Apr 11];21(1):21-8. Available from: <https://pubmed.ncbi.nlm.nih.gov/30608916/>
11. International Association for Hospice and Palliative Care. Global consensus based palliative care definition. 2018[cited 2020 Apr 8]. Available from: <https://hospicecare.com/what-we-do/projects/consensus-based-definition-of-palliative-care/definition/>
12. Zhang YY, Zhang C, Han XR, Li W, Wang YL. Determinants of compassion satisfaction, compassion fatigue and burn out in Nursing: a correlative meta-analysis. *Medicine (Baltimore)*. 2018[cited Apr 02];97(26):e11086. Available from: <https://pubmed.ncbi.nlm.nih.gov/29952947/>
13. Barbosa SC, Souza S, Moreira JS. A fadiga por compaixão como ameaça à qualidade de vida profissional em prestadores de serviços hospitalares. *Rev Psicol Organ Trab*. 2014[cited 2020 Apr 2];14(3):315-23. Available from: <http://pepsic.bvsalud.org/pdf/rpot/v14n3/v14n3a07.pdf>
14. Borges EMN, Fonseca CINS, Batista PCP, Queirós CML, Baldonado-Mosteiro M, Mosteiro-Diaz MP. Compassion fatigue among nurses working on an adult emergency and

- urgent care unit. *Rev Latino-Am Enferm*. 2019[cited 2020 Apr 02];27:e3175. Available from: https://www.scielo.br/scielo.php?pid=S0104-11692019000100360&script=sci_abstract
15. Wentzel DL, Brysiewicz L. A survey of compassion satisfaction, burnout and compassion fatigue in nurses practicing in three oncology departments in Durban, South Africa. *Int J Afr Nurs Sci*. 2018[cited 2020 May 01];8:82-6. Available from: <https://www.sciencedirect.com/science/article/pii/S221413911730121X>
 16. O'Callaghan EL, Lam L, Cant R, Moss C. Compassion satisfaction and compassion fatigue in Australian emergency nurses: a descriptive cross-sectional study. *Int Emerg Nursing*. 2020[cited 2020 June 01];48:100785. Available from: <https://pubmed.ncbi.nlm.nih.gov/31331839/>
 17. Ruiz-Fernández MD, Pérez-García E, Ortega-Galán ÁM. Quality of life in Nursing professionals: burnout, fatigue, and compassion satisfaction. *Int J Environ Res Public Health*. 2020[cited 2020 June 01];17(4):1253. Available from: <https://pubmed.ncbi.nlm.nih.gov/32075252/>
 18. Roney LN, Acri MC. The cost of caring: an exploration of compassion fatigue, compassion satisfaction, and job satisfaction in pediatric nurses. *J Pediatr Nurs*. 2018[cited 2020 June 02];40:74-80. Available from: <https://pubmed.ncbi.nlm.nih.gov/29402658/>
 19. Peters MDJ, Godfrey C, Mclnerney P, Munn Z, Tricco AC, Khalil H. Chapter 11: Scoping reviews. Joanna Briggs Institute Reviewer's Manual. 2020[cited 2020 Apr 08]. Available from: <https://wiki.jbi.global/display/MANUAL/Chapter+11%3A+Scoping+reviews>
 20. Nyanchoka L, Tudur-Smith C, Thu VN, Iversen V, Tricco AC, Porcher R. A scoping review describes methods used to identify, prioritize and display gaps in health research. *J Clin Epidemiol*. 2019[cited 2021 May 12];109:99-110. Available from: <https://pubmed.ncbi.nlm.nih.gov/30708176/>
 21. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. 2005[cited 2020 Apr 07];8(1):19-32. Available from: <https://www.tandfonline.com/doi/abs/10.1080/1364557032000119616>
 22. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018[cited 2020 June 09];169(7):467-73. Available from: <https://pubmed.ncbi.nlm.nih.gov/30178033/>
 23. Sanches KS, Teixeira PTO, Rabin EG. The scenario of scientific publication on palliative care in oncology over the last 5 years: a scoping review. *Rev Esc Enferm USP*. 2018[cited 2020 June 03];52:e03336. Available from: https://www.scielo.br/pdf/reeusp/v52/en_1980-220X-reeusp-52-e03336.pdf
 24. Camargo BV, Justo AM. IRAMUTEQ: um software gratuito para análise de dados textuais. *Temas Psicol*. (Online). 2013[cited 2020 June 03];21(2):513-8. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-389X2013000200016
 25. Wittenberg E, Goldsmith J, Buller H, Ragan SL, Ferrell B. Communication training: needs among oncology nurses across the cancer continuum. *Clin J Oncol Nurs*. 2019[cited 2020 June 03];23(1):82-91. Available from: <https://pubmed.ncbi.nlm.nih.gov/30682007/>
 26. Frey R, Robinson J, Wong C, Gott M. Burnout, compassion fatigue and psychological capital: findings from a survey of nurses delivering palliative care. *Appl Nurs Res*. 2018[cited 2020 June 11];43:1-9. Available from: <https://pubmed.ncbi.nlm.nih.gov/30220354/>
 27. Boyle DA, Bush NJ. Reflections on the emotional hazards of pediatric oncology Nursing: four decades of perspectives and potential. *J Pediatr Nurs*. 2018[cited 2020 June 11];40:63-73. Available from: <https://pubmed.ncbi.nlm.nih.gov/29776481/>
 28. Duarte J. Professional quality of life in nurses: contribution for the validation of the portuguese version of the professional quality of life scale-5 (PROQOL-5). *Anal Psicol*. 2017[cited 2020 June 15];35(4):529-42. Available from: http://www.scielo.mec.pt/scielo.php?script=sci_abstract&pid=S0870-82312017000400009&lng=pt&nrm=iso
 29. Yu H, Jiang A, Shen J. Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: a cross-sectional survey. *Int J Nurs Stud*. 2016[cited 2020 June 01];57:28-38. Available from: <https://pubmed.ncbi.nlm.nih.gov/27045562/>
 30. Houck D. Helping nurses cope with grief and compassion fatigue: an educational intervention. *Clin J Oncol Nurs*. 2014[cited 2020 June 01];18(4):454-8. Available from: <https://pubmed.ncbi.nlm.nih.gov/25095300/>
 31. Potter P, Deshields T, Berger JA, Clarke M, Olsen S, Chen L. Evaluation of a compassion fatigue resiliency program for oncology nurses. *Oncol Nurs Forum*. 2013[cited 2020 June 01];40(2):180-7. Available from: <https://pubmed.ncbi.nlm.nih.gov/23448743/>
 32. Fetter KL. We grieve too: one inpatient oncology unit's interventions for recognizing and combating compassion fatigue. *Clin J Oncol Nurs*. 2012[cited 2020 June 01];16(6):559-61. Available from: <https://www.ncbi.nlm.nih.gov/nlmcatalog/?term=.+Clin+J+Oncol+Nurs>
 33. Holst L, Lundgren M, Olsen L, Ishøy T. Dire deadlines: coping with dysfunctional family dynamics in an end-of-life care setting. *Int J Palliat Nurs*. 2009[cited 2020 June 15];15(1):34-41. Available from: <https://pubmed.ncbi.nlm.nih.gov/19234429/>
 34. Aycock N, Boyle D. Interventions to manage compassion fatigue in oncology Nursing. *Clin J Oncol Nurs*. 2009[cited 2020 June 15];13(2):183-91. Available from: <https://pubmed.ncbi.nlm.nih.gov/19349265/>
 35. Santos NAR, Santos J, Silva VR, Passos JP. Estresse ocupacional na assistência de cuidados paliativos em oncologia. *Cogitare Enferm*. 2017[cited 2020 June 17];22(4):1-10. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-876588>
 36. Fukumori T, Miyazaki A, Takaba C, Taniguchi S, Asai M. Traumatic events among cancer patients that lead to compassion fatigue in nurses: a qualitative study. *J Pain Symptom Manage*. 2020[cited 2020 June 20];59(2):254-60. Available from: <https://pubmed.ncbi.nlm.nih.gov/31610272/>
 37. Alves AMPM, Costa SFG, Fernandes MA, Batista PSS, Lopes MEL, Zaccara AAL. Communication in palliative care: a bibliometric study. *Rev Pesqui (Univ Fed Estado Rio J Online)*. 2019[cited 2020 June 20];11(2):524-32. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-969396>
 38. Alharbi J, Jackson D, Usher K. The potential for COVID-19 to contribute to compassion fatigue in critical care nurses. *J Clin Nurs*. 2020[cited 2020 Oct 20];29:2762-4. Available from: <https://pubmed.ncbi.nlm.nih.gov/32344460/>

39. Dosil M, Ozamiz-Etxebarria N, Redondo I, Picaza M, Jaureguizar J. Psychological symptoms in health professionals in Spain after the first wave of the COVID-19 pandemic. *Front Psychol.* 2020[cited 2020 Dec 20];11:606121. Available from: <https://pubmed.ncbi.nlm.nih.gov/33391125/>
 40. Ruiz-Fernández M, Ramos-Pichardo J, Ibáñez-Masero O, Cabrera-Troya J, Carmona-Rega M, Ortega-Galán Á. Compassion Fatigue, Burnout, Compassion Satisfaction and perceived stress in healthcare professionals during the COVID-19 health crisis in Spain. *J Clin Nurs.* 2020[cited 2020 Dec 20];29(21-22):4321-30. Available from: <https://pubmed.ncbi.nlm.nih.gov/32860287/>
-