Compassion Fatigue: The Real Emergency Paramedics Face

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Paramedics are regularly exposed to traumatic events, yet are expected to demonstrate empathy, compassion and clinical skill during every patient interaction. This can cause compassion fatigue which can lead to decreased compassion for patients and serious psychological and physical outcomes for clinicians. This comes at a high personal and financial cost for both the ambulance sector and the clinicians and individuals with sensory processing sensitivity who may be at greater risk of developing compassion fatigue due to their heightened responsiveness to environments. To address the research question 'Are paramedics looking after themselves, while they look after their patients?' international research from a range of fields was reviewed, including paramedicine, nursing, psychology and medicine. Job satisfaction, education and frequent monitoring of practitioners' mental health were identified as key protectors against compassion fatigue, with both ambulance management and clinicians playing an essential role in maintaining healthy work environments. Recovery from compassion fatigue includes maintaining a healthy work/life balance, and prioritising relational, mental, physical and spiritual health. Although no statistics are currently available for Aotearoa New Zealand's ambulance services, similarities to international work environments and anecdotal evidence suggest that many ambulance officers in Aotearoa may be impacted by compassion fatigue.

KEYWORDS: compassion fatigue; mental health; paramedic; prevention; recovery; sensory processing sensitivity

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Paramedics are regularly exposed to traumatic events, yet are expected to uphold high levels of compassion, empathy and clinical skill in every patient interaction. However, when paramedicine is discussed, terms such as 'burnt out', 'cynical' and 'fatigued' are becoming commonplace in Aotearoa New Zealand. To explore the issue, the following question was posed: 'Are paramedics looking after themselves, while they look after their patients?'. This paper considers international research from various fields, including paramedicine, nursing, medicine and psychology to explore compassion fatigue. It will explore the prevalence of compassion fatigue in the ambulance service, identify causes and consider ways to prevent and recover from compassion fatigue.

COMPASSION FATIGUE

Compassion fatigue is often confused with burnout, post-traumatic stress disorder or other stress disorders. However, it is separate from these and is often found in caregivers and healthcare providers due to the caring nature of their jobs (Fernando & Consedine, 2014; International Online Medical Council, 2023; Sinclair, Raffin-Bouchal, et al., 2017). While compassion fatigue and burnout are different, compassion fatigue is often a precursor to burnout (Bohman et al., 2022).

Compassion fatigue, known also as 'the cost of caring', is a type of secondary traumatic stress syndrome, where people experience symptoms based on exposure to others' trauma (Rauvola et al., 2019; Renkiewicz & Hubble, 2022). Compassion fatigue is when a person has a gradual or acute loss of compassion due to physical or mental exhaustion, following helping others during traumatic or stressful events (Bohman et al., 2022; Cornelius & Swayze, 2015; Huggard et al., 2017; Renkiewicz & Hubble, 2022). Compassion fatigue diminishes a provider's ability to empathise with patients and places strain on the clinician's professional and personal life (Dehghannezhad et al., 2020).

Compassion fatigue is caused by repeated exposure to others' pain, coupled with high levels of stress. There are specific factors that put clinicians at greater risk of developing compassion fatigue (Dehghannezhad et al., 2020; Renkiewicz & Hubble, 2022; Schmidt & Haglund, 2017). These include previous history of childhood abuse or trauma, stressful home life, poor coping skills or having high levels of empathy (Cornelius & Swayze, 2015; Dehghannezhad et al., 2020; Renkiewicz & Hubble, 2022). However, the greatest risk factor is the provider's working environment (Cornelius & Swayze, 2015; Dehghannezhad et al., 2020; Renkiewicz & Hubble, 2022).

Studies have found that that the prevalence of compassion fatigue increases over time and shift length (Dehghannezhad et al., 2020; McGrath et al., 2022; Renkiewicz & Hubble, 2022; Straussner & Senreich, 2020). Nevertheless, there is also research that suggests that clinicians can develop coping skills over the years, with length of service contributing to better coping skills (Dehghannezhad et al., 2020; Straussner & Senreich, 2020). Furthermore, the more satisfied a provider is with their job and the ways they have shown compassion to their patients, the less likely they are to experience compassion fatigue (Dehghannezhad et al., 2020).

Compassion fatigue can present in a variety of ways, from unethical behaviour and frustration to a lack of compassion towards patients. This comes about as the person experiencing compassion fatigue neglects their own well-being, and this can lead to physical, mental and spiritual exhaustion (Renkiewicz & Hubble, 2022; Showalter, 2010). Compassion fatigue can also lead to a clinician being unable to differentiate their own emotions from those of their patients (Thompson, 2013). Symptoms of compassion fatigue can mimic many other mental health conditions and can include changes in mood, self-care and substance use (The Ambulance Staff Charity, 2023; Powell, 2020).

Compassion Fatigue and Paramedicine

The two ambulance services in Aotearoa, Wellington Free Ambulance and Hato Hone St John, expect staff to practise in a compassionate way. Wellington Free Ambulance states on its job website that they provide world-class compassionate care, while the Hato Hone St John values state that staff are expected to 'stand side by side' and 'make it better' (Hato Hone St John, n.d.; Wellington Free Ambulance, 2023). However, compassion fatigue significantly impacts healthcare workers, including paramedics and other ambulance clinicians, and there is increasing international concern over the lack of compassion shown by some healthcare workers (Sinclair, Russell et al., 2017).

Multiple factors contribute to high levels of stress for paramedics, including workload, shift work, limited equipment and resources, and challenging and dangerous environments. Paramedics are also regularly exposed to traumatic events, often more so than other

healthcare providers, and shift work can limit downtime both at work and at home. Concern about compassion fatigue was raised before the COVID-19 pandemic, but the concern burgeoned during the pandemic when healthcare workers were practicing in extremely stressful work environments with an exponential rise in workloads (Bell et al., 2021; Gupta et al., 2021).

The majority of studies investigating compassion fatigue have focused on nursing and other caring professions, rather than paramedicine specifically. However, there is international research indicating that a significant number of paramedics are likely to experience compassion fatigue, with some studies indicating that nearly 50% of paramedics are likely to be affected by compassion fatigue at some stage in their career (Bohman et al., 2022; Renkiewicz & Hubble, 2022; Welding, 2021). Additionally, some literature from Aotearoa has found that high rates of compassion fatigue have been identified in the healthcare sector in Aotearoa, and paramedics are an integral part of this sector (The Ambulance Staff Charity, 2023; Brooks et al., 2022; Dehghannezhad et al., 2020; Schmidt & Haglund, 2017).

Practising paramedicine means focusing on others, and while compassion fatigue has a significant impact on patients, it also has considerable impact on the individual paramedic, their colleagues and the wider ambulance service (Cocker & Joss, 2016). Concerningly, international studies show that ambulance clinicians have a significantly higher risk of suicide than the general population (Hird et al., 2019; Vigil et al., 2018). In support of these findings, Renkiewicz and Hubble (2022) found that clinicians experiencing compassion fatigue are four times more at risk of suicide than those not experiencing compassion fatigue (Mars et al., 2020; Renkiewicz & Hubble, 2022; Vigil et al., 2018). Research shows that an increase in exposure to suicide can lead to an increase in suicidal tendencies (Mars et al., 2020; Renkiewicz & Hubble, 2022; Turecki et al., 2019). Furthermore, clinicians experiencing compassion fatigue are often not able to function optimally, which can lead to a reduction in self-worth and an increased need for counselling (Renkiewicz & Hubble, 2022; Sinclair, Raffin-Bouchal, et al., 2017).

Ambulance services operating with high numbers of fatigued staff are also at risk of experiencing negative consequences, including poor patient outcomes and poor overall staff well-being. Compassion fatigue comes with an increase in staff turnover, sick days taken and staff underperformance, and a decrease in patient satisfaction, resulting in complaints from patients and their families (Bohman et al., 2022; National Academies of Sciences, Engineering, and Medicine, 2018; Showalter, 2010; Sinclair, Raffin-Bouchal, et al., 2017; Sinclair, Russell et al., 2017). These factors contribute to increasing financial costs for the ambulance services at a time when they are facing decreased levels of funding (Bohman et al., 2022; National Academies of Sciences, Engineering, and Medicine, 2018; Showalter, 2010).

Regardless of the environment in which they work, paramedics are responsible for ensuring that patients receive excellent care. In order to deliver high-quality care, it is essential for the provider to establish a strong therapeutic relationship with each patient (English et al., 2022). Compassionate care leads to a therapeutic interpersonal bond between the provider and patient, and improves satisfaction for both parties (Younas & Maddigan, 2019). Therefore, when a clinician has depleted levels of empathy, or is experiencing compassion fatigue, they are less likely to be able to form therapeutic relationships. This has serious impacts for patients' safety, recovery, well-being and satisfaction (Kus et al., 2019; Maben et al., 2012; Parker et al., 2022; Pehlivan & Güner, 2017; Thompson, 2013; Younas & Maddigan, 2019). Further compounding the negative impact of compassion fatigue, patients may be less likely to reach out for help in the future if they have had a negative experience in the past (Rivenbark & Ichou, 2020; Schwei et al., 2016).

Preventing Compassion Fatigue

There are some key stressors identified that lead to compassion fatigue, however, steps can be taken to mitigate the negative impacts of compassion fatigue before the clinician and patient are affected. For example, job satisfaction has been shown to be one of the most important protectors against compassion fatigue. The more job satisfaction a clinician feels, the more compassionate they are likely to be; therefore, they are less likely to experience compassion fatigue (Dehghannezhad et al., 2020; Fetter, 2012). Increasing worker satisfaction is the responsibility of both the ambulance service management and the individual paramedic. Management can shape the working environment by helping with education, rewarding positive behaviours, providing adequate professional support and reducing workload (Dehghannezhad et al., 2020; Schmidt & Haglund, 2017). Given that heavy workloads have a significant correlation with staff experiencing compassion fatigue, it may be necessary to provide a variety of shift rosters to suit different circumstances, reduce shift lengths for ambulance staff, increase the number of ambulances to decrease individual workload or enforce longer breaks.

Debriefing and reflection are useful practices for processing stressful situations (Falon et al., 2022; Schmidt & Haglund, 2017) and increasing an individual's morale and job satisfaction (Schmidt & Haglund, 2017). There are various ways to debrief and reflect, but whatever the method, it can help paramedics be more prepared when encountering stressors in the future by providing insight that reduces stressors, thus reducing stress and the risk of developing compassion fatigue (Schmidt & Haglund, 2017). Management can also help create a culture where debriefing and reflection are valued as an essential part of every shift.

Team leaders and managers can lead by example and model best practice for debriefing and reflective practices. Creating a supportive environment where a person feels able to share their feelings means there is a high likelihood of other staff feeling encouraged to do so as well, particularly if someone in leadership models this behaviour. This means problems can be faced together and people are more aware of lapses in compassion (Thompson, 2013). There are a variety of effective debrief and group reflection tools in use in the healthcare sector, though this is beyond the scope of this article. However, one tool that is already used by ambulance services in Aotearoa is the MANERS template (See Appendix A) (National Ambulance Sector Clinical Working Group, 2023).

Actively monitoring staff mental health is another way ambulance management can help to reduce the possibility of compassion fatigue (Goetzel et al., 2018). This can be difficult as there is no empirical way to track an individual's mental health, however, recently a variety of tools have been created to help monitor staff mental health (Sinclair, Raffin-Bouchal, et al., 2017; Wei et al., 2016). The Professional Quality of Life (ProQOL) test is a self-care tool used to specifically identify compassion fatigue (See Appendix B) (Cavanagh et al., 2019; The Center for Victims of Torture, 2021). This tool has been created specifically for ambulance management to monitor staff but can also be used by individual clinicians to assess their state of mental health. However, if management is to formally monitor staff, steps need to be taken to create a positive and supportive environment that eliminates stigmatisation of poor mental health for practitioners in the ambulance service (Renkiewicz & Hubble, 2022).

A population group that is likely to be even more impacted by the stressors of ambulance work, and therefore more prone to suffering from stress, burnout and compassion fatigue, are individuals with the temperamental trait of sensory processing sensitivity (SPS) (Pérez-Chacónet et al., 2021, Redfearn et al., 2020, Shi et al., 2024). SPS is characterised by deep processing of information, high emotional reactivity and awareness of environmental nuances. The trait is evenly distributed, and 20–30% of the population is high in SPS (Bas, et al., 2021; Cater, 2022). People high in SPS are more

impacted by both positive and negative aspects of physical and social environments and are likely to experience more negative mental and physical health outcomes when exposed to adverse environments, such as stressful work conditions (Greven & Homberg, 2020). For individuals high in SPS, self-care and downtime are essential (Black & Kern, 2020; Cater, 2022), though it can be challenging to find time for these in hectic healthcare settings (Pérez-Chacónet al., 2021; Redfearn et al., 2020).

Education also plays a key role in mitigating the incidence of compassion fatigue. Some studies show that providing education to both pre-hospital and nursing staff about compassion fatigue helps reduce its prevalence (Bohman et al., 2022; Cocker & Joss, 2016). There are limited studies investigating the effectiveness of compassion fatigue education, and this could be a worthwhile future research direction.

However, even when managers create positive environments and provide adequate support for staff, clinicians must be prepared to take charge of their own specific circumstances. Mental health primarily relies on intrinsic factors and personal resilience for effective prevention and healing, surpassing the impact of external factors, especially when addressing common mental health syndromes. This holds true for compassion fatigue as well (Black, 2023; Herlambang et al., 2021; Hosseini et al., 2021; Schmidt & Haglund, 2017). Therefore, it is important for paramedics to balance their professional and personal lives, taking time to rest and relax, which leads to better overall mental and physical well-being (McHolm, 2006; Søvold et al., 2021; Welding, 2021). This includes things such as adequate sleep, physical activity and good nutrition (McHolm, 2006; Rodríguez-Romo et al., 2022; Søvold et al., 2021; Welding, 2021).

Recovering from Compassion Fatigue

The symptoms faced by those experiencing compassion fatigue are complex, nuanced and individual, and recovery must be holistic. While recovering from compassion fatigue is possible, it takes time, guidance and kindness from others and the individuals themselves (Showalter, 2010). Although compassion fatigue predominantly presents with mental and emotional symptoms, it affects the entire body, and healing requires a holistic approach (National Academies of Sciences, Engineering, and Medicine 2021; McHolm, 2006). Te Whare Tapa Whā is a holistic health model in Aotearoa that acknowledges that good health requires physical, emotional, spiritual and social well-being and is a useful framework when considering recovery from compassion fatigue. Te Whare Tapa Whā translates to 'the four-sided house' in English, and symbolises the four dimensions, or pillars, that are essential for overall health (Rochford, 2004). To be able to effectively continue to help others, clinicians must first acknowledge and meet their own needs and attend to all domains of personal health and well-being (Showalter, 2010).

A list created by Showalter (2010) shows some key areas which can help in recovery from compassion fatigue. This includes spending quality time with loved ones, pursuing interests outside of work, following a routine, maintaining a good diet and having adequate sleep and physical activity. A good routine can also help in recovery, and it may involve lifestyle changes or taking time off work to establish new therapeutic routines (The Ambulance Staff Charity, 2023; Showalter, 2010).

Self-awareness can also help heal compassion fatigue, with some studies showing that prayer, meditation or other spiritual practices can positively impact symptoms of compassion fatigue (Schmidt & Haglund, 2017; Showalter, 2010; Yoder, 2010). For example, a study investigating the experience of teachers of students with special needs found that the longer a participant prayed or practised mindfulness, the lower their ProQOL score was, and this was reflected in a reduction of compassion fatigue (Donahoo et al., 2017). Professional debriefing, including group sessions, may also be useful during this time. This can help create plans for coping in future situations (Schmidt & Haglund, 2017).

Due to the risk of negative mental health outcomes, people experiencing compassion fatigue should avoid making any major life decisions, including leaving the ambulance service, until they have taken time to completely heal (Showalter, 2010). It is also important for paramedics to understand that while the system they work in may be tiring, it is not their colleagues', their patients', or their own fault that they are experiencing difficulties (Showalter, 2010).

DISCUSSION

Ambulance work can be taxing, and ambulance providers in Aotearoa, Hato Hone St John and Wellington Free Ambulance, usually have ambulance officers working shifts of 12 hours. Typically, ambulance officers rotate on an eight-day cycle, with two day-shifts and two night-shifts followed by four days off (Corlett, 2021). Staff often use their first day off to physically recover by sleeping and this leads to decreased recreational time (Lawn et al., 2020; Showalter, 2010). Furthermore, many ambulance staff mention late finishes and irregular meal breaks because of an overloaded health system.

Ambulance training focuses on identifying and treating critical life threats; however, recent data indicates only around 15% of all patient encounters within the ambulance service in Aotearoa are considered high acuity (Todd et al., 2022). Given that only a small percentage of ambulance training focuses on low-acuity work, staff may feel a heightened level of stress or inadequacy when expending time and energy attending to low-acuity patients rather than those who urgently require attention (Renkiewicz & Hubble, 2022; Schmidt & Haglund, 2017). Furthermore, paramedics can become frustrated that low-acuity jobs take away from 'real' emergencies, thus reducing their compassion satisfaction. Paramedics frequently do not receive follow-up on patients, which can lead to reduced satisfaction levels as they may not see the good that they do. The heavy workload plus the potential reduction in satisfaction may significantly increase the risk of paramedics experiencing compassion fatigue, and this can be exacerbated for high-SPS individuals (Pérez-Chacónet et al., 2021, Redfearn et al., 2020, Shi et al., 2024).

While the stigma in Aotearoa and the ambulance service around asking for help for psychological issues has reduced in recent years, there remains a societal stigma. Almost 20% of New Zealanders report feeling discriminated against in their workplace due to experiencing poor mental health (Mental Health Foundation of New Zealand, 2023), and this can make ambulance officers hesitant to seek help. Organised debriefs and group reflections have traditionally only been conducted after potentially traumatic events, or by students who are required to engage in reflective exercises as part of their education (Evans et al., 2023).

In 2020, paramedics in Aotearoa became registered with Te Kaunihera Manapou Paramedic Council. This registration binds practitioners to the Paramedic Council's Code of Conduct, which requires paramedics to continually develop their reflective practice (Te Kaunihera Manapou Paramedic Council, 2020a, 2020b). As a result of this, reflective practice may become more commonplace in the industry, and this may result in an industry acceptance of an increased need for psychological support for ambulance officers. Reducing the stigma attached to mental health may encourage ambulance officers to seek help earlier, which may lead to a reduction in compassion fatigue for practitioners.

LIMITATIONS

There are several limitations identified in this review. First, there is limited high-quality, recent research available focusing specifically on compassion fatigue within ambulance services, with the majority of literature focusing on other helping professions, such as nursing. More literature investigating compassion fatigue in the paramedicine context is needed to illuminate the true severity of compassion fatigue for paramedics. Second, research in this field often utilises small sample sizes, therefore,

results may not be generalisable in larger groups of practitioners. Third, much of the research in the field of paramedicine is conducted internationally, so the findings may or may not be relevant in the context of Aotearoa.

CONCLUSION

This article investigated compassion fatigue within the ambulance service in Aotearoa. While research specific to New Zealand paramedicine is limited, this article has aimed to identify what compassion fatigue is, its prevalence in the ambulance service, and how to both prevent and recover from it. Compassion fatigue is frequently experienced in the healthcare sector, and international literature has found that a relatively high number of paramedics tend to suffer from it. Compassion fatigue is best prevented rather than healed, and increasing both job and compassion satisfaction has been shown to be beneficial in preventing compassion fatigue. Many of the same factors are beneficial in both the prevention and recovery of compassion fatigue, with self-care identified as a major factor in both prevention and treatment. Furthermore, ambulance service management can reduce the likelihood of practitioners developing compassion fatigue by providing appropriate resourcing, education and support for staff. Compassion fatigue comes at a significant health and financial cost to ambulance clinicians, patients and the paramedic industry, and can take a particularly extensive toll on individuals high in SPS. Future research should explore the cost of prevention and recovery from compassion fatigue for ambulance service personnel and the industry as a whole. Education is crucial for raising awareness of compassion fatigue, and for identifying mitigating factors that can protect paramedics from developing compassion fatigue in the first place.

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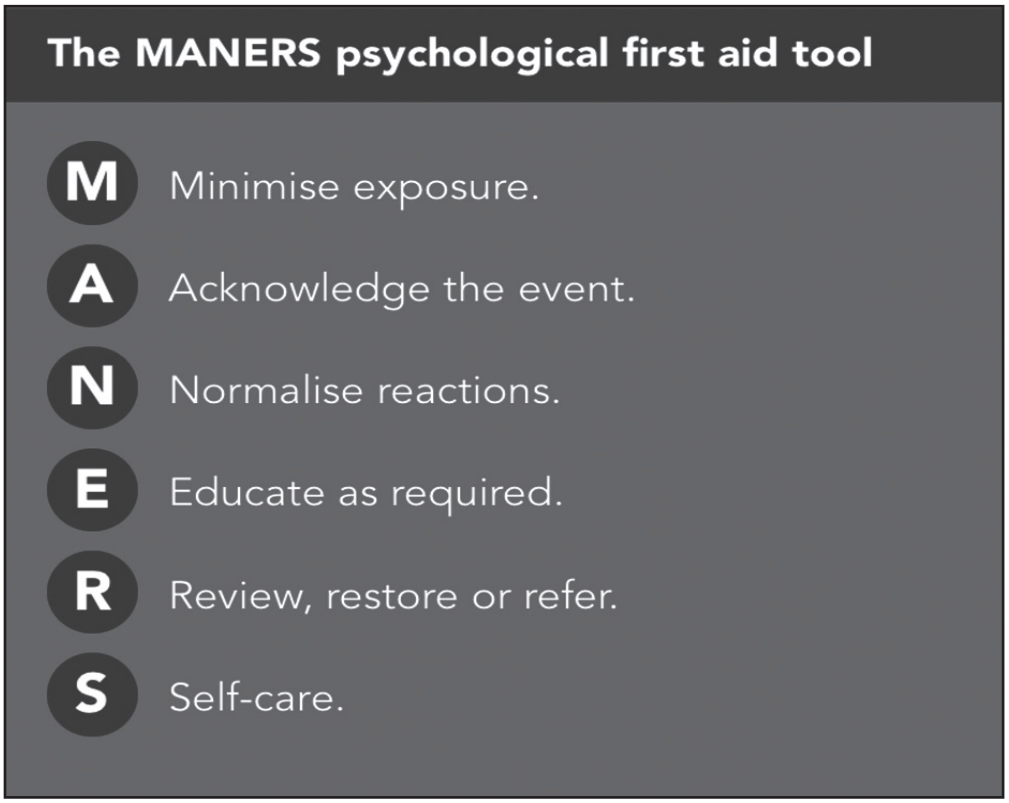
APPENDIX A: MANERS Psychological First Aid Tool



MANERS. (National Ambulance Sector Clinical Working Group, 2023).

APPENDIX B: PROQOL Compassion Satisfaction and Fatigue Tool

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

Compassion Satisfaction and Fatigue (ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

What is my score and what does it mean?

In this section, you will score your test and then you can compare your score to the interpretation below.

Scoring

1. Be certain you respond to all items.
2. Go to items 1, 4, 15, 17 and 29 and reverse your score. For example, if you scored the item 1, write a 5 beside it. We ask you to reverse these scores because we have learned that the test works better if you reverse these scores.

You Wrote	Change to
1	5
2	4
3	3
4	2
5	1

To find your score on **Compassion Satisfaction**, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.

The sum of my Compassion Satisfaction questions was	So My Score Equals	My Level of Compassion Satisfaction
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Burnout**, add your scores questions 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29. Find your score on the table below.

The sum of my Burnout questions	So My Score Equals	My Level of Burnout
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Secondary Traumatic Stress**, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Find your score on the table below.

The sum of my Secondary Traumatic Stress questions	So My Score Equals	My Level of Secondary Traumatic Stress
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org