COMPASSION FATIGUE IN HEMODIALYSIS NURSES: A SCOPING REVIEW

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COMPASSION FATIGUE IN HEMODIALYSIS NURSES: A SCOPING REVIEW

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Abstract

Background: The high prevalence of chronic kidney disease has led many patients to undergo hemodialysis therapy, making them dependent on nurses for their care procedures. Hemodialysis nurses are not only responsible for performing dialysis but also for providing education, emotional support, and patient advocacy. This results in a high workload and an increased risk of experiencing compassion fatigue. Such conditions can negatively impact nurses' well-being and the quality of healthcare services due to physical exhaustion, emotional stress, and prolonged burnout.

Objective: To analyze a review on compassion fatigue in hemodialysis nurses.

Design: Scoping Review.

Data Sources: The search was conducted using Google Scholar, PubMed, and EBSCO databases, with articles limited to the time range of 2015–2025. The search term used in Google Scholar was "*intitle:compassion fatigue AND intext:hemodialysis nurse*", while in PubMed and EBSCO, the keyword used was "*compassion fatigue AND hemodialysis nurse*".

Review Methods: This scoping review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses model, and the collected research results were synthesized for data analysis.

Results: A total of six research articles were analyzed, which were then summarized based on the level of compassion fatigue, related factors, symptoms, and interventions applied to hemodialysis nurses.

Conclusion: Compassion fatigue in hemodialysis nurses is influenced by workload, emotional interactions, and lack of social support. Further research is needed to standardize measurement tools, explore demographic and psychological factors, and develop effective interventions to enhance nurses' well-being and improve patient care quality.

Keywords: *Compassion Fatigue, Hemodialysis Nurse*

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INTRODUCTION

The prevalence of chronic kidney disease (CKD) in Indonesia, according to the 2018 Basic Health Research, was reported at 0.38% or 3.8 individuals per 1,000 population. Of this number, 60% were found to require dialysis therapy (Kepmenkes RI, 2023). Hemodialysis (HD) is one of the alternative therapies to

replace kidney excretory functions, normalize body metabolism, and extend patient survival (Chen et al., 2022). With the increasing number of kidney failure patients, it was reported that in 2023, approximately 235 out of every 1,000,000 people in Indonesia underwent hemodialysis therapy (Kemenkes RI, 2023). One of the key elements in hemodialysis services and the operation of hemodialysis machines is the role of nurses (Rocha et al., 2017).

Hemodialysis nurses are healthcare professionals trained to perform and oversee hemodialysis procedures while providing holistic care to patients suffering from kidney failure (Rahayu, 2019; Sanli & Herlina, 2022). In addition to providing nursing care according to established standards, hemodialysis nurses play a crucial role in educating, supporting, and continuously empowering patients and their families. They also participate in multidisciplinary care conferences, considering patients' physical, emotional, and social conditions, and serve as patient advocates, assisting them in self-advocacy (Kallenbach, 2020). However, alongside these significant duties and responsibilities, nurses often encounter various challenges, including delays in service, cases where patients arrive late for dialysis, the severity of patient conditions, long machine wait times, machine-related issues, and strict adherence to standards that lead to increased workloads (Siregar et al., 2020). Prolonged exposure to severe stressors resulting from patient suffering can lead to CF or emotional exhaustion among nurses (Gustafsson & Hemberg, 2022).

Compassion fatigue is a "*cost of caring*" or a consequence of the repeated compassion that caregivers or nurses provide to patients experiencing physiological and psychological suffering (Figley, 2013; Prayogo, 2023). CF consists of two components: burnout and secondary traumatic stress (Stamn, 2010). Burnout is associated with feelings of helplessness and difficulty in completing tasks effectively (Prayogo, 2023; Stamn, 2010). Meanwhile, secondary traumatic stress refers to negative emotions driven by fear and work-related trauma resulting from daily exposure to patient suffering (Prayogo, 2023; Stamn, 2010). Hemodialysis nurses face stressors that contribute to high levels of fatigue and stress (Topbaş et al., 2019; Wang et al., 2022). These findings are linked to the specialized nature of their work, the difficulty of vascular access procedures, the prolonged monitoring time required for HD, and the intense concentration needed for dressing application and hemostasis (Wang et al., 2022). Compassion Fatigue (CF) experienced by nurses can lead to physical exhaustion, sleep disturbances that impair professional judgment, misunderstandings of patient conditions, reduced empathy towards patients resulting in an increased risk of errors or harm, higher turnover rates, decreased nursing productivity, and an inability to psychologically and physically adapt to the work environment (Alharbi et al., 2020; Jeong & Jung, 2018; Nolte et al., 2017; Ryu & Shim, 2022; Xu, 2016).

The purpose of this scoping review is to analyze the literature on compassion fatigue among hemodialysis nurses.

METHODS

Design

This review employs a scoping review design aimed at collecting literature related to compassion fatigue in hemodialysis nurses. The methodological framework used includes several stages: identifying the research question, identifying relevant articles, selecting literature and extracting relevant data, mapping extracted data, compiling, summarizing, and reporting the findings (Arksey & O'Malley, 2005).

Search Methods

The literature search for this review was conducted using the databases Google Scholar, PubMed, and EBSCO. The search keywords and Boolean operators used in Google Scholar were "*intitle:compassion fatigue AND*

Inext:hemodialysis nurse", while in PubMed and EBSCO, the keywords "*compassion fatigue AND hemodialysis nurse*" were used. The inclusion criteria included full-text articles with free access, published between 2015 and 2025, written in either English or Indonesian, and discussing the topic of compassion fatigue among nurses, particularly hemodialysis nurses.

Search Outcome

The search results and article selection in this scoping review followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) method, as shown in Figure 1. The final outcome resulted in the selection of six articles.

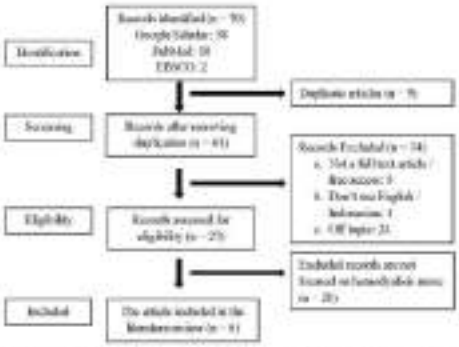

Figure 1. Search and Screening using the PRISMA diagram.

Data Abstraction

A total of 70 articles were identified through the Google Scholar, PubMed, and EBSCO databases. A screening process was conducted to exclude duplicate articles, resulting in the removal of 9 duplicate articles. The remaining 61 articles were further screened for exclusion based on the following criteria: incomplete or paid-access articles (9 articles), articles not written in English or Indonesian (1 article), and articles with irrelevant titles or topics (24 articles). Following this process, 27 eligible articles were identified. These articles were then further evaluated for their relevance to the study's objectives and inclusion criteria, ultimately leading to the selection of 6 final articles.

Data Analysis/ Synthesis

The selected articles were extracted, compiled, and summarized in a narrative table, including the author's name, year of publication, methodology (design, sample, instruments, variables, analysis), and key findings. A detailed summary can be found in Table 1.

RESULTS

Out of the 27 eligible articles, 21 were excluded as they did not specifically address compassion fatigue in hemodialysis nurses. The selected articles included four cross-sectional studies (three conducted in China and one in Indonesia), one mixed-methods study (Canada), and one descriptive study (Korea). A summary of the analysis of the six articles focusing on compassion fatigue in hemodialysis nurses is presented in Table 1.

Table 1. Literature Search and Synthesis Results

No	Author(s), Year	Method (Design, Sample, Variables, Instrument, Analysis)	Findings
1.	Cao & Chen, 2021(a)	D: Cross-sectional study S: 528 HD nurses (160 nurses working in secondary hospitals and 368 nurses working in tertiary hospitals) V & I: - Resilience: Connor-Davidson Resilience Scale (CDRS)	• HD nurses at tertiary hospitals had higher turnover intentions than those in secondary hospitals, and CF is the biggest factor influencing turnover intention.

		- Empathy: Jefferson Scale of Empathy (JSE) - Compassion Fatigue: Compassion Fatigue Scale (CFS) - Work Engagement: Utrecht Work Engagement Scale (UWES) - Turnover Intention: Turnover Intention Scale (TIS) A: Multiple regression analysis using SPSS 23	• Work engagement and resilience also significantly affect turnover intention. • HD nurses are more likely to leave their jobs if they have higher levels of CF and poorer levels of resilience and work engagement.
2.	EunJin & Eun, 2017	D: Descriptive research study S: 139 HD nurses V & I: - Somatization symptoms: Somatization Scale used in the study by Shin and Kang (2011) - Emotional Labor: The Emotional Labor Tool - Compassion Fatigue: Professional Quality of Life Scale (ProQOL) - Job Stress: Korean Occupational Stress Scale (KOSS) A: Multiple regression analysis using SPSS 21	• The study discovered a strong positive correlation between nurses' somatization symptoms and emotional labor, compassion fatigue, and occupational stress. Additionally, these variables significantly influenced somatization symptoms, indicating that emotional burden and job stress play a crucial role in nurses' psychological well-being.
3.	Cao & Chen, 2021(b)	D: Cross-sectional study S: 496 HD nurses V & I: - Resilience: Connor-Davidson Resilience Scale (CDRS) - Work Engagement: Utrecht Work Engagement Scale (UWES) - Compassion Fatigue: Compassion Fatigue Scale (CFS) - Turnover Intention: Turnover Intention Scale (TIS) A: Multiple regression analysis using SPSS 23 and AMOS 22	• Resilience and work engagement are positively correlated, while resilience and compassion fatigue are negatively correlated. The relationship between resilience and turnover intention is mediated by work engagement and compassion fatigue.The results emphasize how crucial resilience training programs are for improving work engagement and lowering dialysis nurses' intentions to leave their jobs.
4.	Crandall et al., 2022	D: A mixed methods study that assesses the impact of an eight-week mindful self-compassion (MSC) training program by integrating quantitative and qualitative data S: 12 nephrology nurses V & I: - Self-Compassion: Self-Compassion Scale (SCS)	• The study demonstrated that MSC training improved self-compassion and resilience while reducing burnout levels among nurses. Although initial results showed positive improvements, the authors recommend further research to assess the effectiveness of the program in a larger nurse population

		- Compassion Fatigue: Professional Quality of Life Scale (ProQOL version 5) - Mindfulness: Freiburg Mindfulness Inventory - Burnout: Maslach Burnout Inventory (MBI) - Resilience: Connor-Davidson Resilience Scale 25 (CD-RISC-25) A: Quantitative data were analyzed using SPSS 27 with descriptive and inferential statistics, including dependent t-tests and one-way ANOVA to compare differences across three measurement points. Qualitative data were analyzed through thematic analysis to identify emerging themes from participants' experiences.	and evaluate its impact on aspects such as patient satisfaction and workplace culture.
5.	Prayogo, 2023	D: Cross-sectional study S: 73 HD nurses V & I: - Self-Compassion: Self-Compassion Scale (SCS) - Compassion Fatigue: Professional Quality of Life Scale (ProQOL 5) A: Simple linear regression using IBM SPSS	• According to the study, burnout and secondary traumatic stress levels were both 50.0, whereas the average self-compassion score was 3.76. With a dependence coefficient (R2) of 0.433, a linear regression analysis revealed that self-compassion significantly impacted burnout levels ($p < 0.001$). This means that self-compassion accounts for 43.3% of the variance in burnout experienced by nurses. • These findings underscore the importance of self-compassion as an essential skill in preventing burnout and other negative impacts on nurses working in healthcare, particularly in hemodialysis settings.
6.	Wang et al., 2022	D: Cross-sectional study S: 283 HD nurses (138 working in public hospitals and 145 in private hospitals) V & I: - Compassion Fatigue: Professional Quality of Life Scale (ProQOL) - Job Satisfaction: Minnesota Satisfaction Questionnaire (MSQ)	• Compared to nurses in private hospitals, those working in public hospitals reported higher levels of CF and lower job satisfaction. • Job type, years of experience, and intrinsic and extrinsic job satisfaction were factors linked to CF in public hospitals.The most important variables in private

		A: Multiple regression analysis using IBM SPSS 21	hospitals were years of experience, educational attainment, and both internal and external job satisfaction. • The study suggests that nursing management in hemodialysis units should focus on addressing CF and offering tailored solutions based on hospital type, whether public or private.

DISCUSSION

Level of CF among HD nurses

The level CF experienced by hemodialysis nurses in the scoping review findings varies significantly. This variation makes it difficult to perform an *"apple to apple"* comparison between the reviewed literature. The differences include variations in the research instruments used and differences in the presentation of data on the level of compassion fatigue.

Four articles used the Professional Quality of Life Scale (ProQOL) as their measurement instrument (Crandall et al., 2022; EunJin & Eun, 2017; Prayogo, 2023; Wang et al., 2022), while the remaining two articles used the Compassion Fatigue Scale (CFS) (Cao & Chen, 2021a, 2021b). The difference in instruments affected the data presented, as each tool has distinct measurement outcomes and data interpretations.

Cao & Chen (2021a, 2021b) did not provide exact numerical values for the level of compassion fatigue among hemodialysis nurses. Cao & Chen (2021a) only stated that hemodialysis nurses in tertiary hospitals had higher levels of compassion fatigue compared to those in secondary hospitals. Meanwhile, Cao & Chen (2021b) did not present CF levels as a standalone variable but directly analyzed the relationships and effects of CF on other variables.

EunJin & Eun (2017) stated that the average CF level among HD nurses was 3.11 out of 5 points. While using the same scale, Wang et al. (2022) provided a more detailed breakdown of CF dimensions, including burnout and secondary traumatic stress. Their study found that the average burnout level (3.33) and secondary traumatic stress level (3.11) in public hospitals were higher than burnout (3.01) and secondary traumatic stress (2.86) levels in private hospitals.

Unlike previous studies, Crandall et al. (2022) presented the burnout level with a mean score of 27.45 and secondary traumatic stress with the same mean score of 27.45. Meanwhile, Prayogo (2023) calculated the final scores by summing raw scores, converting them into z-scores, and then into t-scores with a mean of 50 and a standard deviation of 10. The results showed that the average burnout and secondary traumatic stress scores were 50.0, with the highest burnout score being 76.7 and the lowest 33.7. For secondary traumatic stress, the highest score was 74.4, while the lowest was 33.6.

The variation in measurement methods and data presentation makes direct comparison between studies challenging. However, in general, the research indicates that hemodialysis nurses experience relatively high levels of compassion fatigue, with factors such as hospital type (public vs. private, secondary vs. tertiary) contributing to differences in CF levels, including burnout and secondary traumatic stress.

Factors associated with CF among HD nurses

In general, many articles identify high workload and emotional interactions with patients as the primary factors influencing CF. Cao & Chen (2021a), EunJin & Eun (2017), Crandall et al. (2022), and Cao & Chen (2021b) all highlight the significance of heavy workload and emotional distress from interactions with suffering patients. Additionally, lack of social or organizational support is another frequently mentioned theme, as reflected in the studies by Cao & Chen (2021a), EunJin & Eun (2017), Crandall et al. (2022), and Prayogo (2023), which suggest that nurses who feel isolated from colleagues or management tend to be more vulnerable to CF.

However, some studies emphasize different factors. Cao & Chen (2021b) focuses more on resilience and work engagement as factors that reduce compassion fatigue, showing that individuals with higher resilience or greater work engagement experience less stress. Meanwhile, Prayogo (2023) categorizes CF-related factors into demographic, occupational, and psychological groups, highlighting self-compassion as a psychological factor that plays a role in reducing CF.

Additionally, Wang et al. (2022) emphasizes the role of job satisfaction and job type in CF levels. Their research found that nurses in private hospitals tend to experience lower fatigue than those in public hospitals, and nurses with higher job satisfaction are less likely to suffer from CF.

Although these articles focus on different aspects influencing CF, they consistently demonstrate that work-related factors, emotional burden, and social support are key elements in either preventing or reducing this phenomenon. Furthermore, individual psychological factors, such as resilience, coping skills, and self-compassion, play a crucial role in helping nurses manage the emotional challenges associated with their profession. In conclusion, reducing CF requires the creation of a supportive work environment, proper workload management, and adequate emotional and psychological support for healthcare workers.

Symptoms of CF among HD nurses

CF is a common phenomenon among nurses, characterized by emotional exhaustion, cynicism, and decreased empathy toward patients. All analyzed articles highlight the negative impact of CF on nurses' well-being and the quality of healthcare services. One of the key similarities across studies is that emotional exhaustion is the dominant symptom, often leading to anxiety, depression, and burnout. Additionally, all articles indicate that CF can lower the quality of patient care due to decreased motivation and emotional engagement from nurses.

Despite these commonalities, each article emphasizes different aspects of CF. Cao & Chen (2021a) highlights symptom variations, including sleep disturbances and negative thoughts about work. EunJin & Eun (2017) focuses more on the physical aspects of CF, such as headaches, sleep disorders, and gastrointestinal issues. Meanwhile, Cao & Chen (2021b) examines its impact on interpersonal relationships, including difficulty regulating emotions and increased cynicism toward patients.

Crandall et al. (2022) focuses on the social consequences of CF, where nurses tend to withdraw from colleagues and patients. Prayogo (2023) observes behavioral changes, such as avoidance of patients and increased cynicism as a self-protection mechanism. On the other hand, Wang et al. (2022) links CF to burnout and secondary traumatic stress, which share similarities with post-traumatic stress disorder (PTSD).

From this comparison, it can be concluded that CF has a broad impact on nurses, affecting them physically, emotionally, behaviorally, and socially. Despite symptom variations, all articles emphasize the importance of interventions and support systems to reduce the

negative impact of CF and prevent long-term burnout. A deeper understanding of the causes and effects of CF is essential in designing effective strategies to maintain nurses' well-being and improve healthcare quality.

Results of intervention studies for CF among HD nurses

Compassion fatigue is a common challenge faced by nurses in carrying out their duties, prompting various studies to examine interventions that can help address this condition. In general, all analyzed articles highlight various intervention methods aimed at reducing compassion fatigue, such as resilience training, mindfulness, social support, and mental well-being strategies. Resilience training is one of the most frequently mentioned methods, as outlined in the articles by Cao & Chen (2021a, 2021b), EunJin & Eun (2017), and Wang et al. (2022). This training has been proven to help enhance nurses' ability to cope with work-related stress and manage their emotions. Additionally, mindfulness techniques and meditation are also frequently cited as effective ways to improve nurses' emotional well-being, as found in studies by Cao & Chen (2021a, 2021b), EunJin & Eun (2017), Crandall et al. (2022), and Prayogo (2023).

Social support is also an important factor in reducing compassion fatigue. EunJin & Eun (2017), Cao & Chen (2021b), Crandall et al. (2022), and Prayogo (2023) highlight that support from colleagues, mentors, and healthcare institutions can help nurses share experiences and manage stress more effectively. Additionally, mental well-being strategies such as access to mental health services and counseling programs are also mentioned in the studies by Crandall et al. (2022) and Wang et al. (2022), which indicate that nurses who receive psychological support are better able to cope with emotional challenges in the workplace. Meanwhile, several articles, such as those by Cao & Chen (2021a) and EunJin & Eun (2017), emphasize the importance of a positive work environment in reducing stress factors that contribute to compassion fatigue. Prayogo (2023) also highlights the significance of self-compassion and adaptive coping strategies as part of effective interventions.

From this comparison, it can be concluded that no single method is the most effective in addressing compassion fatigue. Instead, a holistic and diverse approach is required, encompassing resilience training, mindfulness, social support, and access to mental health services. Mindfulness and resilience training have been proven to be two primary methods frequently used in various studies, while social support from colleagues and healthcare institutions also plays a crucial role in improving nurses' mental well-being. Moreover, mental well-being strategies such as counseling and self-compassion are increasingly recognized as essential components in overcoming compassion fatigue. Therefore, a combination of the aforementioned interventions can help nurses cope with emotional stress in their work and enhance the quality of healthcare services they provide.

CONCLUSION

Compassion fatigue is an increasingly recognized phenomenon in the context of healthcare, particularly among HD nurses. This review makes a significant contribution to existing knowledge by identifying and analyzing various factors influencing CF, its symptoms, and interventions for HD nurses. Research indicates that HD nurses often experience high levels of CF, triggered by heavy workloads, intense emotional interactions with patients, and a lack of social support (Kabunga, 2024; Li et al., 2022; Nolte et al., 2017). Additionally, variations in CF measurement methods, such as the use of different instruments, create difficulties in comparing results across studies (Kabunga & Okalo, 2022; Mullins & McQueen, 2017). This highlights an urgent need for standardization in

CF measurement to produce more consistent and comparable data.

Despite extensive research, there are still significant gaps in understanding CF, particularly in the specific context of HD nurses. Many studies do not provide clear numerical data on CF levels, making it difficult to draw strong conclusions (Fernández et al., 2020; Xie et al., 2021). Furthermore, existing research often fails to consider demographic and psychological factors that may influence CF levels, such as age, gender, and education level (Alkan et al., 2017; Sinclair et al., 2021). These gaps highlight the need for further research to explore the relationships between these factors and CF more comprehensively.

Future research should focus on several key areas. First, there is a need to develop and implement consistent and valid CF measurement instruments, so that the data generated can be effectively compared (Paolo & Bulan, n.d.; Xie et al., 2020). Second, research should further explore the demographic and psychological factors contributing to CF, as well as how specific interventions can affect CF levels among HD nurses (Nishihara et al., 2022; Storm & Chen, 2020). Third, longitudinal studies could provide better insights into how CF develops over time and how interventions can help manage this condition.

The implications of these findings are crucial for healthcare management policies and practices. First, it is important for hospital management to develop comprehensive support programs for nurses, including resilience training and mindfulness, as well as providing access to mental health services (Delaney, 2018; Sarabia-Cobo et al., 2021). Second, policies should encourage the creation of a supportive work environment, where nurses feel valued and supported by colleagues and management (Manzari, 2024; Pérez-Chacón et al., 2021). Third, education and training for nurses should include components on stress management and the development of self-compassion, which can help reduce the risk of CF (Delaney, 2018; Lluch et al., 2022). By implementing these recommendations, it is expected that nurses' well-being and the quality of care provided to patients will improve.

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DECLARATION OF CONFLICTING INTEREST

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AUTHOR CONTRIBUTION

Suci Wulandari Sassanti: Performed the entire process of writing this scoping review article.

Titin Andri Wihastuti: Provided direction, guidance, advice, and feedback during the writing process of this scoping review article.

Dina Dewi Sartika Lestari Ismail: Provided direction, guidance, advice, and feedback during the writing process of this scoping review article.

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ORIGINALITY REPORT

17%
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