


# Compassion Fatigue Among Palliative Care Clinicians: Findings on Personality Factors and Years of Service

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## Abstract

**Objectives:** Palliative medicine is a rewarding field, but providers encounter patient trauma on a routine basis. Compassion fatigue, marked by burnout, secondary traumatic stress, and low satisfaction may result. However, professionals differ markedly in how they respond to patient trauma. The objective of the current study was to determine whether personality traits of neuroticism and agreeableness relate to aspects of compassion fatigue, after accounting for time spent working in the field. **Methods:** Sixty-six palliative medicine physicians, nurses, social workers, and chaplains completed validated measures of personality traits, compassion fatigue, and work background. **Results:** Providers who had worked longer reported higher levels of satisfaction and lower levels of burnout. Neuroticism demonstrated strong significant associations with secondary traumatic stress and burnout ( $P$ s < .001). Agreeableness was significantly and strongly associated with compassion satisfaction ( $P$  < .001). These associations held after accounting for years spent working in the field. **Significance of Results:** Personality traits of neuroticism and agreeableness may convey risk and resilience, respectively, for palliative care professionals. More research is needed to determine if assessing personality traits can help identify providers at risk for adverse reactions to patient trauma.

## Keywords

palliative care, compassion fatigue, personality, neuroticism, agreeableness, burnout, compassion satisfaction, secondary traumatic stress

As with many medical professions, palliative care professionals are at risk for high levels of occupational stress.<sup>1,2</sup> Long hours, increasing patient loads, and billing constraints combined with routine exposure to intractable illness and patient death may trigger symptoms of compassion fatigue marked by burnout, secondary traumatic stress, and career dissatisfaction (see Figure 1). Sixty-two percent of palliative care physicians report burnout,<sup>2</sup> 78% of hospice nurses report compassion fatigue,<sup>3</sup> and 24% to 29% of nurses working in intensive care report posttraumatic stress disorder (PTSD).<sup>4</sup> These aspects of workplace stress are linked to decreased productivity, absenteeism, and turnover.<sup>5</sup> This study examined the associations between time spent in practice in palliative medicine, personality traits, and aspects of compassion fatigue in a sample of interdisciplinary palliative care providers.

Several factors including the chronicity of trauma and the providers' personality may convey risk for more severe levels of compassion fatigue. Repeated exposure to patients' physical, emotional, and relational losses may accumulate to higher levels of physical and psychosocial distress.<sup>6,7</sup> Empathy, the capacity to experience another person's state of being and perspective,<sup>8</sup> including that person's emotional state may lead some providers to absorb high levels of emotional distress or

have difficulty maintaining professional boundaries.<sup>9-11</sup> However, research on the personality trait of agreeableness, the tendency to be empathic, cooperative, flexible, and trusting,<sup>12</sup> is mixed. Some studies link agreeableness to higher compassion satisfaction and lower burnout,<sup>13</sup> and emotional exhaustion among nurses.<sup>14</sup> Others studies have shown that nurses who become overly empathic with their patients are most at risk for compassion fatigue<sup>3</sup> and secondary traumatic stress.<sup>15</sup> Inversely, as emotional exhaustion increases, levels of agreeableness decreases,<sup>13</sup> suggesting a possible downward spiral of distress and social disengagement. Other personality traits

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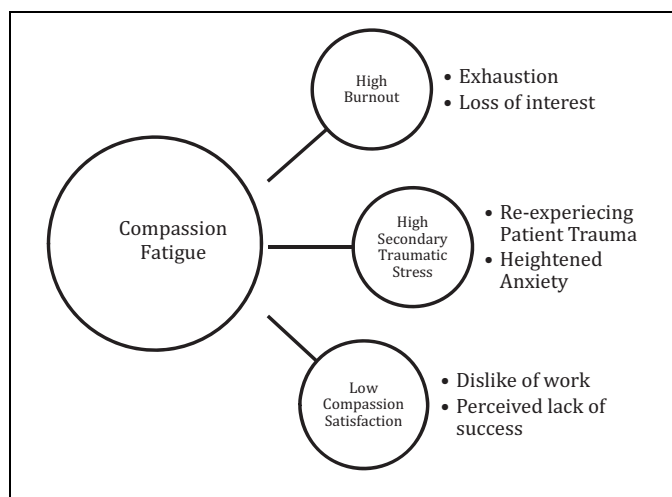
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**Figure 1.** Conceptual model of compassion fatigue.

including neuroticism may play a role in compassion fatigue. Research in trauma psychology consistently links the personality trait of neuroticism to PTSD symptoms. People with higher levels of neuroticism tend to engage in more negativistic thinking and avoidant coping,<sup>16</sup> which could lead to higher levels of distress among some health-care providers.<sup>14</sup> Among physicians, neuroticism has been linked to a surface-disorganized approach to work marked by workplace stress and disorganization.<sup>17</sup> Negative spirals may ensue such that emotional exhaustion triggers additional engagement in neurotic responses.<sup>18</sup>

This study aimed to examine aspects and associations of compassion fatigue among professionals in palliative medicine, as lengthy careers and excessive empathy could exacerbate the effects of secondary traumatic stress, burnout, and lack of compassion satisfaction on practitioner well-being. By enhancing our knowledge of practitioners' compassion fatigue, the current study may facilitate the early identification of groups of vulnerable practitioners. The study specifically tested 3 hypotheses: (1) time spent in the field of palliative medicine would predict higher levels of burnout and secondary traumatic stress and lower levels of compassion satisfaction, (2) agreeableness would be positively related to compassion satisfaction and negatively related to burnout and secondary traumatic stress, and (3) neuroticism would be negatively related to compassion satisfaction and positively related to burnout and secondary traumatic stress.

## Methods

### Participants and Procedure

The institutional review board at a Midwest Academic Medical Center reviewed the study protocol and ethics and approved the study. Participants were recruited from a group of 70 professionals participating in a continuing education program on palliative medicine. The group included physicians, nurses, chaplains, social workers, and other professionals interested

in palliative medicine. The group was primarily female (83%). Participants were asked to complete the survey instruments described below prior to their participation in a 2-day training session in September 2015. Study data were collected and managed using research electronic data capture (REDCap) electronic data capture tools.<sup>19</sup> According to the developers, "REDCap" is a secure, web-based application designed to support data capture for research studies, providing (1) an intuitive interface for validated data entry, (2) audit trails for tracking data manipulation and export procedures, (3) automated export procedures for seamless data downloads to common statistical packages, and (4) procedures for importing data from external sources (see also <https://www.project-redcap.org/>).<sup>19</sup> Complete surveys were obtained from 66 (94%) participants. Of the respondents, 22 (33.3%) were physicians, 18 (27.3%) were nurses, 11 (16.7%) were social workers, 8 (12.1%) were chaplains, 6 (7.5%) were nurse practitioners, and 1 (1.5%) was a physician assistant. On average, the participants had worked in palliative medicine for 6.5 years (standard deviation [SD] = 6.0, range = 0.17-25.0 years)

## Measures

**Professional background.** Participants reported their profession and years of practice in palliative medicine.

**Personality traits.** The Mini-International Personality Item Pool (Mini-IPIP) is a validated measure of the Big-Five personality traits including agreeableness and neuroticism.<sup>20</sup> For the current study, the 4-item agreeableness scale and the 4-item neuroticism scale were used. Other scales were omitted to reduce participant burden. Participants rated the accuracy of items on a 1 (*very inaccurate*) to 5 (*very accurate*) scale. Items from the agreeableness scale were "Sympathize with others' feelings," "Feel others' emotions," "Am not interested in others' problems," and "Am not really interested in others." Items from the neuroticism scale were "Have frequent mood swings," "Am relaxed most of the time," "Get upset easily," and "Seldom feel blue." Normally, individual items would be summed to yield total scores; however, the internal consistency reliability estimates were below the recommended cut-off of .70. Accordingly, it was more appropriate to use principal axis factoring, which yields reliable latent factor scores (z scores) for each variable. Sensitivity analyses confirmed that results were comparable whether using summed scores, factor scores, or individual items. Higher scores reflected higher levels of neuroticism or agreeableness, respectively.

**Compassion fatigue.** The Professional Quality of Life Scale version 5 (ProQOL 5) is a validated 30-item measure of compassion fatigue with facets of secondary traumatic stress, burnout, and compassion satisfaction among professional caregivers.<sup>21</sup> Secondary trauma assesses symptoms of traumatic stress resulting from caregiving. An example item is "I think that I might have been affected by the traumatic stress of those I

**Table 1.** Regression of Compassion Fatigue Facets of Year in Practice and Personality Traits.

	Compassion Satisfaction			Burnout			Secondary Traumatic Stress		
	B	P	Model R <sup>2</sup>	B	P	Model R <sup>2</sup>	B	P	Model R <sup>2</sup>
Length of practice	.26	.013	.39	-.23	.032	.28	-.06	.599	.35
Agreeableness	.49	<.001		-.25	.020		-.05	.652	
Neuroticism	-.18	.082		.43	<.001		.52	<.001	

help.” Burnout assesses symptoms of exhaustion related to caregiving. An example item is “I feel trapped by my job as a helper.” Compassion satisfaction pertains to perceived benefits of caring for others. An example item is “My work makes me feel satisfied.” Internal consistencies for the 3 subscales were adequate,  $\alpha = .67$  to  $.87$ .

**Analysis.** Data were analyzed using SPSS version 22. Descriptive statistics were computed, and relationships between study variables were assessed using Spearman correlations. Multiple regression models were computed to determine unique variance in professional quality of life that is accounted for by personality traits and career length.

## Results

Overall, the sample reported high levels of compassion satisfaction (mean [M] = 42.70, SD = 4.20) and low levels of burnout (M = 20.30, SD = 4.17) and secondary trauma (M = 20.70, SD = 4.13). Providers did not differ significantly on compassion fatigue components, except those working in palliative care longer reported higher levels of compassion satisfaction ( $r = .35$ ,  $P = .005$ ) and lower levels of burnout ( $r = -.30$ ,  $P = .015$ ). Additionally, chaplains reported lower levels of neuroticism (M = 6.88, SD = 2.10) compared to social workers (M = 11.55, SD = 2.16,  $P < .01$ ) and physicians (M = 10.31, SD = 2.80,  $P < .05$ ).

Consistent with the second hypothesis, agreeableness was positively associated with compassion satisfaction ( $r = .54$ ,  $P < .001$ ), negatively associated with burnout ( $r = -.33$ ,  $P = .006$ ) but unrelated to secondary traumatic stress ( $r = -.13$ ,  $P = .305$ ). Consistent with the third hypothesis, neuroticism was negatively associated with compassion satisfaction ( $r = -.29$ ,  $P = .018$ ) and positively associated with burnout ( $r = .49$ ,  $P < .001$ ) and secondary traumatic stress ( $r = .55$ ,  $P < .001$ ).

Table 1 includes final multiple regression models to depict independent associations of years in practice and personality traits with aspects of compassion fatigue. Each of the study variables accounted for unique variance in satisfaction and burnout. Only neuroticism accounted for variance in secondary traumatic stress.

## Discussion

Traumatic stress is thought to arise from the rapid loss of valued resources including relationships, and the impact of loss may be cumulative or multiplicative.<sup>12</sup> Therefore, it could be

expected that the emotional impact of working in palliative medicine would accumulate over the course of one's career. Opposite to our expectations, those who had worked longer in palliative care tended to find more satisfaction in the care they provide to patients and reported lower levels of burnout. Several possibilities may explain this finding. Perhaps providers eventually opt out of practice if they do not feel well suited to the challenges of palliative medicine.<sup>5</sup> This pattern would be consistent with trends in staff turnover, and also the broader literature on personality psychology showing a tendency for individuals to select environments that fit their strengths and interests.<sup>22</sup> These data may also speak to the fact that providers are socialized by their experiences in palliative medicine such that over time they adapt and develop new skills to cope with workplace demands.

The study findings also counter some concerns that empathy conveys vulnerability to compassion fatigue. Providers endorsing higher levels of agreeable traits reported more satisfaction with their work and lower levels of burnout. Importantly, agreeable traits were unrelated to the experience of secondary traumatic stress. This runs counter to the notion that empathic tendencies increase the risk of traumatization among these health-care professionals. On the one hand, providers who empathize with patients and develop strong rapport may derive more meaning and value from their work and so are buffered from feelings of exhaustion and cynicism that often characterize burnout. On the other hand, neurotic traits were strongly related to the experience of secondary traumatic stress and burnout. The tendency to make negativistic interpretations, ruminate, and worry may drain psychological resources from these providers and increase the likelihood that they will psychologically relive difficult at traumatic workplace experiences. Given that agreeableness and neuroticism are independent personality factors, it may be the case that providers may focus on leaning more heavily on adaptive traits (eg, empathy, perspective taking, emotional regulation, and calm presence) to offset vulnerability conveyed by less adaptive traits (low empathy, negativistic thinking).

Results of the study are qualified by its strengths and limitations. The study was conducted with an interdisciplinary sample of palliative care professionals and utilized validated tools. Data were based on self-report measures and were subject to social desirability and selection biases. The reported findings are cross-sectional and causality cannot be inferred. Although the sample size was limited, large significant effects were observed between personality factors and facets of compassion fatigue. Larger samples are needed to fully explore personality and practice interactions.

More research on workplace settings, provider personality, and compassion fatigue is warranted at this time. At the organizational level, additional research is needed to ascertain workplace characteristics that may contribute to compassion fatigue. Yoon and colleagues found that rates of burnout were higher among physicians who work in profit-centered settings. Differences in compassion fatigue may also exist between hospice and home-based palliative care counterparts who may have more fragmented support systems at work. At the individual level, there is a need to ascertain how compassion fatigue operates in relation to broader values and virtues.<sup>23</sup> Whereas compassion, beneficence, spirituality, and other values can sustain engagement in palliative medicine.<sup>24</sup> Moral distress may occur when individuals feel that their ability to engage in morally acceptable ways is thwarted by institutional barriers and other factors.<sup>25</sup> The likelihood of moral distress and secondary traumatization in providers may be heightened to the extent that core beliefs and resources are altered by exposure patient suffering.<sup>12,25</sup> For example, patient suffering could undermine agreeable traits, feelings of faith, and trust in others and reinforce neurotic responses such as worry, catastrophic thinking, and hopelessness.<sup>26</sup> Intervening on provider distress may require intervention at both organizational and individual levels.<sup>27,28</sup>

In summary, this study documented associations between personality traits and aspects of compassion fatigue and offers evidence against an assumption of a saturation point of compassion fatigue. Whereas neuroticism may convey risk to traumatic stress and burnout, agreeableness may offer a buffer against stress and provide a pathway to enhanced satisfaction. As the literature develops, a better understanding of provider personality could be used to enhance provider self-awareness and also inform mentorship and career development in palliative medicine. If risk and resilience can be identified earlier, providers could be guided and coached toward more satisfying careers and patients may experience better care.

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