

COMPASSION FATIGUE AMONG HIGH YIELD PALLIATIVE CARE, ONCOLOGY AND EMERGENCY MEDICINE SPECIALITIES: A SYSTEMIC REVIEW



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1.BACKGROUND AND OBJECTIVES

The Problem

Healthcare professionals in high yield specialities are exposed to clinical trauma leaving them vulnerable to Compassion Fatigue (CF), Burnout (BO) and Secondary Traumatic Stress (STS).

Study Objective

Studies examine CF, BO and STS individhally but this systemic review synthesizes data across palliative care, Oncology and Emergency Medicine

2.METHODS AND STUDY SECTION

Methodological Approach

- Database Searched: PubMed (Literature published up to 2026).
- Final Selection: Out of 36 studies, 14 met the inclusion criteria after screening. Of these 14 articles, 7 are about palliative care, 4 are about emergency medicine, and 3 are about oncology.
- Design of Studies: Quantitative, Qualitative, and Mixed-Method Studies.
- Ethical Statement: IRB/ ERC approval was not required because it is a Systematic Review.

Quality Appraisal

- The Joanna Briggs Institute (JBI) Critical Appraisal Tools are used to assess the methodological quality of articles.
- All 14 studies scored between 6/8 and 8/8, indicating high methodological quality.

3.KEY RESULTS

1. OVERALL PREVALANCE

- CF, BO and STS were predominantly moderate across all three specialities
- Junior residents and staff are more vulnerable to compassion fatigue compared to senior colleagues across all specialities.

2.SPECIALTY SPECIFIC DRIVERS

- **Palliative Care:** Physicians reported higher CF than nurses in consultative settings, while bedside nurses bore higher emotional strain during active dying processes.
- **Oncology:** High subjective time pressure disrupts personal life. Severe BO and STS in cases of uncontrolled patient pain and rapid cancer progression.
- **Emergency Medicine:** 65% of staff experienced work-related distress. In one resident cohort, 96.3% reported workplace assault which drives severe CF.

3.COPING MECHANISMS

- **Hospice education:** specialised training significantly improved stress management in end-of-life care.
- **The SCAR Model:** Adopting Struggling, Changing mindsets, Adapting, and resilience allowed clinicians to restore professional meaning.

4.CONCLUSION AND RECOMMENDATIONS

Conclusion

CF is driven by distinct operational pathways: existential end-of-life decisions in palliative care, work-life imbalance in oncology, and systemic chaos in Emergency Medicine.

Institutional Action

Healthcare organisations must abandon generic wellness lectures and implement tailored, structured interventions. They can involve debriefings and role-based support.

Future Research

Comparative and longitudinal studies are needed to evaluate long-term coping interventions across specialities.