What is the Weight of Compassion? Facing Professional Fatigue in Palliative Care – An Integrative Review

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Abstract

Introduction: Palliative care plays a critical role in supporting patients with life-threatening and advanced-stage illnesses. Within this context, healthcare professionals and caregivers face unique emotional and psychological challenges, often experiencing a phenomenon known as Compassion Fatigue. **Objectives:** This study aims to investigate and describe the emotional experiences of healthcare professionals and caregivers working in palliative care, emphasizing how compassion fatigue affects their quality of life. Additionally, it seeks to identify coping strategies used to manage the constant exposure to death and loss. **Materials and Methods:** An integrative review was conducted through a bibliographic search on the topic of compassion fatigue. After applying inclusion and exclusion criteria, selected articles were read in full and analyzed. The search was performed using the Virtual Health Library (VHL). The research followed steps including the development of a guiding question, source selection, data extraction, analysis, synthesis, and final interpretation. **Results:** Findings revealed the significant impact of compassion fatigue on the quality of life of healthcare professionals and caregivers, as well as the coping strategies employed to reduce stress. The reviewed articles led to the identification of key categories: (1) Emotional Responses of Healthcare Professionals, (2) Self-care and resilience, (3) Pandemic Impacts and Preventive Strategies, (4) Professional–Patient–Family Relationship, (5) Psychosocial and Emotional Aspects, (6) Professional Education and Training, and (7) Family caregivers. **Conclusion:** Compassion fatigue is common among palliative care professionals and caregivers, driven by emotional overload, lack of support, and training gaps. Its effects compromise well-being and care quality. The literature highlights the need for preventive strategies like self-care, resilience training, and institutional support.

Keywords: Palliative care; Healthcare professionals; Caregivers; Compassion fatigue; Emotions; Patient-professional relationship; Stress.

INTRODUCTION

Palliative care is a multidisciplinary and holistic approach that seeks to alleviate suffering and improve the quality of life for individuals with life-threatening illnesses and their families. It addresses physical, psychological, social, and spiritual distress.[1] According to the World Health Organization[2], palliative care aims to prevent and relieve suffering through early identification, comprehensive assessment, and management of pain and other multifaceted problems.

The modern palliative care movement originated in the 1960s in the United Kingdom, led by physician, nurse, and social worker Cicely Saunders. In the 1970s, psychiatrist Elisabeth Kübler-Ross helped spread the model to the United States.[3] In Brazil, palliative care was introduced in the 1980s, and its expansion accelerated from 2000 onwards. By 2022, 234 services were registered, with 52.6% being publicly funded through the Unified Health System (SUS).[1] Despite the increase, palliative care services remain insufficient and unequally distributed across Brazilian regions.

Only in 2024 was the National Policy on Palliative Care (PNCP) officially approved in Brazil, promoting an integrated approach across all levels of healthcare and emphasizing the need for professional training and cultural change.[4] A significant barrier to access is the limited number of trained professionals—Brazil currently meets only 10% of the necessary workforce demand.[5] Furthermore, cultural misconceptions often equate palliative care solely with end-of-life care.[6]

Timely integration of palliative care is essential. Early referral improves quality of life and mitigates suffering throughout the disease trajectory—not just at its terminal phase.[7] Contrary to public perception, receiving palliative care from the time of diagnosis can provide patients with sustained symptom control, psychosocial support, and a sense of dignity.[8]

However, delivering palliative care can significantly impact the mental health of healthcare professionals. Constant exposure to pain, suffering, and death may lead to Compassion Fatigue,[9] a condition characterized by emotional exhaustion, reduced empathy, and psychological distress.[10] Common symptoms include sadness, anxiety, helplessness, and emotional detachment.[11] Additionally, the overemphasis on technical training often overlooks the need for inner development and emotional resilience, contributing to professional dehumanization.[12]

This study aims to investigate the impact and coping strategies associated with Compassion Fatigue among healthcare professionals and caregivers working in palliative care. Specifically, it seeks to assess its prevalence, identify risk factors, examine symptom manifestations, evaluate the impact on patient care quality, and explore effective prevention and intervention strategies.

METHODS

Study design

We conducted an integrative literature review to synthesize and analyze scientific evidence on Compassion Fatigue among healthcare professionals and caregivers, specifically within palliative care settings.

Procedures and data collection

We conducted a literature search on May 17, 2024, using the Virtual Health Library (BVSalud), accessing the following databases: MEDLINE, LILACS, BDENF (Nursing), and INDEX PSICOLOGIA. The search aimed to identify full-text articles published between 2019 and 2024 that addressed Compassion Fatigue among healthcare professionals and caregivers in palliative care settings. Articles were eligible for inclusion if they met these criteria; we excluded studies that lacked full-text access, as well as monographs or articles that did not align with the defined focus. The study was guided by the research question: *How does Compassion Fatigue affect the health of* *healthcare professionals and caregivers working in palliative care?* Two independent researchers carried out the search using the following descriptors. The initial search retrieved 172 articles; after applying the inclusion and exclusion criteria, 13 articles were selected for final analysis (figure 1).

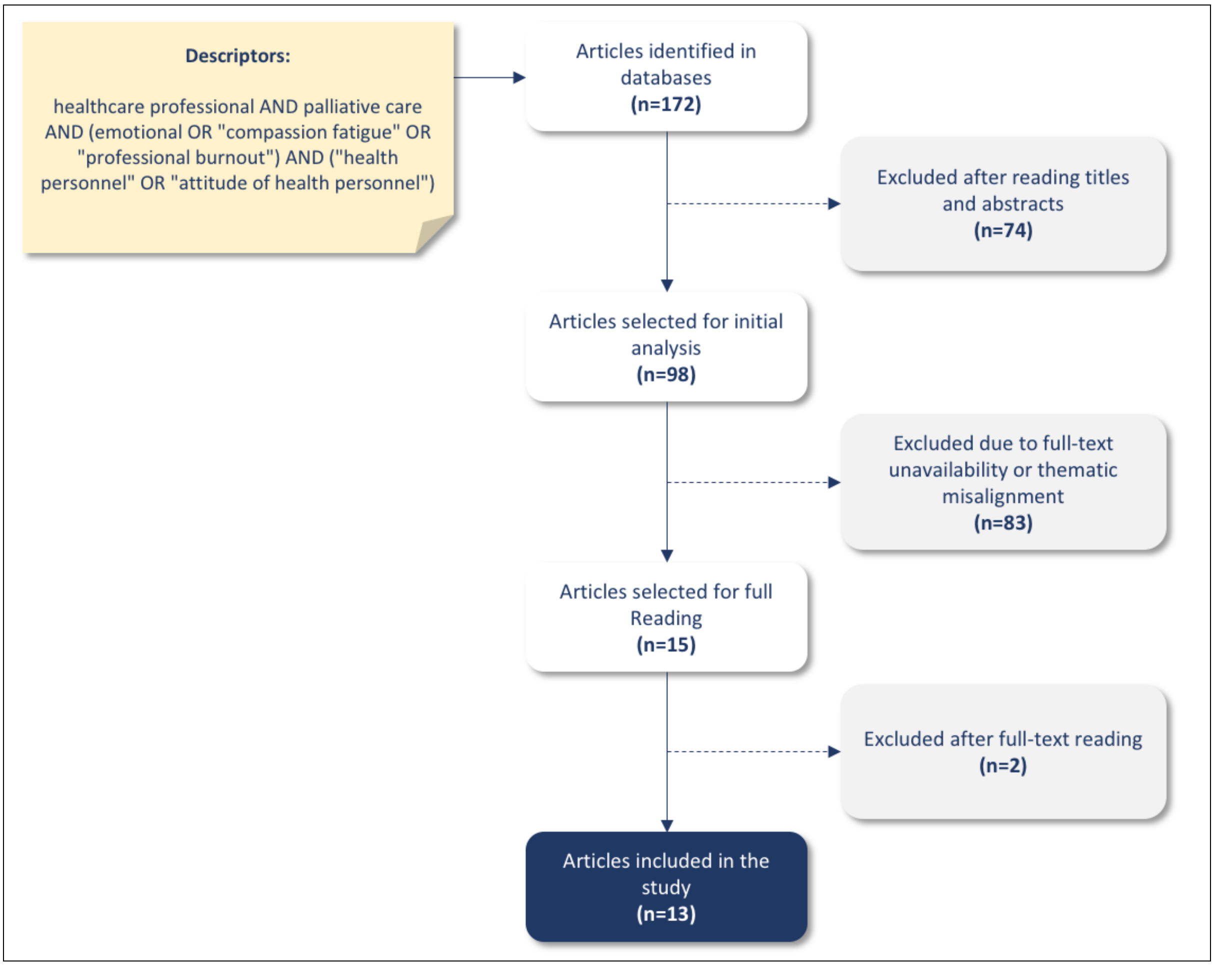

Figure 1. Systematic flowchart illustrating the search strategy, article identification, eligibility assessment, selection process, and final inclusion.

RESULTS

Following the application of the search strategy—which included defining keywords and selecting relevant databases—we implemented the predefined inclusion and exclusion criteria to ensure the relevance and quality of the selected studies. As a result of this process, we selected a final sample of 13 articles deemed most suitable for analysis. Table 1 presents a synthesis of the main findings and contributions of each study, providing a comprehensive overview of the current state of research on palliative care and the experiences of healthcare professionals in this field.

Table 1. Summary of the analyzed articles, categorized by authors, journals, study objectives, and main outcomes.

Authors / Year / Country	Journal	Study Aims	Key Outcomes
Beserra *et al.*, (2024);[13] Brazil	Cadernos de Saúde Pública	Analyze difficult situations and emotions arising in healthcare provision.	Palliative care settings evoked a wide range of painful emotions—such as sadness, anguish, helplessness, fear, loneliness, despair, and disgust—yet also fostered experiences of gratitude and compassion.
Davis *et al.*, (2023);[14] United States	Journal of Transcultural Nursing	Explore insights into training, self-care, work environment, and relationship-building impacting the well-being of palliative care professionals.	In this sample, spirituality emerged as a core element of palliative care practice, as reflected in the participants' narratives.
Garcia *et al.*, (2022);[15] Brazil	Journal of Pain and Symptom Management	Investigate mindful self-care, self-compassion, and resilience among palliative care providers during the COVID-19 pandemic.	Findings suggest that interventions promoting mindful self-care and self-compassion can enhance the resilience and well-being of palliative care providers.
Galiana *et al.*, (2022);[16] Spain	Journal of Pain and Symptom Management	Examine how self-compassion mediates the relationship between self-care, awareness, and quality of life among healthcare professionals.	Self-care, understood as both health promotion and preservation of personal integrity, is essential for managing occupational stress among healthcare professionals—making it an imperative rather than a choice.
Hill *et al.*, (2021);[17] United Kingdom	Current Opinion Support Palliative Care	Assess optimal integration of supportive care into treatment for affected individuals.	During the COVID-19 pandemic, early referrals to palliative care increased workload and contributed to healthcare staff burnout. Preventive strategies must be tested and implemented to support frontline providers.
Rodrigues *et al.*, (2021);[18] Brazil	REME	Map scientific evidence on compassion fatigue among nursing professionals in palliative care settings.	There is a pressing need to improve work processes to address the impact of compassion fatigue on nurses' professional and personal lives. Enhancing caregiver autonomy and strengthening the caregiver–patient–family triad are crucial. Managerial support is key to promoting occupational health initiatives.
Leal *et al.*, (2021);[19]	Revista Ocupácion	Reflect on meanings and challenges experienced by two occupational	Palliative care requires professional self-recognition as emotional beings who need to be heard and supported—underscoring the

Brazil – Colombia	Humana	therapists working in palliative care.	importance of safe, open spaces for emotional dialogue and support.
Galiana *et al.*, (2020);[20] Spain	Health Qual Life Outcomes	Present a brief version of the Professional Quality of Life Scale (ProQOL), measuring burnout, compassion fatigue, and compassion satisfaction.	Self-compassion enhances interpersonal skills and correlates with key quality-of-life determinants such as empathy. Proper self-care practices are essential to sustaining professional well-being. The study concluded that the Short ProQOL scale is a robust tool for assessing healthcare providers' quality of life.
Monteiro *et al.*, (2020);[21] Brazil	Psicologia: Ciência e Profissão	Understand perceptions, emotions, and challenges faced by healthcare professionals when caring for dying patients.	Preventive measures must consider both individual and collective challenges, emotional experiences, professional satisfaction levels, and the need for personal empowerment. A nuanced understanding of how professionals perceive illness and death is critical for effective intervention.
Silva *et al.*, (2019);[22] Brazil	Revista Ciência, Cuidado e Saúde	Analyze scientific literature on daily caregiving experiences of health professionals and informal caregivers in home-based palliative care.	Family caregivers of home-based palliative care patients often experience predominantly negative emotions. Comprehensive support that addresses their biopsychosocial and spiritual needs is essential.
Ribeiro *et al.*, (2019);[23] Brazil	Revista Ciência, Cuidado e Saúde	Identify sociodemographic characteristics, lifestyle, work habits, and caregiving activities of informal caregivers.	Most caregivers in the study were women, around 50 years old, living with the palliative patient, providing care for over a year without formal employment, training, or external support—often for 5 to 10 hours daily.
Carter *et al.*, (2019);[24] Canada	CJEM	Evaluate patient/family satisfaction and paramedics' confidence and comfort in care delivery.	A new training program enhanced paramedics' comfort and confidence in delivering palliative and end-of-life care. It resulted in high patient/family satisfaction, with families particularly noting the paramedics' compassion and professionalism.
Galiana *et al.*, (2019);[25] Spain	Journal of Pain and Symptom Management	Develop and validate a short version of the Death Coping Self-Efficacy Scale.	Competence in dealing with death is critical for palliative care professionals, who face daily exposure to end-of-life situations.

After analyzing and synthesizing the 13 selected articles, we identified and categorized the main recurring themes into seven distinct categories. These categories reflect the various dimensions addressed across the studies and enable a deeper understanding of the dynamics surrounding the work of healthcare professionals, particularly within the context of palliative care. Each of these categories is explored in detail below (Table 2).

Table 2. Categories, impacts, and mitigation strategies of compassion fatigue in palliative care health professionals: findings from an integrative review.

Category	How does it affect?	How can it be mitigated?
Cat. 1 **Emotional Responses of Healthcare Professionals**	Emotionally intense situations with terminal patients evoke sadness, distress, helplessness, guilt, and sometimes aversion	Effective emotional regulation and communication skills to build emotionally intelligent teams.
Cat. 2 **Self-Care and Resilience**	Significant increase in burnout, compassion fatigue, and emotional exhaustion in palliative care.	Team communication through group discussions, self-care techniques promoting emotional well-being, focus, empathy, and social connection.
Cat. 3 **Pandemic Impacts and Preventive Strategies**	High levels of anxiety, fear, stress, and compassion fatigue due to workload, emotional demands, and contamination fears.	Psychological support and structured self-care programs to reduce fatigue effects.
Cat. 4 **Professional–Patient–Family Relationship**	"Conspiracy of silence" hinders communication and fosters emotional isolation.	Transparent communication to build trust and validate emotional experiences.
Cat. 5 **Psychosocial and Emotional Aspects**	Emotional exhaustion, sleep disturbances, and reduced empathy affect clinical decisions, communication, and job satisfaction.	Psychological support programs, rest periods, and self-compassion practices.
Cat. 6 **Professional Education and Training**	Lack of preparation harms communication and leads to emotional exhaustion.	Palliative care education covering self-compassion, communication, and emotional management.
Cat. 7 **Family Caregivers**	Mental fatigue, concentration difficulties, emotional numbness, and anticipatory grief due to overload, lack of guidance, and care complexity.	Strengthening social and health support networks, including training and emotional support.

Note: *Cat.: Category.*

See, in Table 3, the relationship between the identified categories and the analyzed articles.

Table 3. Occurrence of thematic categories across the analyzed articles.

	Emotional Responses of Healthcare Professionals	Self-Care and Resilience	Pandemic Impacts and Preventive Strategies	Professional–Patient–Family Relationship	Psychosocial and Emotional Aspects	Professional Education and Training	Family Caregivers
Beserra *et al.* (2024)[13]	◆	◆	-	◆	◆	-	-
Davis *et al.* (2023)[14]	◆	◆	-	-	◆	-	-
Garcia *et al.* (2022)[15]	-	◆	◆	-	◆	-	-
Galiana *et al.* (2022)[16]	◆	◆	-	-	◆	-	-
Hill *et al.* (2021)[17]	-	-	◆	-	-	-	-
Rodrigues *et al.* (2021)[18]	◆	-	-	◆	◆	◆	-
Leal *et al.* (2021)[19]	◆	◆	-	-	-	-	-
Galiana *et al.* (2020)[20]	-	◆	◆	-	-	-	-
Monteiro *et al.* (2020)[21]	◆	◆	-	-	-	-	-
Silva *et al.* (2019)[22]	-	-	-	-	-	◆	◆
Ribeiro *et al.* (2019)[23]	-	-	-	-	-	◆	◆
Carter *et al.* (2019)[24]	-	-	-	◆	-	◆	-
Galiana *et al.* (2019)[25]	-	◆	-	-	-	◆	-

DISCUSSION

The reduced number of articles (N=13) highlights the need for more scientific research specifically addressing issues such as compassion fatigue and professional burnout among healthcare professionals working in palliative care. This scarcity of studies focusing directly on the emotional and attitudinal variables of this group reinforces the importance of further exploration into their psychological well-being.

Findings suggest that working in palliative care is not purely negative. Rather, it involves an emotional dialectic, in which the suffering of patients and the fatigue of professionals coexist with the potential for deep empathy and the appreciation of human care. This underscores the importance of continuous emotional support and coping strategies tailored to these professionals. Nunes and Milano[26] emphasize the role of psychologists in palliative care teams, not only to facilitate the expression of emotions, anxieties, and fears but also to promote a healthy work environment and prevent mental health issues.

In alignment, Galiana et al.[16] and Rodrigues et al.[18] stress the significance of self-care and self-compassion as essential tools to preserve mental health. The practice of self-care, along with an awareness of quality of life, functions as a mediating variable between occupational stressors and emotional well-being. However, implementing these practices effectively remains a challenge, particularly in high-demand work environments. Hill et al.[17] illustrate this through the significant increase in burnout during the COVID-19 pandemic, emphasizing the urgency of developing more robust preventive strategies.

Other studies highlight the role of spirituality and professional training in promoting both the well-being of professionals and the quality of care. Davis et al.[14] and

Carter et al.[24] report that spirituality is considered essential in palliative care practice in the United States. Meanwhile, Canadian findings suggest that specialized training programs enhance professional satisfaction and confidence, benefiting both professionals and patients.

These results indicate the value of a holistic approach to palliative care, encompassing physical, emotional, and spiritual well-being. Arrieira et al.[27] found that spirituality offers comfort to both patients and families, facilitates more dignified end-of-life experiences, and helps professionals understand patient values. Similarly, Leal et al.[19] emphasize the importance of professionals recognizing themselves as emotional beings who require support, especially in emotionally taxing environments. Rodrigues et al.[18] reinforce this by highlighting compassion fatigue among nurses and the necessity of prioritizing occupational health. Here, collaboration between managers and care teams is key for implementing effective health promotion policies.

Finally, studies by Silva et al.[22] and Ribeiro et al.[23] broaden the discussion by including family and informal caregivers. These caregivers—often women, with no formal training—face emotional overload and limited support. Delalibera et al.[28] found that 78.3% of family caregivers were women, and 65% were the patient’s children. This reinforces the idea that palliative care must address the bio-psycho-social-spiritual dimensions not only of patients but also of those who care for them. Thus, support and training programs for caregivers are essential to reduce emotional suffering and ensure quality care.

Emotional Responses of Healthcare Professionals

Healthcare professionals in palliative care frequently confront emotionally intense situations, including managing terminal illness and death. These experiences can evoke sadness, distress, helplessness, guilt, and even disgust.[13,14,18] Compassion fatigue arises when professionals internalize patient suffering, leading to emotional overload and an increased risk of burnout. Chronic exposure to death may gradually erode emotional resilience, making it crucial to acknowledge and manage these emotions.[29,30]

Frustration and emotional exhaustion often result from the perception of limits in alleviating patient suffering.[21,31] Beserra and Brito[13] reports simultaneous experiences of anxiety, guilt, and sadness. Amaral et al.[32] notes that emotional distress among resident physicians may stem from a biomedical education that emphasizes fighting death instead of accepting it. Additionally, team conflicts contribute to emotional strain.[33] In this context, emotional regulation and communication skills are critical to fostering emotionally intelligent teams and sustaining quality care.[34]

Self-Care and Resilience

Self-care and resilience are central to preventing compassion fatigue and emotional exhaustion in palliative care.[15,16] Resilience—the ability to recover from adversity—supports professionals in maintaining emotional stability and care quality.[35] Practices promoting self-compassion and emotional balance protect mental health and reinforce boundaries between work and personal life.[36]

Several studies advocate institutional efforts to promote self-care. Resilient professionals demonstrate improved emotional regulation and performance.[20,21,37] One study highlighted the use of circular dance as a self-care intervention, which enhanced emotional well-being, empathy, and social connection. Additionally, psychological support services are effective in building resilience.[38,39]

Pandemic Impacts and Preventive Strategies

The COVID-19 pandemic exacerbated stress and compassion fatigue among palliative care workers due to increased workloads, emotional demands, and fear of infection.[17,20] In this context, psychological support and structured self-care programs became indispensable for mitigating emotional distress.[40]

Francelino et al.[41] documented elevated levels of anxiety and fear among professionals managing rapid patient decline, family visitation bans, and patient isolation. Castro et al.[42] reported staff shortages and extended shifts, while teleconsultation was adopted to ensure care continuity and reduce infection risks.[43] These adaptations were key to maintaining communication and symptom management during the crisis.

Professional–Patient–Family Relationship

The complex dynamics between professionals, patients, and families are central to palliative care. While these relationships can be deeply meaningful, they may also contribute to emotional fatigue when faced with suffering and death.[13,18,24] A multidisciplinary approach can help distribute emotional demands and strengthen mutual support within care teams.

A particularly challenging issue is the “conspiracy of silence,” a tacit agreement to avoid discussing death. This behavior, often intended to protect patients and families, may hinder open communication and increase emotional isolation.[44,45] Transparent, compassionate communication strengthens trust and validates emotional experiences—key components of high-quality palliative care.

Psychosocial and Emotional Aspects

Compassion fatigue manifests through emotional exhaustion, sleep disturbances, reduced empathy, and compromised clinical judgment.[13-15] These symptoms impair both care quality and professional well-being. Thus, institutional strategies—such as workload management**,** mental health services, and fostering a supportive culture—are crucial.[46]

Without such interventions, professionals risk losing their capacity to care effectively. Programs that promote rest, self-compassion, and emotional resilience are vital for sustaining long-term mental health.[20]

Professional Education and Training

Training in palliative care must encompass technical, emotional, and humanistic components.[47] Education that includes emotional intelligence, self-compassion, and communication skills helps prevent burnout and improve job satisfaction.[18,22] Well-prepared professionals are more adept at identifying emotional fatigue and implementing coping mechanisms.[48]

Teamwork skills are also fundamental. When professionals are unprepared for collaborative work, tensions may arise. Educational strategies such as clinical simulations, communication workshops, and conflict resolution training enhance team cohesion and foster healthier work environments.[49]

Family Caregivers

Though not part of formal healthcare teams, family caregivers experience similar emotional burdens, especially when caring for terminally ill loved ones.[24,25] These individuals, often without adequate training or support, are highly vulnerable to compassion fatigue.

Structured inclusion of family caregivers in the care process—through training programs and emotional support services—can improve both caregiver well-being and patient outcomes. Delalibera et al.[28] highlight that caregivers are predominantly women, often children of patients, and typically lack professional guidance. Providing multidimensional support, encompassing physical, psychological, social, and spiritual aspects, is essential for ensuring the sustainability of home-based palliative care.

This study presents limitations that affect the interpretation of results. The integrative review design, limited by specific descriptors and inclusion criteria, resulted in a small sample (13 studies), restricting the scope of findings. The scarcity of robust literature on compassion fatigue and its long-term emotional impact on palliative care professionals underscores the need for further research. Cultural and regional contexts may also limit generalizability. Future studies should expand sample diversity, explore cross-cultural settings, and deepen analysis of coping strategies to support more effective interventions.

CONCLUSION

This study, through an integrative literature review, examined the impact of palliative care work on the development of compassion fatigue among healthcare professionals and family caregivers. The findings indicate that compassion fatigue is prevalent and intensified by high emotional demands, insufficient support, and inadequate training. Symptoms include physical exhaustion, emotional distress, and cognitive impairments, which negatively affect care quality and professional well-being. The study suggests the importance of structured interventions such as self-care practices, emotional resilience training, continuous supervision, and institutional support networks. These strategies may be essential to help prevent compassion fatigue, sustain empathy, and contribute to the quality of care. The findings also point to the relevance of further research and policy development that prioritize the mental health of professionals and caregivers involved in palliative care.

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