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Chapter 02: Values, Beliefs, and Caring
Yoost: Fundamentals of Nursing: Active Learning for Collaborative Practice, 3rd Edition

MULTIPLE CHOICE

1. The nurse identifies the concept of enduring ideas about what a person considers desirable or has worth in life is known by which term?
   a. Values
   b. First-order belief
   c. Higher order belief
   d. Stereotype

   ANS: A
   Values are enduring ideas about what a person considers is the good, the best, and the "right" thing to do and their opposites—the bad, worst, and wrong things to do—and about what is desirable or has worth in life. First-order beliefs serve as the foundation or the basis of an individual's belief system. Higher order beliefs are ideas derived from a person's first-order beliefs through inductive or deductive reasoning. A stereotype is a belief about a person, a group, or an event that is thought to be typical of all others in that category.

   DIF: Remembering REF: Concepts: Professionalism
   OBJ: 2.1 TOP: Nursing Process: Assessment
   MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

2. A group of nursing students are discussing the history of nursing to a staff nurse. When a student states, "Yeah, nurses used to be called the doctors' handmaidens." the staff nurse recognizes that this comment is identified by which term?
   a. Prejudice
   b. Generalization
   c. Stereotype
   d. Belief

   ANS: C
   A stereotype is a belief about a person, a group, or an event that is thought to be typical of all others in that category. A prejudice is a preformed opinion, usually an unfavorable one, about an entire group of people that is based on insufficient knowledge, irrational feelings, or inaccurate stereotypes. In the process of learning, people form generalizations (general statements or ideas about people or things) to relate new information to what is already known and to categorize the new information, making it easier to remember or understand. A belief is a mental representation of reality or a person's perceptions about what is right (correct), true, or real, or what the person expects to happen in a given situation.

   DIF: Understanding REF: Concepts: Professionalism
   OBJ: 2.1 TOP: Nursing Process: Evaluation
   MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

3. A value system is a set of somewhat consistent values and measures that are organized hierarchically into a belief system on a continuum of relative importance. The nurse knows that a value system is also identified by which concept?

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a. It is culturally based.
b. It is unique to each individual.
c. It is a poor basis for making decisions.
d. It is rigid and uniform within a culture.

ANS: A
Anthropologists and social scientists have noted that in every culture, a particular value system prevails and consists of culturally defined moral and ethical principles and rules that are learned in childhood. Everyone possesses a relatively small number of values and may share the same values with others, but to different degrees. A value system helps the person choose between alternatives, resolve values conflicts, and make decisions. Within every culture, however, values vary widely among subcultural groups and even between individuals on the basis of the person's gender, personal experiences, personality, education, and many other variables.

DIF: Remembering REF: Concepts: Professionalism
OBJ: 2.1 TOP: Nursing Process: Assessment
MSC: NCLEX Client Needs Category: Psychosocial Integrity

4. The nurse is caring for a patient who is under arrest for murder and is attempting to perform nursing care duties while, at the same time, feeling a sense of repugnance toward the patient. The nurse recognizes this situation is identified by which term?
a. Values clarification
b. Values conflict
c. First-order beliefs
d. Higher order beliefs

ANS: B
A values conflict occurs when a person's values are inconsistent with his or her behaviors or when the person's values are not consistent with the choices that are available. Providing care for a convicted murderer may elicit troubling feelings for a nurse, resulting in a values conflict between the nurse's commitment to care for all people and a personal repugnance for the act of murder. Values clarification is a therapeutic process that allows individuals to consider, clarify, and prioritize their personal values. First-order beliefs serve as the foundation or the basis of an individual's belief system. Higher order beliefs are ideas derived from a person's first-order beliefs, inductive, or syllogistic reasoning.

DIF: Understanding REF: Concepts: Professionalism
OBJ: 2.1 TOP: Nursing Process: Diagnosis
MSC: NCLEX Client Needs Category: Psychosocial Integrity

5. While helping patients with values clarification and care decisions, the nurse should complete which action?
a. Convince the patient to do what the nurse believes is best.
b. Give advice about what the nurse would do.
c. Tell the patient what the right thing to do is.
d. Provide information so the patient can make informed decisions.

ANS: D

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While helping patients with values clarification and care decisions, nurses must be aware of the potential influence of their professional nursing role on patient decision-making. Nurses should be careful to assist patients to clarify their own values in reaching informed decisions. Providing information to patients so that they can make informed decisions is a critical nursing role. Giving advice, trying to convince the patient that the nurse knows best, or telling patients what to do in difficult circumstances are approaches that are unethical and ill-advised.

DIF: Applying REF: Concepts: Professionalism OBJ: 2.2
TOP: Nursing Process: Implementation
MSC: NCLEX Client Needs Category: Psychosocial Integrity

6. A patient with terminal cancer says to the nurse, "I just don't know if I should allow CPR in the event I quit breathing. What do you think?" Which statement by the nurse would be most beneficial to the patient?
   a. "If it were me, I would want to live no matter what."
   b. "Don't worry. You have plenty of time to decide that later on."
   c. "It's totally up to you. Have you discussed this with your family?"
   d. "Let's talk about what CPR means to you."

   ANS: D
   The use of the value clarification process is helpful when assisting patients in making health care decisions regarding end-of-life care. Giving advice or telling patients what to do is unethical and not recommended. Ignoring a patient concern or changing the subject is inappropriate. Patients should be given factual information in order for them to make their own decisions.

   DIF: Applying REF: Concepts: Professionalism OBJ: 2.2
   TOP: Nursing Process: Implementation
   MSC: NCLEX Client Needs Category: Psychosocial Integrity

7. The nurse is observed sitting at the bedside of a patient discussing the nursing care plan for the shift. The nurse identifies which theory or model most accurately reflects this nurse–patient relationship?
   a. Swanson's Theory of Caring
   b. Boykin and Schoenhofer's Theory of Nursing as Caring
   c. Watson's Theory of Human Caring
   d. Leininger's Theory of Cultural Care Diversity and Universality

   ANS: A
   Swanson's five caring processes include being with and enabling. Sitting at the bedside and sharing information are activities that exemplify these behaviors. Boykin and Schoenhofer's Theory of Nursing in Caring sees caring as the intentional and authentic presence of the nurse with another who is recognized as person living caring and growing in caring. Watson's Theory of Caring impacts both the person and the universe and is built upon 10 caritas processes. Leininger's theory is based on several beliefs including but not limited to the following assumptions: care is a central unifying focus of nursing; a cure cannot occur without caring; culture is embedded in all aspects of one's being; and culturally congruent care promotes health and well-being.

   DIF: Understanding REF: Concepts: Professionalism
   OBJ: 2.4 TOP: Nursing Process: Diagnosis

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MSC: NCLEX Client Needs Category: Psychosocial Integrity

8. The student nurse is planning care for a patient who believes that Western medicine is effective but not always accurate and recognizes which nursing theory would best explain the patient's health practices?
   a. Nursing: Human Science and Human Care
   b. Theory of Cultural Care Diversity and Universality
   c. Theory of Nursing as Caring
   d. Five caring processes

   ANS: B
   Leininger's theory is based on several beliefs including but not limited to the following assumptions: care is a central unifying focus of nursing; a cure cannot occur without caring; culture is embedded in all aspects of one's being; and culturally congruent care promotes health and well-being. Swanson's five caring processes include maintaining belief, knowing, being with, doing for, and enabling. In the Theory of Nursing as Caring, Boykin and Schoenhofer note that caring is defined as "the intentional and authentic presence of the nurse with another who is recognized as person living caring and growing in caring." Watson's Theory of Human Caring impacts both the person and the universe and is built upon 10 caritas processes.

   DIF: Understanding REF: Concepts: Professionalism
   OBJ: 2.4 TOP: Nursing Process: Diagnosis
   MSC: NCLEX Client Needs Category: Psychosocial Integrity

9. The nurse identifies which nursing theorist/theorists who describes/describe the nurse–patient relationship as a situation in which the nurse and patient share the lived experience of caring?
   a. Kristen Swanson
   b. Jean Watson
   c. Madeleine Leininger
   d. Anne Boykin & Savina Schoenhofer

   ANS: D
   In the Theory of Nursing as Caring (Boykin & Schoenhofer, 2015), caring is defined as "the intentional and authentic presence of the nurse with another who is recognized as person living caring and growing in caring" (Boykin & Schoenhofer, 2001, p. 13), and "the general intention of nursing as a practiced discipline is nurturing persons living caring and growing in caring" (Boykin & Schoenhofer, 2015, p. 343). One of the major concepts of the theory is the nursing situation in which the nurse and patient share the lived experience of caring. It is in this nursing situation that nursing is created and can best be understood. The model has been used in a variety of settings to guide practice, education, and research. Leininger's theory is based on several beliefs including but not limited to the following assumptions: care is a central unifying focus of nursing; a cure cannot occur without caring; culture is embedded in all aspects of one's being; and culturally congruent care promotes health and well-being. Swanson's five caring processes include maintaining belief, knowing, being with, doing for, and enabling. Watson's Theory of Human Caring impacts both the person and the universe and is built upon 10 caritas processes.

   DIF: Remembering REF: Concepts: Professionalism
   OBJ: 2.4 TOP: Nursing Process: Assessment
   MSC: NCLEX Client Needs Category: Psychosocial Integrity

10. The nurse on a busy medical-surgical floor contacts a social worker requesting a home care referral prior to a patient's discharge. This action is best illustrated by which of Swanson's five caring processes?
    a. Enabling
    b. Knowing
    c. Doing for
    d. Being with
    e. Maintaining belief

    ANS: A
    Advocating for a patient's post-hospitalization care is an enabling process. Enabling also includes informing, anticipating, and preparing for the future. Swanson's five caring processes also include maintaining belief, knowing, being with, and doing for.

    DIF: Remembering REF: Concepts: Professionalism
    OBJ: 2.4 TOP: Nursing Process: Assessment
    MSC: NCLEX Client Needs Category: Psychosocial Integrity

11. Which action observed by a nurse manager is not indicative of the qualities and behaviors of caring?
    a. A staff nurse orders extra desserts for a patient diagnosed with morbid obesity.
    b. A medication nurse administers scheduled pain medication to patients as ordered.
    c. A respiratory therapist teaches a patient's spouse how to adjust an oxygen mask.
    d. A nursing assistant encourages a patient to assist with the morning bath.

    ANS: A
    Caring includes demonstrating to the patient and significant others "authentic concern." Giving extra dessert for a morbidly obese patient, even if the patient is asking for them, does not show authentic concern for the patient, the patient's conditions, and the possible consequences of the condition. Giving pain medications on time, teaching a spouse how to help provide care, and encouraging self-care all demonstrate this authentic concern.

    DIF: Evaluating REF: Concepts: Caregiving OBJ: 2.6
    TOP: Nursing Process: Evaluation
    MSC: NCLEX Client Needs Category: Physiological Integrity: Basic Care and Comfort

12. The nurse recognizes that when developing a nursing practice, it is important for the nurse to carry out which action?
    a. Be exposed to negative as well as positive role models.
    b. Avoid negative role models as much as possible.
    c. Understand that caring and compassion are taught in class.
    d. Consider another profession if he/she is not naturally compassionate.

    ANS: A
    Nurses develop caring skills through life experiences, educational activities, observation of both positive and negative role models, and interaction with strong professional mentors. Although there has been disagreement in the past about whether or not it is possible to teach values—specifically caring, recent research suggests that care, compassion, and empathy can be taught.

    DIF: Applying REF: Concepts: Caregiving OBJ: 2.5

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TOP: Nursing Process: Implementation
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

13. The nurse is discussing the use of a values clarification tool with a patient. The patient asks, "What is the goal of the values clarification tool?" Which is the best response by the nurse?
    a. "The tool will help change your value system so that you can make the right decision."
    b. "The tool will dispel your current beliefs and formulate brand new ones."
    c. "The tool will assist you in prioritizing your value preferences and help you make decisions."
    d. "The tool allows you to make decisions without the need of self-awareness."

    ANS: C
    Values clarification is a process used to help people reflect on, clarify, and prioritize personal values to increase self-awareness or to make decisions. A values clarification tool can be used to help patients examine past life experiences and consider where they spend their time, energy, and money to provide insight into what they truly value and believe. Values clarification can help nurses become more aware of their own personal values and beliefs that impact professional nursing practice.

    DIF: Understanding REF: Concepts: Caregiving
    OBJ: 2.2 TOP: Nursing Process: Evaluation
    MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

14. The nurse knows providing care that is consistent and predictable can make the health care experience less intimidating for the patient. What additional action can the nurse take to enhance this experience?
    a. Explaining what is going to take place beforehand
    b. Never making promises to patients
    c. Assuring the patient that his/her requests will get done eventually
    d. Protecting the patient from knowing why things are happening

    ANS: A
    Care should be delivered in a way that conveys competence. Patients become alarmed when they detect that their nurse is unfamiliar with a procedure. It is best to seek assistance with any procedure or skill that the nurse cannot safely accomplish alone. Every task-oriented procedure should be explained to a patient, followed by feedback indicating patient understanding before care is initiated. The remaining three actions do not reduce patients' feelings of intimidation.

    DIF: Applying REF: Concepts: Caregiving OBJ: 2.6
    TOP: Nursing Process: Implementation
    MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

15. When planning to change a dressing on an anxious patient, the nurse recognizes which to be the best approach?
    a. Ask another staff member to perform the task.
    b. Tell the patient the dressing change will take 30 minutes.
    c. Schedule a time in collaboration with the patient.
    d. Review the physician's order prior to the procedure.

    ANS: C

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Setting up a schedule to perform tasks helps to relieve patient anxiety and promotes a sense of security. Explaining the procedure and reviewing physician orders should be completed after establishing a schedule. Asking another staff member to change the dressing may increase patient anxiety.

DIF: Applying REF: Concepts: Caregiving OBJ: 2.6
TOP: Nursing Process: Implementation
MSC: NCLEX Client Needs Category: Psychosocial Integrity

16. Collaborating effectively with patients to find treatment methods that are congruent with the patients' belief systems and that promote healthy outcomes is an approach that requires the nurse to include which activity?
    a. Focus on patient values only and disregard family desires in setting goals.
    b. Rely more and more on their scientific background.
    c. Listen carefully to how the patient's beliefs impact their health beliefs.
    d. Understand that the nurse's beliefs are the most important.

    ANS: C
    Nurses must collaborate effectively with patients to find treatment methods that are congruent with the patients' belief systems and that promote healthy outcomes. This approach requires excellent assessment skills and a willingness to listen carefully to determine how patients' personal beliefs impact their health beliefs. Failure to consider the patient's belief systems may result in ineffective implementation of the plan of care.

    DIF: Applying REF: Concepts: Caregiving OBJ: 2.3
    TOP: Nursing Process: Implementation
    MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

17. The nurse is caring for a patient scheduled for heart surgery. Which statement made by the patient requires further discussion?
    a. "My friend died on the operating table several months ago."
    b. "The surgeon has a great reputation in the community."
    c. "I believe that this surgery is going to make me better."
    d. "Yesterday I asked my pastor to visit me after the procedure."

    ANS: A
    Personal beliefs are one of the most important factors in determining how a person responds to a health problem and its treatment. The patient has a concern about the possibility of dying during the surgery based on prior experiences. The nurse should further explore the concern and determine the patient's true meaning of the statement. Failure to consider the patient's belief systems may result in ineffective implementation of the plan of care. Belief in the surgeon's reputation, the success of the surgery, and the patient's ability to visit after the surgery indicate a positive belief.

    DIF: Analyzing REF: Concepts: Coping OBJ: 2.3
    TOP: Integrated Process: Caring
    MSC: NCLEX Client Needs Category: Psychosocial Integrity

18. The nurse recognizes that a vital aspect of providing effective and appropriate nursing care is being able to actively listen to a patient and then demonstrates this concept when carrying out which activity?

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a. Pays attention as if in a social conversation with the patient
b. Practices and develops this skill over many years
c. Focuses on what the patient is saying
d. Passively listens with the ears

ANS: B
A vital aspect of providing effective and appropriate nursing care is being able to actively listen to a patient in a way that conveys understanding, sensitivity, and compassion. Caring involves interpersonal relationships and communication skills that require paying more attention to the details of communication than would be necessary in a social conversation. Active listening is a specific communication technique in which one fully concentrates on what the other is saying in a conscious effort to fully understand the other. This type of listening is a highly developed skill that usually takes a great deal of time and many years of experience to acquire. It can be learned with practice and enhanced with sensitivity and attention to the feedback that is received during each interaction. In a caring nurse–patient relationship, the nurse takes responsibility for establishing trust, making sure that the lines of communication are open and that the nurse accurately understands not only what the patient is saying but also that the nurse is clearly understood. Active listening means paying careful attention and using all of the senses to listen rather than just passively listening with the ears. It requires energy and concentration and involves hearing the entire message—what the patient means as well as what the patient says. This type of listening focuses solely on the patient and conveys respect and interest.

DIF: Applying REF: Concepts: Caregiving OBJ: 2.6
TOP: Nursing Process: Implementation
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

19. The nurse is caring for a patient with lung disease. The patient tells the nurse that the most important thing to do during the shift is to walk down to the nurses' station and back without having shortness of breath. The patient's request is an example of which nursing theory?
a. Leininger's Theory of Cultural Care Diversity and Universality
b. Boykin & Schoenhofer's Theory of Nursing as Caring
c. Swanson's Theory of Caring
d. Watson's Theory of Human Caring

ANS: C
Swanson's Theory of Caring is composed of five interrelated caring processes: having faith in the ability of others to have meaningful lives; striving to understand the meaning of events in other's lives; being emotionally present to the other person; doing for others what they would do if possible and facilitating or enabling the capacity of others to help themselves and their families. The patient's goal to walk without breathing problems is an example of the enabling process. Leininger's Cultural Care Theory centers on cultural practices that influence patient care. Boykin & Schoenhofer's theory focuses on the intentional and authentic presence of the nurse with another who is recognized as a person living caring and growing in caring. Watson's theory describes holistic care and focuses on caritas processes such as instilling faith and hope, promoting and accepting positive and negative feelings, and developing a helping–trust relationship.

DIF: Remembering REF: Concepts: Caregiving
OBJ: 2.4 TOP: Nursing Process: Assessment
MSC: NCLEX Client Needs Category: Physiological Integrity: Physiological Adaptation

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20. When the nurse is dealing with the concept of beliefs and values, the nurse recognizes which type is based in the unconscious?
    a. Zero-order beliefs
    b. First-order beliefs
    c. Higher order beliefs
    d. Prejudices

    ANS: A
    Three types of beliefs are recognized: zero-order beliefs, most of which are unconscious, such as object permanence; first-order beliefs, which are conscious, typically based on direct experiences; and higher order beliefs, which are generalizations or ideas that are derived from first-order beliefs and reasoning. A prejudice is a preformed opinion, usually an unfavorable one, about an entire group of people that is based on insufficient knowledge, irrational feelings, or inaccurate stereotypes.

    DIF: Remembering REF: Concepts: Cognition
    OBJ: 2.1 TOP: Nursing Process: Assessment
    MSC: NCLEX Client Needs Category: Psychosocial Integrity

MULTIPLE RESPONSE

1. A nurse working in a dermatology clinic observes that a patient of Mexican-American descent typically arrives 10 to 15 minutes late to every appointment. Based on an understanding of first-order beliefs, what characteristics can the nurse associate with this level of beliefs? (*Select all that apply.*)
    a. First-order beliefs serve as the basis of a person's belief system.
    b. First-order beliefs begin to develop in early adolescence.
    c. First-order beliefs are completely formed in childhood.
    d. People seldom question their first-order beliefs.
    e. Challenging a patient's first-order beliefs may cause cognitive upset.

    ANS: A, D, E
    First-order beliefs serve as the foundation or the basis of an individual's belief system. People begin developing first-order beliefs about what is correct, real, and true in early childhood directly through experiences and indirectly from information shared by authority figures such as parents or teachers. People continue to develop first-order beliefs into adulthood through both direct experiences and the acquisition of knowledge from a vast number of sources with various degrees of expertise and levels of influence. People seldom question their first-order beliefs and rarely replace one, because to do so would require a great deal of rethinking about both that belief and similar or closely associated beliefs. Remember that presenting information to patients that challenges their first-order beliefs may cause a great deal of emotional or cognitive upset.

    DIF: Remembering REF: Concepts: Professionalism
    OBJ: 2.2 TOP: Nursing Process: Assessment
    MSC: NCLEX Client Needs Category: Psychosocial Integrity

2. When dealing with patient who has a values conflict in which substance abuse or an addiction is involved, the nurse should conduct an assessment interview and use which techniques that will make the interview most effective? (*Select all that apply.*)

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a. Listen for subtle signs of denial.
b. Directly confront the patient about his drug abuse.
c. Use a matter-of-fact approach to inform the patient.
d. Provide straightforward information.
e. Avoid direct confrontation.

ANS: A, C, D, E
The most effective approach for dealing with a values conflict in which substance abuse or an addiction is involved is to begin with an assessment interview, during which the nurse should: listen for the subtle signs of denial, avoid direct confrontation, use a matter-of-fact approach to inform the patient of the reality of the consequences of the harmful behavior, and provide straightforward information about the effects of the substance abuse.

DIF: Applying REF: Concepts: Professionalism OBJ: 2.2
TOP: Nursing Process: Implementation
MSC: NCLEX Client Needs Category: Psychosocial Integrity

3. Caring, according to the American Nurses Association (ANA) Code of Ethics (2015), is having concern or regard for that which affects the welfare of another. The nurse recognizes that as a profession, nursing can trace its earliest beginnings to what types of nurturing activities that demonstrate care? (*Select all that apply.*)
a. Active listening
b. Advocating for the vulnerable
c. Valuing all individuals
d. Separating healing from spirit
e. Attempting to relieve pain

ANS: A, B, C, E
Caring, according to the American Nurses Association (ANA) Code of Ethics, is having concern or regard for that which affects the welfare of another. As a profession, nursing can trace its earliest beginnings to the types of nurturing activities that demonstrate care, such as taking time to be with a suffering person, actively listening, advocating for the vulnerable, valuing and respecting all individuals, attempting to relieve pain, and making the healing process an act of the body, mind, and spirit.

DIF: Remembering REF: Concepts: Caregiving
OBJ: 2.6 TOP: Nursing Process: Assessment
MSC: NCLEX Client Needs Category: Physiological Integrity: Basic Care and Comfort

4. Touch is the intentional physical contact between two or more people and it is deemed to be an essential and universal component of nursing care. The nurse knows that task-oriented touch occurs during which activities? (*Select all that apply.*)
a. Holding the patient's hand during a painful procedure
b. Giving the patient an injection to treat discomfort
c. Starting an intravenous (IV) line for fluid administration
d. Inserting a nasogastric tube to decompress the patient's stomach
e. Shaking the patient's hand in order to establish rapport

ANS: B, C, D

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Task-oriented touch includes performing nursing interventions such as giving treatments, changing dressings, suctioning an endotracheal tube, giving an injection, starting an IV line, or inserting an NG tube. Task-oriented touch should be done gently, skillfully, and in a way that conveys competence. Patients become alarmed when they detect that their nurse is unfamiliar with a procedure. It is best to seek assistance with any procedure or skill that the nurse cannot safely accomplish alone. Every task-oriented procedure should be explained to a patient, followed by feedback indicating patient understanding before care is initiated. Caring touch is considered by most people to be a valuable means of nonverbal communication. In today's highly technical world of nursing, caring touch is an essential aspect of patient-centered care. Caring touch can be used to soothe, comfort, establish rapport, and create a bond between the nurse and the patient. Care may be conveyed by holding the hand of a patient during a painful or frightening procedure or when delivering bad news. This is an important way nurses let patients know that they are not alone and that another human being cares.

DIF: Applying REF: Concepts: Caregiving OBJ: 2.6
TOP: Nursing Process: Implementation
MSC: NCLEX Client Needs Category: Psychosocial Integrity

5. The nurse recognizes that after several years of work in the emergency room, compassion fatigue has developed. What symptoms associated with this condition would the nurse be experiencing? (*Select all that apply.*)
   a. Chronic depression
   b. Sleeping all the time
   c. Anorexia
   d. Poor concentration
   e. Feeling detached from patients
   f. Euphoria

   ANS: A, D, E
   Compassion fatigue is an extreme state of distress experienced as the progressive and cumulative result of exposure to stress in the therapeutic use of self in caring for others. Compassion fatigue involves the nurse experiencing a feeling of being unable to meet the needs of patients arising from the inability to alleviate suffering. Compassion fatigue may result in feelings of vulnerability, anxiety, depression, and anger. Left unrecognized, compassion fatigue can produce physical and mental exhaustion manifested by difficulty sleeping, poor concentration, and low morale; and it can lead to compulsive behaviors, such as substance abuse. Nurses experiencing compassion fatigue often detach themselves from patients, have a higher risk of making errors, exercise poor judgment, and experience difficulty in maintaining interprofessional relationships.

   DIF: Understanding REF: Concepts: Caregiving
   OBJ: 2.7 TOP: Nursing Process: Assessment
   MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

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