**Compassion Fatigue within Healthcare Workers**

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On a daily basis we hear and witness our NHS and healthcare workers being criticised and undervalued. As a new government takes over the helm, I am sure that I am not alone in hoping (fervently!) that the NHS, patients, and its staff become a high priority as a key government target.

Over the last decade, the NHS has been worn down considerably by numerous factors – predominantly a pandemic, lack of funding, staffing shortages and healthcare workers leaving the profession (either completely or for more attractive working conditions overseas).

Exhaustion, poor working conditions a blame culture, and a lack of fundamental support are driving our staff away in droves. A rising phenomenon being increasingly recognised is compassion fatigue. This ‘condition’ was first identified in the early 90’s and it was noted to be ‘an emotional change amongst healthcare workers’. As further research has been undertaken, it has been described as a form of post-traumatic stress disorder (PTSD) or burnout. The symptoms are both physical and mental and include abdominal discomfort, headaches, lower tolerance to stress, low work efficacy and extreme fatigue. I am sure that many of us can recognise this in ourselves. As the symptoms evolve, the situation becomes cyclic. Staff feel less able to cope, less motivated for work, and subsequently the more exhausted they feel. This can then lead to low mood, low self-esteem, low productivity and, potentially, the very justified need to take time away from work for sick leave. Often never returning to their role, or indeed the NHS per se.

Further studies have identified three factors that are significant within emotional fatigue: stress, patient/client contact, and the use of self (when the professional supports the patient emotionally within the trauma and/or illness that they are suffering. As healthcare workers are expected, as a key part of their role, to provide compassionate and empathic care, it implies that all workers are potentially prone to encounter compassion fatigue at some point in their career.

A correlating factor which has shown an increase in compassion fatigue is poor job satisfaction. However, compassion fatigue does not directly lead to poor job satisfaction. Rather it is the stress, the lack of support, and daily pressures that leads to the development of compassion fatigue. Factors such as nurses not being able to complete or provide the level of care they would like to due to limited resources have been reported and this can lead to, understandably, negative emotions towards the organisation. This becomes heightened due to poor recognition by managers, resulting in a loss of our valuable workforce.

Organisational support is a key fundamental requirement. Staff must feel valued and appreciated for their work. A key finding from an earlier study has shown that having a supportive network of colleagues at work can help individuals to manage compassion fatigue. Education and mindfulness can also help. Healthcare organisations need to improve their recognition and understanding of the phenomena and provide the education, the tools, and the environment for staff to identify and manage their compassion fatigue.

It is a rising concern but remains poorly defined and is used interchangeably with other definitions such as burnout. As the NHS continues its desperate struggle to survive, let alone provide the care that we were all once so very proud of, my question is what are healthcare organisations actually doing to look after their workforce? How are staff being supported? How are they being recognised and valued for the work they are doing. Is there a model of care that can be developed to look after staff who are at risk of developing compassion fatigue? Or, will it simply be parcelled away amongst the abundance of other staff wellbeing concerns and ignored, as our staffing crisis and staff shortages continue to rise exponentially….