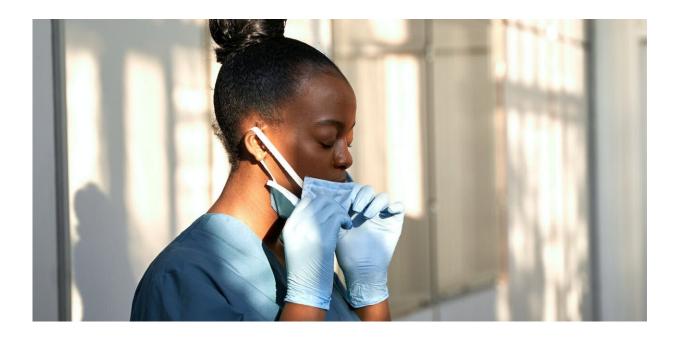


Health worker burnout and 'compassion fatigue' put patients at risk

October 5 2022, by Sue Dean and Deb Massey



Credit: Shutterstock

The toll of COVID on our health care workers has been <u>brutal</u>, with many saying they want to quit their jobs.

The World Health Organization <u>says</u> burnout, coupled with an ageing workforce, is a "ticking time bomb" that could lead to "poor health outcomes across the board, long waiting times for treatment, many preventable deaths, and potentially even health system collapse".



The Royal Australian College of General Practitioners' just released annual survey reported some <u>three-quarters of GPs</u> say they feel burnt out.

With burnout <u>characterised</u> in part by a "depersonalisation" or a sense of detachment, it can be tough to care for others. "Compassion fatigue" can set in. So how can we help <u>health workers</u> so they can continue to help others?

A worldwide workforce shortage

Workforce <u>projections predict</u> health workforce shortages worldwide. Retention is a major factor and burnout the major contributor. During the pandemic, studies from the United States and Singapore reported unprecedented turnover in the <u>health care sector</u>, and again burnout was the <u>biggest factor</u>.

> There has been enormous attention to hospitals in recent years, but the story is totally inadequate without equal attention to <u>#GeneralPractice</u> & community-based care. Failure to appreciate the urgency & severity of need to improve GP support will be a disaster. <u>https://t.co/Yg2yLIMncK</u>

— Stephen Parnis (@SParnis) <u>September 26, 2022</u>

In Australia, a <u>report</u> found that during the first wave of COVID, nurses experienced high rates of anxiety and depression. COVID disruptions meant less access to social supports. Less social support affects a person's ability to cope.



Workplace culture was seen as negative. There were safety concerns about working with patients with COVID. A fear of transmitting the virus to their families and friends led to increased anxiety. There was inadequate, inappropriate and often <u>limited</u> or unavailable personal protective equipment (PPE) for <u>health care workers</u> and carers. When it was available, workers felt PPE and physical distancing constraints prevented them providing the compassionate care required.

Health care workers experienced increased violence and aggression from patients and the public when enforcing <u>government-mandated</u> <u>restrictions</u>. They also faced significant increases in <u>workloads</u>.

New models of care were introduced, often with little preparation or training. Staff shortages resulted from COVID isolation and staff were <u>redeployed</u> to areas of high need in health care, which left shortages in other areas.

Health care workers also identified a lack of support from leadership and organisational culture compromised their <u>psychological safety</u>.

Burnout and clinical mistakes

The <u>Australian Medical Association</u> reports almost half the junior <u>doctors</u> in New South Wales are overworked and exhausted, and burnout could be putting patients at risk. Of 1,766 doctors surveyed, 76% reported making a fatigue-induced clinical error.

A <u>US study reported</u> increases in physician burnout was associated with increased medical errors and worse patient outcomes.

And <u>an international study</u> reveals nurses reporting "missed care", "care at improper times" and "unfulfilled care" due to excessive job demands.



When caring for others is too much

"<u>Compassion fatigue</u>" means health care workers are unable to carry out their roles. Compassion fatigue can result from repeated exposure to others' suffering in high stress environments and the constant giving of self.

It leads to complete physical and emotional exhaustion, <u>depleting health</u> <u>care</u> workers of their ability to cope. Crucially, it disconnects them from their patients, making unable to be empathetic and provide compassionate care. Usual coping strategies aren't effective and <u>negative</u> <u>coping strategies</u> such as alcohol or substance abuse can follow. Ultimately, workers feel a diminished sense of satisfaction in their work and burnt out.

Health care workers can mitigate against <u>compassion fatigue</u> by <u>making</u> <u>time for themselves</u>, enforcing work boundaries, and creating a better work-life balance.

Strategies such as mindfulness meditation have been shown to be <u>effective</u>. So have employer <u>support programs</u> such as counselling services and advocating for organisations to provide healthy and nurturing workplaces.

Rejecting the health hero narrative

Compassion fatigue and burnout also occur when health care workers are not valued.

During the pandemic, health care workers have been increasingly portrayed as angels and heroes, who appear to be able to swoop in and save the day. Nurses and other health care workers have <u>argued this</u> <u>narrative</u> is outdated and fails to recognise their complex roles.



Instead of being given hero status, nurses and other health care workers are seeking opportunities to highlight the <u>complex skills</u> and compassion required to undertake their roles. This could prove transformative for <u>media reports</u>, fictional <u>portrayals</u> of doctors and nurses on screen, and even how hospitals and health centres represent health care workers in recruitment and retention campaigns.

A time to re-evaluate

The pandemic has brought the <u>predicted shortages</u> in the health care workforce into sharp focus. The role of burnout and compassion fatigue are <u>important factors</u>.

While resilience is a key protective factor—and one that health care workers are encouraged to develop—it isn't enough. Health care leaders have an ethical and legal obligation to ensure all workers have access to work environments that are psychological safe and free from violence and aggression. And health needs to be adequately resourced so patient care is prioritised and workloads are safe.

After all, if we don't care for our <u>health</u> workforce, who will care for us?

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