Compassion fatigue: an additional burden of managing challenging wounds?

The ‘burden of wound care’ is a phrase we often see used, particularly when stating costs/health economics of managing individuals with both acute and chronic wounds. Posnett and Franks (2008) were among the first authors to discuss the ‘costs’ of chronic wound management in terms of monetary expenditure but also highlighted the ‘costs’ to patients in terms of the negative effects of wounds on their quality of life. Subsequently, Guest et al have published several papers examining the epidemiology and health economics of providing wound care in the NHS in the UK (Guest et al, 2015; 2017a; 2017b). Hence we have relatively strong data to illustrate the financial implications of the ‘burden of wounds’.

Equally, there is a breath of evidence to support the burden of a non-healing wound. For example, a phenomenological study by Chase et al (1997) explored the experience of individuals with venous leg ulceration and identified four major themes: ‘A forever healing process’ which reflected the protracted time it took a wound to heal; ‘Limits and accommodations’ due to pain and disfigurement; ‘Powerlessness’ and a sense of inevitability that the wound would recur and the final theme ‘Who cares?’ which questioned who was responsible for managing the ulcer. These themes are all based on several important psychological principles, including health and illness behaviours, locus of control and health beliefs of individuals (Norman, 1995). Central to facilitating a positive outcome for individuals with non-healing wounds is acknowledging these principles and working towards achievable goals and concordance (Moffatt, 2004).

ON THE NATIONAL WOUNDS AGENDA

It is good to see that the National Wound Care Strategy Programme (NWCS) for England is discussing some of these issues, including education for all those involved in care delivery as well as addressing the interdependency between different professional groups and I look forward to seeing the recommendations that this group will put forward. Perhaps there is more that could be done to raise awareness of the wider burden of managing individuals with wounds and all HCPs in wound care need to work together to address this at an individual and organisational level.

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REFERENCES


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