Compassion fatigue: an additional burden of managing challenging wounds?

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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).

BURDEN OF WOUNDS, BURDEN OF CARE

So far this discussion has considered the 'burden of wounds' to the NHS and patients, but what about the impact on healthcare professionals (HCPs)? One of the fundamental roles of an HCP is to be caring and compassionate; however, these values are constantly being tested when those working within the NHS are faced with increasing work demands with fewer resources. The following quote illustrates how clinicians might feel when managing individuals with chronic, non-healing wounds:

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet." (Remen, 1996)

The narrative of 'compassion fatigue', which is reflected in this quote, is not a new one and is evident in literature relating to HCPs caring for individuals with medical illness (Bhutani et al, 2012). It is important to recognise the features of compassion fatigue to avoid the related concept of burnout, where there is an overwhelming sense of hopelessness and difficulties dealing with the day-to-day pressures of work. Therefore, we all need to be aware of our own and our colleagues' health and wellbeing and require a working environment that recognises that compassion fatigue exists but also provides strategies to counteract it. Such a strategy should include: addressing work/life balance, education to improve HCP-patient communication, interdisciplinary working as a mechanism for support and interventions within the workplace for dealing with emotional strain (Boyle, 2011).

ON THE NATIONAL WOUNDS AGENDA

It is good to see that the National Wound Care Strategy Programme (NWCSP) 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. WUK

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