Diagnosis: *Compassion fatigue*

Recruitment and retention of skilled and experienced staff is a major issue
for healthcare providers, one that is affecting the NHS, social care and the independent sector. It is well known that the costs of advertising, interviewing, training and inducting new staff can be a major drain on resources. To combat (mostly negative) staff attrition organisations have rightly increased their focus upon the workplace wellbeing and the mental healthcare of staff.

Certainly, in recent years the focus has shifted from responsive means to the treatment of staff who may be struggling to fulfil their role, towards preventing staff from becoming unable to cope in the first place (in line with broader public health policy shifts).

What does struggling to cope look like in the caring professions?

Here are a few pronounced (and unfortunately fairly common) concepts which we see increasingly in the workplaces of today:

- **Burnout** has become a conceptual description for a 'psychological syndrome in response to chronic interpersonal stressors on the job'. The defining characteristics are described as 'overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment' (1).

- **Compassion fatigue** is a concept described as the 'reduced capacity or interest in being empathic' or 'bearing the suffering of clients' (2).

- **Emotional labour** is a term used to describe 'managing emotions for a wage'. This may see workers managing emotions through both 'surface acting'- where emotional expressions are regulated, and 'deep acting' - where feelings are modified to express the desired outcome. Because of the effort involved and the degree of control required (or exerted by the organisation), it is suggested that this can significantly contribute to burnout and stress (3).

Staff who are experiencing these effects may become cynical and negative, focusing on the challenging aspects of the job and unable to see any positive aspects. A 'them and us' culture which has a negative view of managers can develop. This may also manifest as a negative and hopeless view of the effects of treatment on patients, and feelings of powerlessness to make a difference. A reduced ability to show interest in others, including patients, may follow, as staff members become overwhelmed by the emotional demands of their role.
If not resolved early, the lasting effects can be lower standards of patient care, low morale, absenteeism, and loss of staff or 'presenteeism'. Presenteeism is defined as attending work while ill (or in poor mental health) and working at reduced productivity.

The cost to UK employers of poor mental health is estimated at between £33 - £42 billion per year. The public sector bears a disproportionate amount of these costs, making up roughly a fifth of the UK workforce, but bearing a quarter of all of the costs.

Developing resilience

Resilience is the process of negotiating, managing and adapting to significant sources of stress or trauma; particularly an individuals ability to 'bounce back' in the face of adversity. An individuals' experience of resilience will vary throughout the course of someone's life. Interestingly, the resilience of an individual is much more likely to be guided by trauma and negative experiences and not necessarily through achievements or success. This approach also suggests that resilience is not an inherent characteristic of personality, but is a learnt approach to adversity, influenced by individual and systemic factors. If we use a systems approach to embed the promotion of resilience this would support a strategic approach to promoting staff wellbeing and minimising workplace stress.

Protective factors have been shown to reduce or buffer the impact of risk and can prevent the onset of a risk factor. Workplace resilience training has been shown to be successful, as long as the delivery of skills and training takes the working context into consideration (4).
Some of these protective factors are an increased 'forbearance', the ability to let go of perceived injustices and the ability to look after yourself.

Reducing workplace stress

The Health & Safety Executive (HSE) (2004) have a well-established framework for reducing work related stress (see opposite). The HSE was part of a European Union focus on healthy workplaces in 2014-2015, and one of the HSE priorities for 2017-2018 is to establish and begin a three-year programme to reduce levels of work-related stress and other occupational ailments (5).

HSE (2004) work related stress management standards

HSE 2004	Applications
Demands	Possible rotation, working in consistent teams, ensuring breaks are taken, space away from clinical areas, gym equipment available.
Control	Employee forums, listening events, team meetings, 'have your say' initiatives.
Support	Team culture, supervision, visible managers, encouraging personal wellbeing.
Relation-ships	Fostering trust, supportive relationships, maintaining hope.
Role	Understanding of staff roles and the nature of the patients' presentation and possible effects, support to manage emotion generated by difficult interactions.
Change	Open communication, consultation, opportunities for employee preparation and feedback.

Lazarus (6) suggested a number of strategies to help reduce work related stress, these included:

- Alter the working conditions so that they are less stressful or more conducive to effective coping - this strategy is most appropriate for large numbers of workers working under severe conditions, such as reducing noise levels.

- Help individuals adapt by teaching them better coping strategies for conditions that are impossible or difficult to change - a limitation to this strategy is that it is costly to deal with each individual's unique transaction with the environment. Intervention strategies could include individual counselling services for employees, employee assistance programmes, or specialised stress management programmes, such as cognitive behavioural interventions.

- Identify the stressful relationship between the individual or group and the work setting - intervention strategies might include changes in worker assignment to produce a better person-environment fit, or it could involve teaching coping strategies for individuals who share common coping deficits (e.g. training in relaxation skills).

In early 2017 HM Government commissioned a review (7) into how employers can better support the mental health of all people currently in employment including those with mental health problems or poor well-being to remain in and thrive through work.

An outcome of this review is the suggestion that employers adopt 'mental health core standards'; a framework for a set of actions for organisations to implement. These mental health core standards are as follows:

- produce, implement and communicate a mental health at work plan;
- develop mental health awareness among employees;
- encourage open conversations about mental health and the support available when employees are struggling;
- provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development;
- promote effective people management through line managers and supervisors; and
- routinely monitor employee mental health and wellbeing.

The review also contains takeaway tips regarding ways in which you can help your employees, and help staff better perform their role (see below). Additionally, there are support organisations (right) who have specifically designed short courses for staff to promote early intervention and support on mental health and wellbeing.

Ways in which you can help your employees:

- increased supervision or support from manager, buddy or mentor;
- extra help with managing and negotiating workload.
- debriefing sessions after difficult calls, customers or tasks;
- mediation can help if there are difficulties between colleagues;
- access to a mental health support group or disability network group;
- identifying a 'safe space' in the workplace where the person can have some time out or access support.
- provision of information to promote self-care;
- encourage employees to work on building up their resilience and doing things that support good mental health such as exercise, meditation or eating healthily; and
- provide regular opportunities to discuss, review and reflect on people's positive achievements – this can help people to build up positive self-esteem and develop skills to better manage their triggers for poor mental health.

Ways in which you can help staff better perform their role:

- flexible hours or change to start or finish times;
- change of workspace e.g. quieter, more or fewer people around, dividing screens;
- working from home at certain times or on certain days in a given period;
- changes to break times;

insight integrity impact

- provision of quiet rooms;
- light-box or seat with more natural light;
- agreement to give an employee time off for appointments related to their mental health, such as therapy and counselling;
- temporarily changing duties, for example changing the balance of desk work and customer facing work reducing caseloads, changing shift patterns;
- reallocation of some tasks or amendments to the employee's job description or duties; and
- redeployment to a more suitable role.

Summary

In summary, fit healthy staff are a precious commodity and vital to providing a quality healthcare service. Staff need to be mentally healthy to promote hope and recovery for our patients, and this is only possible if we support staff health and wellbeing. Proactive and predictive measures are key to this, supported by effective early intervention and a positive regard for mental health.

Dr Carol Rooney (Deputy Director at Niche) has completed research into healthcare staff resilience as part of her professional doctorate

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Mental Health First Aid (MHFA)

The MHFA movement was initially developed in Australia in 2000. To date over two million people have been trained in MHFA skills worldwide. MHFA came to England in 2007 and was launched under the Department of Health: National Institute of Mental Health in England (NIMHE) as part of a national approach to improving public mental health. The MHFA movement aims to empower people to provide early support to people suffering from mental ill-health and in some cases, to prevent mental health from declining.

Several evaluations have been undertaken in relation to the impact of MHFA training within and outside of the health and social care environments. The roll-out of MHFA training is well worth considering in your organisation given that some of the benefits to people undertaking the training have been assessed to include:

- improved attitudes towards people with mental health problems;
- the normalisation of mental health issues and a reduction in fear and stigma; and
- increased compassion, the ability to listen more and identify the signs of mental ill-health.