



Burnout, moral injury and compassion fatigue.

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This resource has been collated from across the veterinary community to provide information on burnout, moral injury and compassion fatigue. We hope that it is useful for those wanting to explore these concepts and how to help colleagues who may be experiencing them. This resource is not intended to be an exhaustive resource to cover every eventuality and provide all the answers but rather signpost information and support strategies.

If you need confidential emotional support, please contact Vetlife Helpline on 0303 040 2551 or by email via the Vetlife website, www.vetlife.org.uk

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Introduction

Veterinary work can be rewarding. It can also be challenging. This resource explores some of the challenges that we may face in the course of veterinary work and considers what might help.

Veterinary professionals may face sudden and unpredictable situations at work. There may be issues that persist over time, with work-related demands in our roles that are difficult to meet. We can be confronted with trauma and suffering, which sometimes we may have limited resources to alleviate. We may face situations where we know the right thing to do but are unable to do it because of external constraints. We may encounter situations where it feels that the best we can do is not good enough.

Our psychological wellbeing at work can be affected by many factors, not all of them to do with work. In this resource we focus on three specific psychosocial aspects of work which may affect psychological wellbeing and may have relevance for people working in the veterinary sector. (Psychosocial factors are psychological and social factors in the workplace that can lead to stress, strain, or interpersonal problems for workers, potentially impacting their mental and physical wellbeing). The three factors in this resource are **burnout**, **moral injury**, and **compassion fatigue**.

It is important to note that these are not the only things that affect psychological wellbeing at work. Work-related issues such bullying, discrimination, and many more may affect veterinary professionals' wellbeing and are outside the scope of this resource. People may also experience difficulties with work-life balance, acute work-related stress, and mental ill-health, which are not covered here. All of these difficulties matter and it is vital that veterinary professionals experiencing these can access help and support.

Throughout this resource we use the term veterinary professionals. In this we include all members of the veterinary team and people working in the many different types of veterinary workplace.

Each section in this guide defines and explains the concept, considers how and when it might occur in veterinary settings, and explores what might help people in the veterinary sector by considering prevention, and recognition and response.



Definitions:

Burnout



Definition

A syndrome resulting from chronic workplace stress that has not been successfully managed. Characterised by three dimensions:

1. feelings of energy depletion or exhaustion,
2. increased mental distance from one's job, or feelings of negativism or cynicism related to one's job,
3. a sense of ineffectiveness and lack of accomplishment.¹

Moral injury



Definition

The very intense psychological distress that can follow events which go against a person's deeply held moral beliefs.^{2,3}

Compassion fatigue



Definition

A state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper.⁴

Example

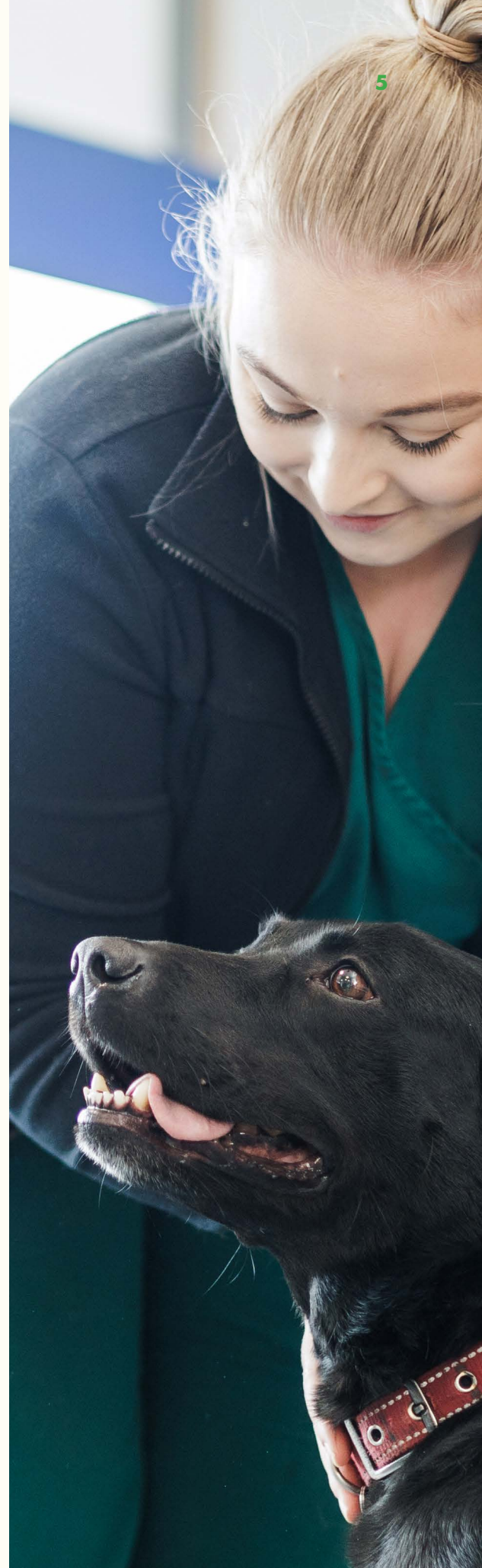
Jihan is a clinical director in a practice that has been short of two veterinary surgeons for six months. She has been unable to recruit replacement vets and has been working long hours and taking the additional on call shifts to protect her colleagues. She is unable to sleep at night due to worrying about the staff shortages and is dreading going to work each day. Recently she has been drinking to try and help sleep and forget about work.

**Example**

Sarah, a veterinary nurse, is helping in consults when a dog comes in with signs of severe neglect and injuries. She wants to report the owner but the veterinary surgeon she is working with has decided to just treat the animal and not to report the case.

**Example**

After a disease epidemic that involved culling large numbers of animals and delivering bad news to farmers who were sometimes very distressed, Liam has found himself avoiding anything that reminded him of those calls. He can't stop thinking about the farmers and worrying about them.





Burnout

Definition

The World Health Organisation (WHO) defines burnout as:

'a syndrome resulting from chronic workplace stress that has not been successfully managed'.

In recent years the word burnout has been used in other contexts – for example 'autistic burnout'. For the purposes of this guide, we refer only to the type of burnout defined by the World Health Organisation – occupational or workplace burnout.

It is characterised by three dimensions:



feelings of energy depletion or exhaustion.



increased mental distance from one's job, or feelings of negativism or cynicism related to one's job.



a sense of ineffectiveness and lack of accomplishment.¹



Background

Burnout is not classified as a medical condition but rather as an occupational phenomenon.¹ Burnout has been described in various ways over time, including an imbalance of job resources and demands,⁵ flat battery,⁶ and exhaustion, depersonalisation, and perception of inefficacy.⁷

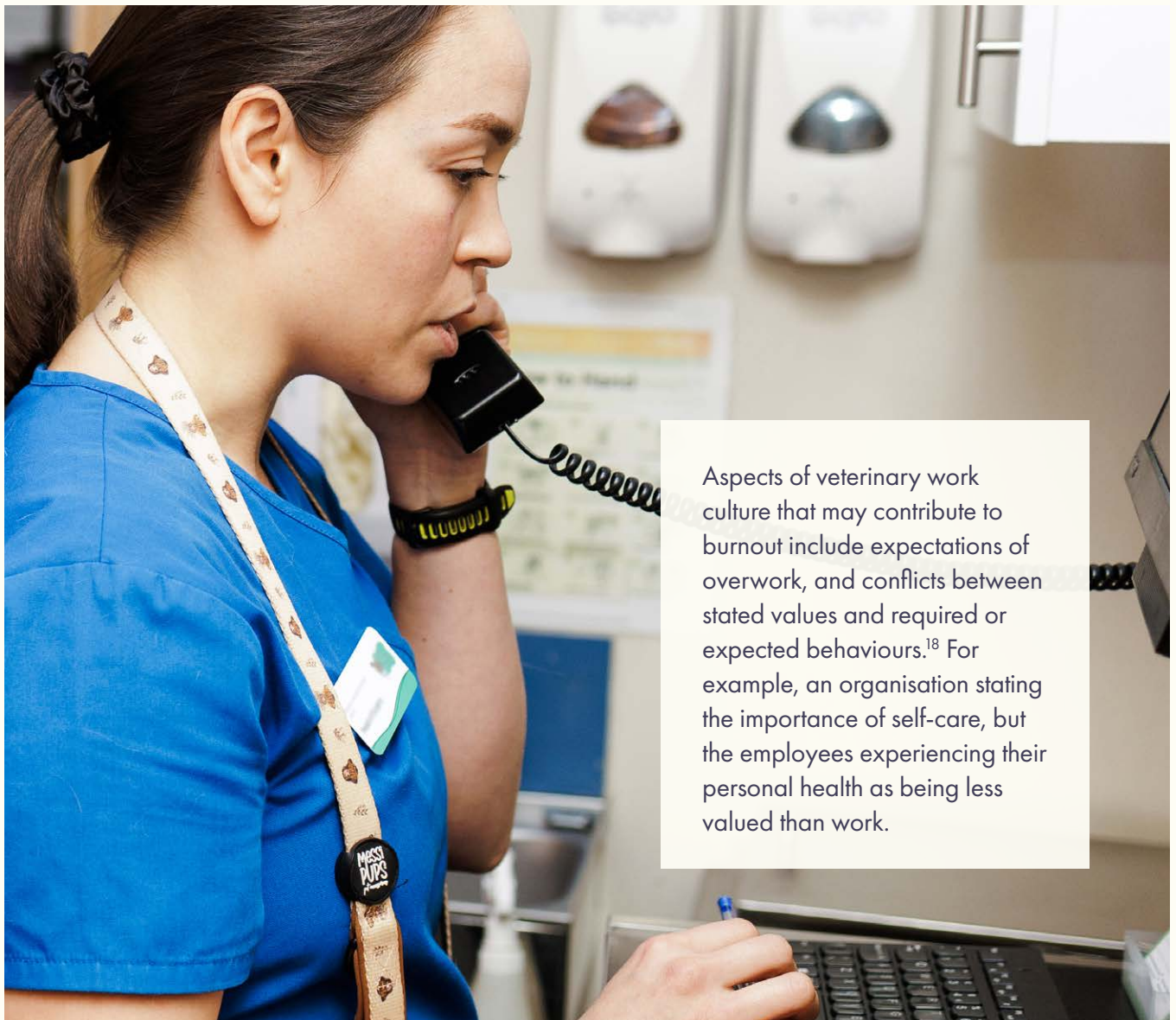
As an occupational syndrome, burnout is a characteristic of workplaces rather than an individual.⁷ This is important because it highlights that individual-level interventions for burnout alone are ineffective. Organisational and workplace factors are key in burnout, and so interventions are also needed at this level.

The definition of burnout also highlights that it is chronic; it's a longer-term imbalance of job demands and resources that has gone on over a period of time and has not been successfully managed.

Burnout is widely recognised in the healthcare workforce. Systematic reviews of burnout in doctors, human nurses, and midwives show increased prevalence of burnout and vulnerability to burnout.^{8,9} In human healthcare burnout is associated with decreased patient satisfaction, reduced safety and quality of care, and reduced organisational commitment and productivity.¹⁰⁻¹²

Burnout in the veterinary professions

Studies from a number of countries including Australia, Spain, Portugal, USA, and Canada report burnout in veterinary surgeons.¹⁰⁻¹⁴ In the wider veterinary team a US study of veterinary technicians, managers, animal care assistants, kennel staff and client service representatives found 1 in 4 experienced high levels of burnout.¹⁵ A UK study looking at vets, nurses, receptionists, and patient care assistants found similar, moderate levels of burnout across all job roles.¹⁶ Moderate burnout has also been described in veterinary students.¹⁷



Aspects of veterinary work culture that may contribute to burnout include expectations of overwork, and conflicts between stated values and required or expected behaviours.¹⁸ For example, an organisation stating the importance of self-care, but the employees experiencing their personal health as being less valued than work.



Case scenarios:

A practice has three vacancies for nurses in their team of nine nurses. The remaining six nurses have been expected to cover extra shifts and work overtime for several months. The practice implements a new clinical notes system. The nurse team appear angry and disengaged at the mandatory training event where it is launched.

Sam, a receptionist, has taken a phone call from a client who wanted an 'emergency' appointment to re-vaccinate her three horses that day otherwise she will need to restart their vaccinations. Sam explains there are no available appointments as there is only one vet working. The vet - Lisa - already has more calls than she will be able to see within the normal workday hours. The client becomes progressively more irate and states she will take her business elsewhere if she cannot get an appointment today. The practice manager tells Sam to book the call in knowing that it will make Lisa's day even longer. Sam feels undermined, again. She feels frustrated and ineffective through divided loyalties to client, Lisa and management, and the impossibility of resolving these. Sam wonders what the point of trying to follow policy is. Lisa has not finished on time in three months due to overbooking, she is exhausted and feels detached even from cases that used to interest her.

A senior veterinary surgeon cannot get experienced locum cover for their farm animal practice and so has been covering a lot of the on call and been unable to take holiday. They are exhausted. They have asked for support from other practices within the business, but none has been forthcoming. They feel there is no point raising issues in the business any more as no one listens to them anyway.



Burnout

- what helps?

Organisation-level and leadership response:

Prevention

- **Address the imbalance of job demands and resources:**

Burnout results from prolonged stress at work caused by a mismatch between demands of the job and resources of the worker.¹⁹ Preventing burnout requires careful attention to demands on workers and the resources available.

- **Job and task modifications:**

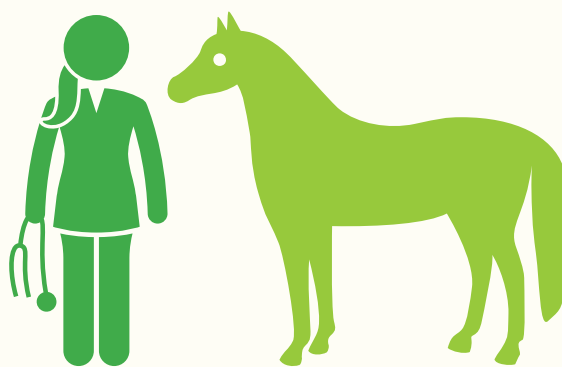
A systematic review of the effectiveness of organisational interventions in human healthcare found strong evidence for job and task modifications reducing burnout.²⁰ Useful interventions included workload modifications, enhancing work processes, and training specific to competence.

- **Flexible work and scheduling:**

There is moderate evidence for flexible work and giving employees more autonomy in scheduling working time (e.g. shifts) in reducing burnout. Helpful changes included reducing continuous work hours, giving clinicians more time to rest, as well as changes to physical work environment (e.g. breaks in a garden area compared to indoors, and access to napping facilities for nightshift workers).²⁰

Incivility
Financial stress
Insufficient recognition
Stress
Long work hours
Workload

Prevention





- **Caution with incentivisation linked to production:**

In human healthcare, payment linked to productivity (volume over quality) can lead to overwork and increased burnout.²¹ Preventing burnout may require caution with incentivisation in veterinary practice.

- **Workload management:**

High workload is a key stressor for veterinary professionals,^{18,22-24} and is a major factor in burnout. Careful job planning, staffing, and systems to moderate workload are important.

- **Support for those in receipt of complaints:**

Client complaints are a recognised stressor for veterinary professionals.¹⁸ Practices can provide proactive, responsive support for those experiencing client complaints.

- **Incivility management:**

Incivility from either colleagues or clients is associated with burnout in veterinary practice.^{25,26} Interventions to promote civility and address factors such as bullying are important.

- **Reducing financial stress:**

Financial stress contributes to burnout in other professions and may be an issue for some veterinary professionals. Policies that reduce pay disparities, and support for educational debt can reduce burnout in other professions.^{27,28}

- **Culture:**

The culture of undervaluing rest and sleep in some areas of veterinary work may contribute to burnout.¹⁸ Protected rest breaks, where possible, and careful consideration of on call demands, night working patterns, and responsive management may be helpful.

- **Recognition and thanks:**

Recognising staff for their work and thanking them is important. Veterinary professionals who feel their efforts go unnoticed may experience disengagement. A lack of support, unrealistic expectations, and insufficient recognition contribute to feelings of frustration and exhaustion. Recognition is not just financial reward; it can include fostering a culture where individuals feel valued and supported; a simple thank you, a moment of appreciation, or an acknowledgment of the emotional toll of the job.

- **Organisational support:**

Organisational factors are vital in preventing burnout. Perceived lack of support at work is associated with burnout in doctors.²⁹ Ensuring workers feel supported, that their concerns and needs are heard, and attempts are made to modify systems, is crucial.

- **Managing psychosocial risks:**

Managing occupational risk factors such as long work hours and addressing psychosocial factors e.g. ensuring social support, preventing and addressing bullying, perceived unfairness in the workplace, and promoting job control are important in promoting wellbeing and preventing burnout in vet teams.³⁰

- **Team effectiveness:**

Coordinated veterinary teams are associated with lower burnout in some areas, particularly through increased professional efficacy and decreased cynicism. Conversely, toxic team environments are associated with exhaustion and negatively associated with job satisfaction.³⁰

Recognition and response



Organisation-level and leadership response:

Response for burnout involves considering many of the issues discussed in its prevention. Responding to burnout or identified risks of burnout by addressing organisational factors, not just individual-level intervention, is important. Individual level intervention is incomplete as a response to burnout.

- **Demand-resource imbalance:**
Addressing the demand-resource imbalance affecting individuals is important when supporting someone experiencing burnout.
- **Psychologically informed conversations:**
Managers equipped and skilled in having psychologically informed conversations with staff may help to identify issues including burnout. Regular check-ins with staff are important. Psychologically informed conversations around mental health need to be normalised, with support systems in place if staff are struggling.
- **Pay attention to staff turnover:**
Staff turnover may be linked to burnout and therefore, if staff turnover is high, burnout should be considered. Addressing this requires an organisation level response, not just recruiting more staff to fill gaps.
- **Discuss workload pressures:**
Fostering an open dialogue about workload pressures can help to identify stressors early.
- **Role modelling:**
For those in leadership positions, leading by example is key. Where managers and leaders take breaks, and seek support when they need it, others in a practice may feel more able to do the same. Role modelling is an important factor in managing wellbeing.
- **Culture:**
Veterinary professionals often pride themselves on resilience and dedication, but when that dedication comes at the cost of health and wellbeing, it is not sustainable. Response to burnout at the organisation level needs to consider workplace culture – including behaviours and expectations not just stated values. There is a difference between commitment to a profession and complete de-prioritisation of personal wellbeing, and the latter should not be an expectation placed upon those working in veterinary practice.
- **Preparation and onboarding:**
Clarity in the hiring process is crucial, ensuring that new recruits fully understand the demands of the role and that their expectations align with reality. Onboarding should not just be about clinical skills but also about preparing professionals for the emotional aspects of the job.
- **Active monitoring:**
Consider using validated assessment tools or performing risk assessments to identify levels of stress which may lead to burnout in the workplace. Stay interviews, rather than just exit interviews, can provide valuable insight into what keeps employees engaged and what might drive them to leave. Recognising the signs of burnout early and acting on them is crucial.



Individual-level response

- **Personal reflection:**
Taking time to check-in and reflect on our emotional and psychological health can allow us to recognise feelings of overwhelm and mental exhaustion.
- **Seeking support:**
Using social support from friends and family as well as considering coaching, counselling, or other psychological support as needed.
- **Communicating with line managers:**
Collaborating with colleagues to identify individual and team needs, and where possible making suggestions for practical day-to-day workplace system changes. Communicating these needs to receptive line managers. Also, individuals using work-based support where this is accessible.





Moral injury

Definition

Moral injury is the very intense psychological distress that can follow events which go against a person's deeply held moral beliefs.^{2,3}



Background

Veterinary professionals often face situations that challenge their moral or ethical beliefs. They may be required to do things, or witness things, they personally disagree with and can feel betrayed by those in authority. These experiences can cause 'moral injury'.

Moral injury is a term used to describe the persistent, severe psychological distress that can occur following high-stakes events which go against one's deeply held moral beliefs.^{2,3} Moral injury can follow potentially morally injurious events which are often categorised as acts of commission (doing something), omission (not doing something), and betrayal by trusted others.³²

For veterinary professionals an act of commission might include being asked to perform medically unnecessary procedures (e.g. surgical alterations for showing purposes), performing procedures that put animals under undue stress or at risk of serious harm (e.g. insufficient use of analgesia in farm animal surgery), and convenience euthanasia (e.g. euthanasia of a horse which can no longer compete at the desired level). An act of omission might involve being unable to provide comprehensive care as owners lack the necessary resources (e.g. lack of financial resources) or not speaking up

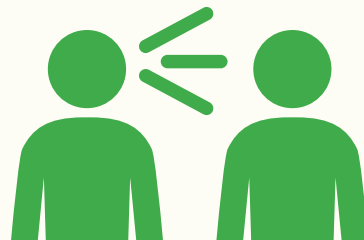


when observing bullying in the workplace.³³⁻³⁶ Veterinary professionals may also be exposed to betrayal events, including experiences of bullying or harassment from colleagues, managers or clients.³⁷

Following potentially morally injurious events individuals can experience feelings of shame, guilt, anger, worthlessness and disgust.² These feelings may be a sign of 'moral distress' and, if persistent, 'moral injury.' Moral distress is a normal response to challenging ethical dilemmas and it can be a driver for right action (e.g. stepping up and advocating for a bullied colleague). Moral injury is persistent, severe psychological distress, where an individual experiences enduring negative changes in their beliefs about themselves and their identity (e.g. "I am a terrible person"), the world and other people (e.g. "the world is an evil place," "my team doesn't care about me"), and a loss of faith in humanity. Individuals struggling with moral injury can use harmful coping strategies (e.g., self-harm, alcohol or drug overuse/misuse) in an attempt to manage their distress.

While moral injury is not a diagnosable mental health condition, these negative changes in beliefs and behaviours can contribute towards the development of serious mental health problems, including post-traumatic stress disorder (PTSD), depression, suicidality, and alcohol misuse.^{38,39}

Most research on potentially morally injurious events has not occurred in settings where people work with animals. It is possible that for people who are accustomed to the assessment of animal suffering and who may empathise greatly with animals, there may be a greater range of potentially morally injurious events, which may lead to moral injury, than existing research currently describes.



Moral injury in veterinary professionals

Studies of moral injury in UK veterinary professionals show high levels of exposure to potentially morally injurious events.⁴⁰ People who experience these events report significant distress, including intense symptoms of shame, guilt, anger and low self-worth as a result.⁴¹ Experiences of these events are significantly associated with poor mental health, including symptoms of PTSD, amongst UK veterinary professionals.⁴⁰ There have been similar findings in Australian veterinary professionals.⁴²

The impact of moral injury can be far reaching, substantially impacting daily functioning, wellbeing and quality of life. UK veterinary professionals affected by moral injury reported reduced confidence in their ability to deliver clinical treatment or provide treatment unsupervised.⁴¹ Following potentially morally injurious events veterinary professionals have described leaving their roles, resigning from practices/organisations or leaving clinical work altogether.⁴¹ This has also been evidenced in other professions where moral injury can negatively impact occupational as well as personal functioning, with individuals reporting absence from work, unemployment and family breakdown due to their moral injury-related distress and negative coping responses.⁴³



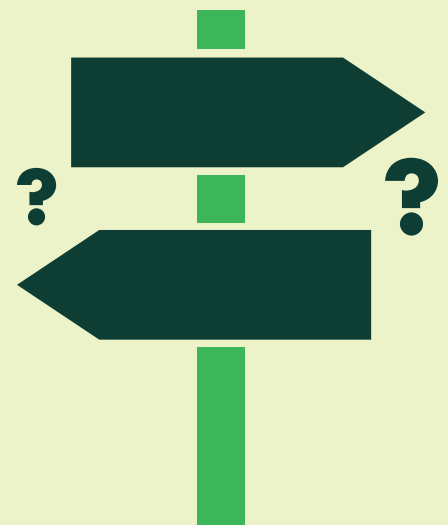
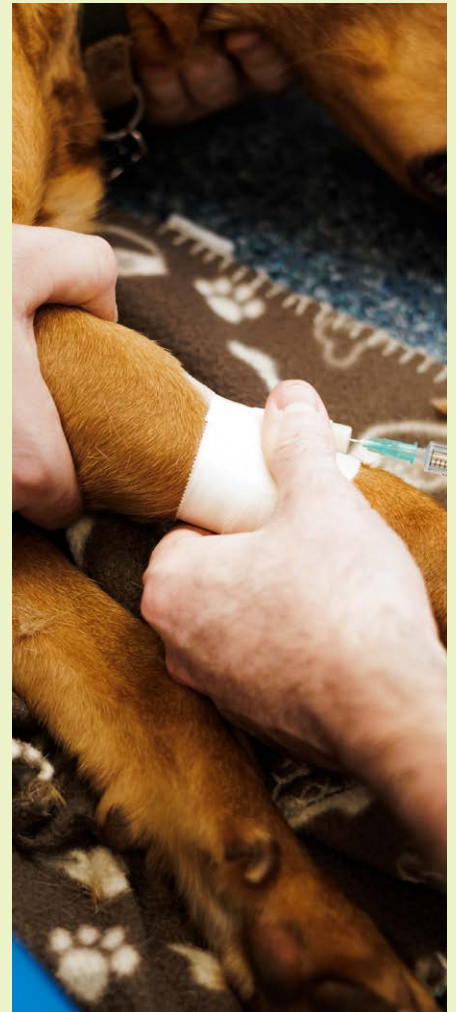


Case scenarios:

Sandra, a vet nurse, has witnessed Steven, a senior practice partner, making repeated unwanted sexual advances towards Melissa, a new graduate vet. Melissa is very distressed and has confided in Sandra that she is afraid to come into work. Sandra raised concerns with other senior partners, but was told Steven's actions towards Melissa were 'just banter' and Sandra's concerns were dismissed. Since raising these concerns, Sandra has been branded as 'difficult' to work with, her colleagues avoid being on shift with her, and she is not being assigned to surgical cases to get the experience she needs to progress in her career. Sandra wants to leave the practice but fears she won't get a good reference as Steven is very well connected in the area of surgery she wants to work in.

Nour, a farm animal veterinary surgeon is asked to euthanase 15 healthy animals on a small holding after the death of their owner. The owner's husband does not want to keep any of the animals and is requesting euthanasia. Nour had known the smallholder and how much she cared for her animals. Nour asks their colleagues for assistance with talking to the husband about options, but the vet's colleagues refuse and tell them to complete the request.

Darius, a new graduate veterinary surgeon during their first night on call asks colleagues for help with a ewe caesarean. Their colleagues say they cannot come out to assist and they should get on with it. Darius was told that they would have on call support, and they haven't seen a caesarean since lambing in first year at veterinary school. They feel beyond their competence and unsafe. They try their best, but the lamb and ewe ultimately die. Darius overhears the senior vet blaming them for the death. Following this Darius loses confidence surgically and starts to consider leaving the profession.







Recognising moral injury

Moral injury-related distress may be particularly likely to occur when a veterinary professional perceives a lack of support from senior colleagues or practice managers.⁴¹ Feeling unprepared or untrained for one's role, including feeling inadequately trained to manage difficult clients and not receiving supportive mentoring early in their career, may also be risk factors for distress.^{3,41} Individual factors such as other concurrent stressors (e.g. serious illness, divorce), inadequate social support, and mental health-related stigma preventing help-seeking are also reported as possible risk factors.⁴¹

Currently, it is unknown how individual factors such as age, gender, socio-economic status, years since qualifying, or role (e.g. nurse, veterinarian, practice manager, etc) relate to the development of moral injury in veterinary professionals.^{3,32,39,44}

Prevention

Preventing moral injury-related mental ill health is critical as there are no proven effective treatment approaches.^{45,46} There is currently no standardised psychological treatment available for veterinary professionals with moral injury-related mental health difficulties. There is also no validated, effective prevention or mitigation intervention programme for moral injury available for any profession.

Emerging interventions for moral injury, such as Restore and Rebuild (R&R),⁴⁷ incorporate targeted psychoeducation on moral injury and emotional regulation, address problematic thinking patterns associated with potentially morally injurious events, foster self-compassion, strengthen social connectedness, and encourage value-aligned living. While preliminary findings suggest promising therapeutic outcomes,⁴⁷ these interventions have been evaluated primarily in military personnel and veterans, so it is unknown how effective or applicable these would be for veterinary professionals.

A prevention intervention that fosters adaptive coping strategies, peer-support, mental health education, and targeted signposting could have substantial benefits for veterinary professionals experiencing moral injury distress.



Moral injury – what helps?

While not everyone will be psychologically affected following exposure to potentially morally injurious events, it is possible that some will. The following recommendations may be beneficial.

Organisation-level and leadership response:

Prevention

- **Preparation:**

Veterinary professionals, particularly people early in their careers, should be supported to prepare for the tasks they will be asked to carry out, and the potential for potentially morally injurious events in their role, as well as the thoughts, behaviours, and feelings that they may experience as a result.

- **Open discussions led by senior staff:**

Frank and open discussions as a team, led by senior clinicians or those in management, may help encourage and foster psychological preparedness.

- **Check ins:**

Those in leadership positions should be encouraged to proactively “check in” with their teams, offering empathetic support and mentoring, as well as targeted signposting where needed. Ensuring veterinary professionals feel that their manager and colleagues care about them is likely to be protective against moral injury and foster wellbeing.



Recognition and response

- **Social supports:**

There is evidence that social support following challenging experiences is protective for mental health and wellbeing.

- **Peer and work-based supports:**

- o Support from peers and colleagues may be helpful.
- o Support from more formal sources including trained peer supporters (such as trauma risk management (TRiM) practitioners)⁴⁸ or managers should be encouraged.
- o Support from others who have experienced similar potentially morally injurious events can be particularly helpful.
- o Helplines, including Samaritans and Vetlife and other confidential emotional support, should be promoted.

- **Professional support:**

- o Veterinary professionals should be encouraged to seek support when needed, with relevant signposting information made readily available. Information about moral injury and support can be found here: <https://www.youtube.com/watch?v=oPqLvkcencY>
- o While there is currently no structured treatment for moral injury-related mental ill health, more experienced trauma therapists may be able to modify existing treatments to meet a person's particular needs.

- **Responsibility and leadership:**

Those in leadership roles should appropriately take responsibility for clinical decisions and outcomes. Leaders will also need support and organisations/practices should recognise leaders may find it challenging to seek help themselves.

Individual-level response

- **Social support:**

Talk with trusted friends and/or family for social support if you can.

- **Formal support:**

Consider seeking support from psychological services such as a trauma-trained therapist or counsellor.





Compassion fatigue

Definition

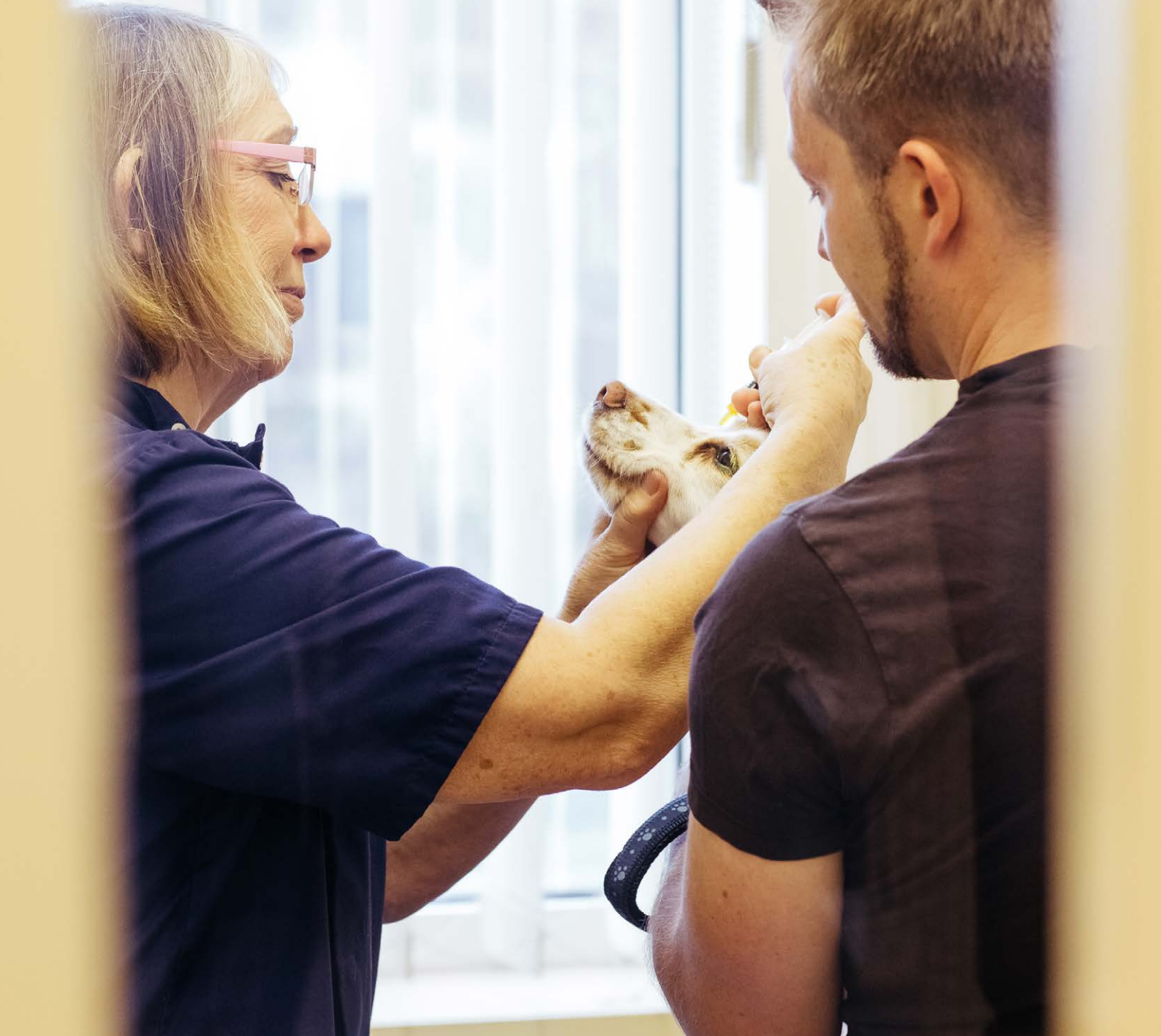
Figley and Roop⁴ describe compassion fatigue as: a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper.



Background

Compassion fatigue is a term that is used in a variety of ways in veterinary settings. In literature and research, it has a more specific meaning than the way it is sometimes more loosely used in practice, as a catch all term for those in caring jobs experiencing fatigue, which does not accurately convey what research on compassion fatigue describes. However, this does not diminish those experiences of fatigue in work. Even if they do not meet the traditional definition of compassion fatigue, these experiences are important and equally require support and response.

The term compassion fatigue was used in the early 1990s about human nurses who had lost the ability to care.⁴⁹ The term has been further developed since in a number of contexts. Figley and Roop's⁴ work on compassion fatigue in animal care workers suggests a process of developing compassion stress through extreme or continued exposure to potentially traumatic events and suffering in work, which, particularly in a context of other work-related



stressors, could go on to develop into compassion fatigue. They describe secondary trauma among those trying to help people or animals with suffering or trauma, and post-traumatic stress disorder-like experiences among animal care professionals.

Although sometimes used interchangeably with compassion fatigue, secondary traumatic stress is understood as a facet of compassion fatigue.⁵⁰ Several authors have suggested that, in order to experience compassion fatigue, people will be experiencing both burnout and secondary traumatic stress.^{13,50-55}



Compassion fatigue in the veterinary professions

Research on compassion fatigue in the veterinary community has included work with veterinary nurses, vets, vet students, and assistants in veterinary practices. There has been research in a number of countries including Australia, Portugal, the UK, the USA, and New Zealand.^{4,12,50,53,54,56-58} Rates of compassion fatigue, and techniques for measuring it, have varied making it difficult to compare studies.

An online survey of 833 veterinary professionals in Portugal¹² which included vets, vet nurses and assistants, found that 28% had experienced compassion fatigue. People with current mental health problems and who were working more than 40 hours per week were more likely to experience greater levels of compassion fatigue.

Veterinary nurses have also been reported to experience high rates of compassion fatigue, with subsequent consideration of a career change.⁵⁴

Treating high levels of cases of animal abuse has been associated with signs of compassion fatigue in veterinary surgeons.⁵⁷

Compassion satisfaction is when caring work feels fulfilling and gives people satisfaction. It can act as a helping factor in the relationship between demands of work and strain of work.^{50,59,60} Compassion satisfaction has been suggested as having a moderating effect on the impact of secondary traumatic stress and anxiety and depression in veterinary nurses in the USA.⁵⁰ Therefore the impact of secondary traumatic stress on other mental health conditions may be lessened for individuals whose work feels fulfilling and meaningful (associated with compassion satisfaction). This positive and protective role of compassion satisfaction and the importance of meaningful work was evidenced in veterinary nurses in the UK experiencing elevated levels of risk of secondary traumatic stress.⁶¹

Overall, research highlights that veterinary professionals across numerous countries in different veterinary contexts and roles may experience, or be at risk of, compassion fatigue. The evidence highlights the importance of compassion satisfaction and fulfilling work. Research supports the idea that compassion fatigue is multifactorial and relates to other difficulties vet professionals may be experiencing. This is important because solutions and support may need to address several factors to be effective.

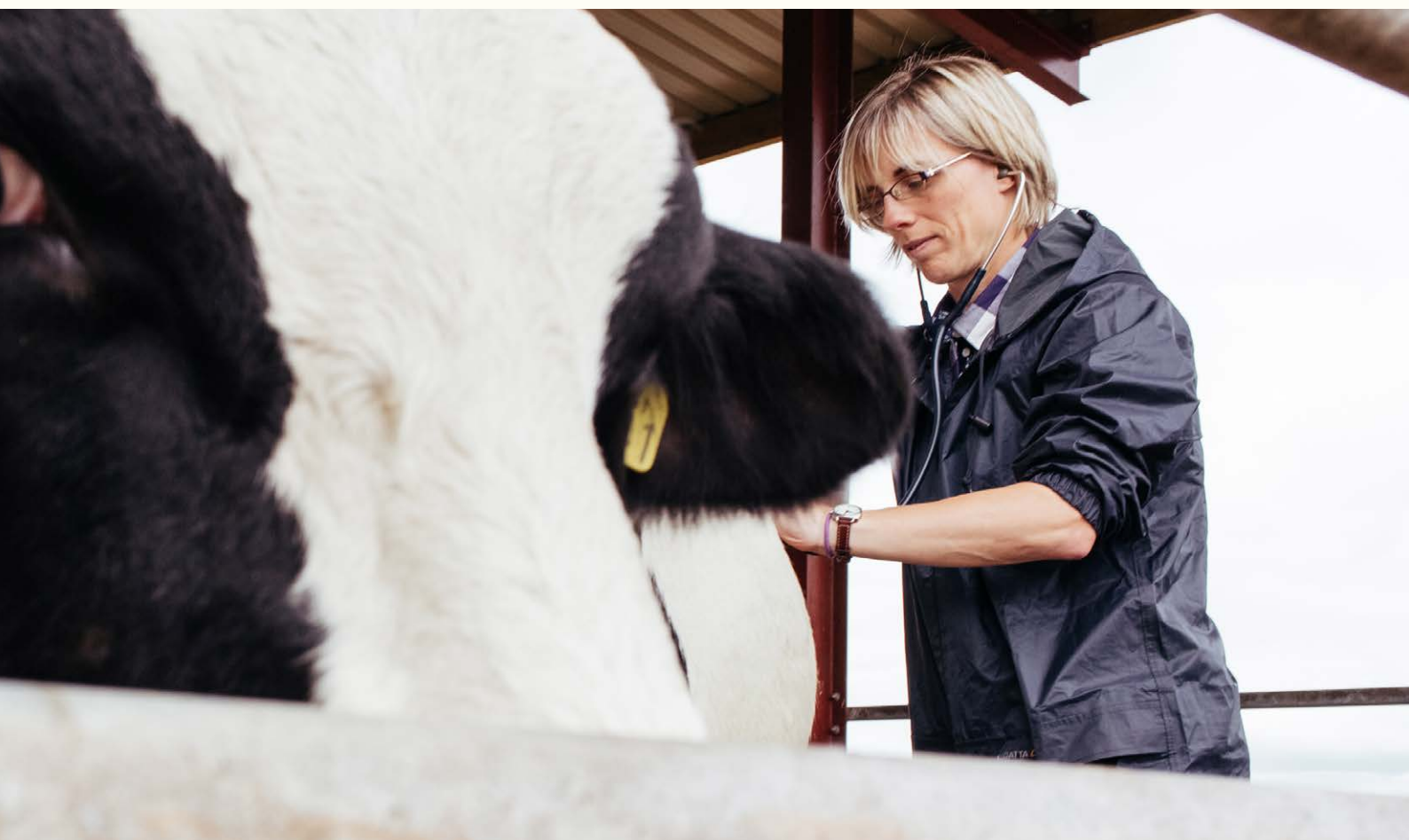
Treating high levels of cases of animal abuse has been associated with signs of compassion fatigue in veterinary surgeons.⁵⁷

Recognising compassion fatigue



A wide range of signs of compassion fatigue have been described,^{4,62} with cognitive, emotional, behavioural, spiritual, interpersonal and physical signs, and an impact on professional functioning. These signs range from decreased concentration, loss of meaning, preoccupation with trauma, intrusive images, anger, guilt, feeling shutdown or numb, irritability, withdrawal, anger, loss of meaning, loss of trust, sweating, dizziness, decrease in quality of work, feeling apathetic and withdrawn, irritability, overwork, avoidance, and absenteeism. This wide range of signs highlights the different ways compassion fatigue may be experienced by individuals.

Compassion fatigue is not a psychiatric diagnosis and, as veterinary professionals, it is important we don't self-diagnose. However, recognising patterns of difficulties may help us to identify when we need help and support, and to respond and support others.



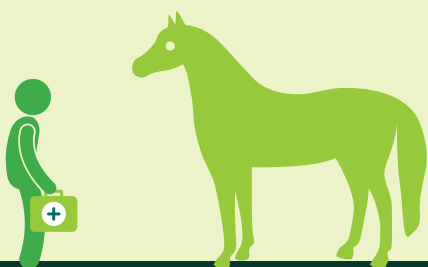


Case scenarios:

Mo was working in equine practice when he was called to a road traffic collision involving an equine transport vehicle. Since this event he has sometimes had distressing images intrude when he is trying to concentrate at work. He has not wanted to travel his own horses since and gets concerned watching clients load and unload horses at work.

Anna is a small animal vet who has worked as an expert witness for animal neglect cases for many years. Her clinical workload has recently increased, and she finds herself impatient and dismissive with clients' concerns and preoccupied with distressing details of her expert witness cases.

Alex is a veterinary nurse working for an animal rescue shelter facing resourcing challenges. The shelter is full and has a waiting list. Animals are regularly turned away. Today, Alex is sent photos of emaciated puppies without adequate shelter by another charity asking for help. Alex does not have any capacity to accept the puppies. The other charity call, asking Alex to reconsider. The charity worker is crying on the phone. Alex feels numb and detached and has nothing to say to them.





Compassion fatigue – what helps?

Organisation-level and leadership response:

Prevention

- **Workload:**

Managing workload has an important role in compassion fatigue as when working hours are high, and work demands exceed resources to cope, burnout may be more likely. Burnout has an important contributory effect in compassion fatigue. For professionals likely to be exposed to suffering or trauma in their work, organisational strategies to control workload, prevent overload, and prevent burnout may help reduce compassion fatigue.

- **Team support:**

Supportive, trusting, and respectful teams fostering a sense of team spirit and collegiality and psychological safety may lessen the impacts of compassion fatigue.

- **Fulfilment:**

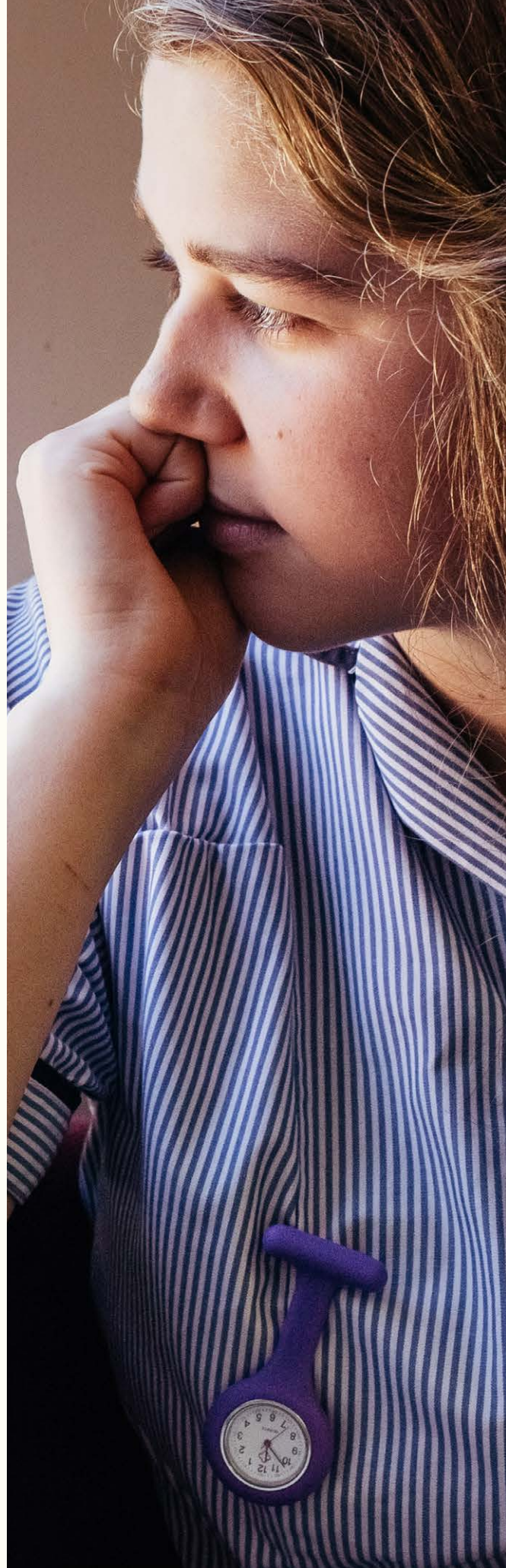
Compassion satisfaction is fulfilment in work. Fulfilment and meaning in work may moderate some aspects of the impact of compassion fatigue, particularly on mental health conditions. Supporting veterinary professionals to retain aspects of work in their careers which they find meaningful and fulfilling and protecting these may have a role in lessening potential harms of compassion fatigue.

- **Hours of work:**

Compassion fatigue may be more likely when people work more hours or longer shifts. Supporting reasonable working hours through adequate pay and policies like sick pay may help protect workers.

- **Role planning and work organisation:**

Ensuring veterinary professional workers are not over-exposed to potential suffering and trauma could include considering role planning and work organisation so people rotate from the most difficult tasks.



Recognition

- **Opportunities to emotionally and psychologically process:**
Veterinary teams who have opportunities to process the impact of difficult aspects of the work we do through opportunities like supportive supervision, reflective practice, and case discussions in a no-blame culture may be more likely to find meaning in difficult work, and may be more likely to recognise compassion stress and act early.
- **Training:**
Training on compassion fatigue and burnout, alongside a reflective and supportive culture, may help early recognition and response of compassion fatigue.
- **Trauma informed leadership:**
Trauma informed leadership practices may help recognise signs of compassion fatigue.

Individual-level response

- **Personal reflection:**
Taking time to check-in and reflect on our emotional and psychological health can allow us to recognise feelings of overwhelm and mental exhaustion. Taking time to process aspects of our work is important. Structured reflection spaces like reflective practice may help with compassion fatigue.
- **Seeking support:**
Consider seeking support from psychological services such as a trauma-trained therapist or counsellor.
- **Self-help - developing self-compassion:**
There is evidence that self-compassion may be useful in reducing self-critical behaviour in veterinary students and surgeons.⁶⁵

Response

- **Access to support:**
Supports for staff experiencing compassion fatigue could include ensuring staff can take time away from work to access support.
- **Self-compassion:**
Interventions to support and improve self-compassion may help lessen compassion fatigue.⁶³

Compassion fatigue is complex and multifactorial. For responses to compassion fatigue to be effective they need to be integrated and include organisational supports as well as individual level interventions.



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