

# Perspectives on an exhausted medical radiation practitioner workforce: emotional labour and the impact of compassion fatigue

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## ABSTRACT

As the COVID-19 pandemic in Australia reaches its peak, medical radiation practitioners (MRPs) are at capacity both physically and emotionally. High workloads and stress impact the mental wellbeing of MRPs, with suppression of feelings and emotions resulting in experiences of compassion fatigue. From a MRP workforce perspective, the long-term cost of the pandemic has yet to be realised. MRPs need to be supported to prevent unintended health consequences. Robust management interventions will be required to support the MRP workforce to manage and hopefully mitigate compassion fatigue transitioning out of the pandemic.

**Keywords:** burnout, compassion fatigue, COVID-19, emotional labour, healthcare, job demands, medical radiation practitioner, wellbeing human resource management.

## Introduction

Due to changed worldwide conditions, allied healthcare workers are at high risk of contracting coronavirus disease 2019 (COVID-19).<sup>1</sup> These frontline workers manage excessive workloads, with the potential exposure to infections and risk of mental health issues.<sup>2,3</sup> The patience, understanding and resilience of healthcare workers has been demonstrated during the COVID-19 pandemic, but the system is stretched due to a lack of staff.<sup>4</sup> Workers are at risk of exhaustion<sup>5</sup> and they will struggle when a surge of cases are expected to inundate hospitals.<sup>6</sup>

Medical radiation practitioners are part of the allied healthcare workforce and are considered frontline ‘high risk hospital workers’ being ranked in the top 10 Australian professions at greatest risk of contracting COVID-19.<sup>7</sup> The increased personal stress and anxiety at work<sup>8</sup> is exacerbated by claustrophobia wearing restrictive personal protective equipment, fear of catching COVID-19 and health and financial risks to family.<sup>9,10</sup> We argue medical radiation practitioners are at risk of emotional issues leading to compassion fatigue. The paucity in evidence to mitigate risks to allied health workers needs to be investigated. Therefore, we examine workforce vulnerabilities and make recommendations to better support these frontline workers.

## Emotional labour

Allied healthcare practitioners are constantly faced with long work hours and excessive workloads due to COVID-19.<sup>11</sup> Continued pressures due to the pandemic have highlighted the psychological impact on the healthcare workforce<sup>12</sup> who are mostly females,<sup>12,13</sup> representing 68.5% of the medical radiation practitioner workforce.<sup>14</sup> Healthcare workers are suffering as a result of the emotional labour that is being undertaken daily.<sup>15,16</sup> Emotional labour is ‘the processes by which individuals influence which emotions they have, when they have them and how they experience and express these emotions’ (p. 275).<sup>17</sup> Emotional labour impacts on how personal feelings are managed.<sup>18</sup>

However, job resources<sup>19</sup> that enhance wellbeing may mitigate against the negative outcomes of these emotional demands, potentially reducing the health issues related to compassion fatigue.<sup>12,20</sup>

## Compassion fatigue

Compassion fatigue is defined as the ‘cost of caring’. It results from repeated caregiver exposures to situations that require high levels of empathetic engagement,<sup>21</sup> producing a state of chronic physical and mental distress and exhaustion.<sup>20</sup> Whilst skill building such as resilience building,<sup>20</sup> coping skills<sup>20</sup> and social support<sup>20,21</sup> are protective factors against compassion fatigue, these factors may be overlooked during challenging times such as the global pandemic. Outcomes of compassion fatigue include stress, burnout, decreased work satisfaction,<sup>20</sup> and a reduced capacity and interest in being empathetic with others, including trauma survivors.<sup>21</sup>

Stress and burnout impacts allied healthcare workers’ and occurs when an individual is struggling to cope with work pressures, job intensification and dealing with critical health conditions.<sup>8</sup> Job burnout is excessive exposure to various workplaces stress related issues.<sup>22</sup> We suggest compassion fatigue happens in a cyclical process where the healthcare worker experiences stress, leading to withdrawal behaviours, which is exacerbated by feelings of guilt because they have withdrawn compassion from patients.<sup>23</sup>

## An exhausted workforce – the way forward

To expedite Australia’s roadmap to combat COVID-19 and deliver the National Plan, frontline healthcare workers in Victoria have been invited to join the vaccination program (The Victorian Department of Health, COVID-19 Vaccination team, pers. comm.). This is part of a surge workforce to prepare and/or administer the COVID-19 vaccine under a time-limited Public Health Emergency Order (The Victorian Department of Health, COVID-19 Vaccination team, pers. comm.). This workforce will become part of the COVID-19 Community Activation and Social Isolation team. Healthcare workers need to exercise compassion for ‘self’ as this is paramount to their health and wellbeing going forward, particularly if work intensifies.<sup>24</sup> These workers need to be mindful of their own health needs first before they can effectively care for others.

## The current role of management

Managers in the allied healthcare sector mainly focus on providing quality health care, albeit with budgetary pressures, to maximise profits/operating surplus.<sup>25</sup> Additional managerial challenges experienced during the global

pandemic resulted in rapid adjustment of patient capacity, a redesign of patient care models, management of financial loss, and redeployment or reduction of staff.<sup>26,27</sup> These challenges, compounded by a lack of training and development to prepare workers for the impact of adverse events, will affect their emotional wellbeing.<sup>28</sup> The high turnover of staff in allied health practices highlights that management needs to focus more on the wellbeing of staff.<sup>29</sup> Human resource management (HRM) performs administrative functions to recruit staff, meet the conditions of enterprise bargaining agreements and comply with legislation.<sup>30</sup> We argue HRM needs to be better prepared for any future pandemic and develop strategies to support these critical workers.

## Recommendations for management and HRM

We recommend that allied health providers ensure their Human Resource departments work with medical radiation practitioners to develop interventions that address compassion fatigue by:

1. Forming a task force of HRM specialists and allied healthcare workers who will examine systemic gaps in governance and workplace conditions to recommend mutually agreed plans and practices.<sup>31,32</sup>
2. Providing a platform for allied healthcare workers to ‘voice’ and share their experiences that result in compassion fatigue.<sup>33</sup>
3. Developing interventions to manage and mitigate compassion fatigue.<sup>34</sup>
4. Providing policies and procedures for wellbeing-oriented human resource practices, to retain and maintain the allied health workforce.<sup>31</sup>

Interventions include coping mechanism education, mentoring, debrief sessions,<sup>3</sup> access to and encouraging the use of Employee Assistance Programs and other psychosocial assistance. Finally, open communication, clarity of messaging and provision of critical information and encouragement of work life balance is vital.<sup>3,9</sup>

## Conclusion

Creating and maintaining a stable healthcare infrastructure will require significant workplace commitment. Policy options and interventions supporting these healthcare workers, including medical radiation professionals will require internal and external stakeholders to take action collectively. The immediate focus should be on ensuring the wellbeing of the healthcare workforce and supporting staff retention.

## References

- 1 Shaukat N, Ali DM, Razzak J. Physical and mental health impacts of COVID-19 on healthcare workers: a scoping review. *Int J Emerg Med* 2020; 13: 40. doi:10.1186/s12245-020-00299-5
- 2 Beyond Blue. Managing expectations as a healthcare worker during the coronavirus. 2021. Available at [https://coronavirus.beyondblue.org.au/impacts-on-my-work/Essential-services/managing-expectations-as-a-healthcare-worker-during-the-coronavirus?gclid=CjwKCAjw8KmLBhB8EiwAQbqNoAr4FN4amTvOZVtC9nJ-L5mbCHbzocGIB-6NUeiu1slwt\\_ST9jUDhoCVtSQAAd.BwE](https://coronavirus.beyondblue.org.au/impacts-on-my-work/Essential-services/managing-expectations-as-a-healthcare-worker-during-the-coronavirus?gclid=CjwKCAjw8KmLBhB8EiwAQbqNoAr4FN4amTvOZVtC9nJ-L5mbCHbzocGIB-6NUeiu1slwt_ST9jUDhoCVtSQAAd.BwE)
- 3 Cabarkapa S, King JA, Ng CH. The psychiatric impact of COVID-19 on healthcare workers. *Aust J Gen Pract* 2020; 49(12): 791–795. doi:10.31128/AJGP-07-20-5531
- 4 Attanasio J. Intensive care unit manager provides harrowing insight into life on the frontlines. 9News, 31 August 2021. 2021. Available at <https://www.9news.com.au/national/icu-boss-provides-insight-to-life-on-the-front-lines-of-pandemic/270b553b-0ba7-42a6-ae27-3f95009da95d>
- 5 Ananda-Rajah M, Veness B, Berkovic D, Parker C, Kelly G, Ayton D. Hearing the voices of Australian healthcare workers during the COVID-19 pandemic. *BMJ Leader* 2021; 5(1): 31–35. doi:10.1136/leader-2020-000386
- 6 O'Callaghan T. Victoria records 1220 new COVID-19 cases, three deaths. The Wimmera Mailtimes, 3 October 2021. 2021. Available at <https://www.mailtimes.com.au/story/7454305/intensive-care-nurses-urge-vaccinations-in-victoria/?cs225>
- 7 Tableau Public. COVID19 Occupation Risk Assessment, Labour Market Information Portal – Data Visualisations. 24 March. 2020. Available at [https://public.tableau.com/profile/occupation.and.industry.analysis#!/vizhome/COVID19\\_occupation\\_risk\\_assessment/Dashboard6-digitalanalysiscolANZSCO1](https://public.tableau.com/profile/occupation.and.industry.analysis#!/vizhome/COVID19_occupation_risk_assessment/Dashboard6-digitalanalysiscolANZSCO1)
- 8 Shanahan M, Theophilus NA. Australian radiographers' and radiation therapists' experiences during the COVID-19 pandemic. *J Med Radiat Sci* 2021; 68: 111–120. doi:10.1002/jmrs.462
- 9 Uphoff EP, Lombardo C, Johnston G, Weeks L, Rodgers M, Dawson S, Seymour C, Kousoulis AA, Churchill R. Mental health among healthcare workers and other vulnerable groups during the COVID-19 pandemic and other coronavirus outbreaks: A rapid systematic review. *PLoS One* 2021; 16(8): e0254821. doi:10.1371/journal.pone.0254821
- 10 Woodley M. Dire PPE shortage affecting morale: Study, News GP. 2020. Available at <https://www1.racgp.org.au/news/gp/clinical/dire-ppe-shortage-affecting-morale-study>
- 11 Cavanagh J, Bartram T, Pariona-Cabrera P, Halvorsen B, Walker M, Stanton P. Management practices impacting on the rostering of medical scientists in the Australian healthcare sector. *J Health Organ Manag* 2021; 36: 149–163. doi:10.1108/JHOM-04-2021-0124
- 12 De Kock JH, Latham HA, Leslie SJ, et al. A rapid review of the impact of COVID-19 on the mental health of healthcare workers: implications for supporting psychological well-being. *BMC Public Health* 2021; 21: 104. doi:10.1186/s12889-020-10070-3
- 13 Smallwood N, Karimi L, Bismark M, Putland M, Johnson D, Dharmage SC, Willis K. High levels of psychosocial distress among Australian frontline healthcare workers during the COVID-19 pandemic: a cross-sectional survey. *Gen Psychiatr* 2021; 34(5): e100577. doi:10.1136/gpsych-2021-100577
- 14 Medical Radiation Practice Board of Australia. Table 3.1 Registration type by gender. In: Medical Radiation Practice Board of Australia registrant data. Reporting period: 01 July 2021 to 30 September 2021. 2021. Available at <https://www.medicalradiationpracticeboard.gov.au/News/Statistics.aspx> [verified 23 February 2022]
- 15 Yasin B, Barlow N, Milner R. The impact of the Covid-19 pandemic on the mental health and work morale of radiographers within a conventional X-ray department. *Radiography* 2021; 27(4): P1064-1072. doi:10.1016/j.radi.2021.04.008
- 16 Su PA, Lo MC, Wang CL, Yang PC, Chang CI, Huang MC, Huang MK, Cheng KI. The correlation between professional quality of life and mental health outcomes among hospital personnel during the Covid-19 pandemic in Taiwan. *J Multidiscip Healthc* 2021; 14: 3485–3495. doi:10.2147/JMDH.S330533
- 17 Gross J. The emerging field of emotion regulation: an integrative review. *Rev Gen Psychol* 1998; 2: 271–299. doi:10.1037/1089-2680.2.3.271
- 18 Hochschild AR. The managed heart: Commercialization of human feeling. University of California Press; 1983.
- 19 Demerouti E, Bakker AB, Nachreiner F, Schaufeli WB. The job demands-resources model of burnout. *J Appl Psychol* 2001; 86: 499–512. doi:10.1037/0021-9010.86.3.499
- 20 Sorenson C, Bolick B, Wright K, Hamilton R. Understanding compassion fatigue in healthcare providers: A review of current literature. *J Nurs Scholarsh* 2016; 48(5): 456–465. doi:10.1111/jnu.12229
- 21 Figley CR. Compassion fatigue: Psychotherapists' chronic lack of self-care. *J Clin Psychol* 2002; 58(11): 1433–1441. doi:10.1002/jclp.10090
- 22 Peterson U, Bergström G, Samuelsson M, Åsberg M, Nygren Å. Reflecting peer-support groups in the prevention of stress and burnout: Randomized controlled trial. *J Adv Nurs* 2008; 63(5): 506–516. doi:10.1111/j.1365-2648.2008.04743.x
- 23 Siegel AW. Can You PACE Yourself? Using PACE in the Clinical Setting, at End of Life and in Grief Work. *J Radiol Nurs* 2021; 40(1): 80–87. doi:10.1016/j.jradnu.2020.12.002
- 24 Conversano C, Ciacchini R, Orrù G, Di Giuseppe M, Gemignani A, Poli A. Mindfulness, compassion, and self-Compassion among health care professionals: what's new? A systematic review. *Front Psychol* 2020; 11: 1683. doi:10.3389/fpsyg.2020.01683
- 25 Jones R, Jenkins F. Managing and leading in the allied health professions. Routledge; 2021.
- 26 Begun JW, Jiang HJ. Health Care Management During Covid-19: Insights from Complexity Science, Innovations in Care Delivery. *NEJM Catalyst* 2020; doi:10.1056/CAT.20.0541
- 27 Yusefi AR, Sharifi M, Nasabi NS, Davarani ER, Bastani P. Health human resources challenges during COVID-19 pandemic; evidence of a qualitative study in a developing country. *PLoS One* 2022; 17: e0262887. doi:10.1371/journal.pone.0262887
- 28 Stagnitti K, Schoo A, Dunbar J, Reid C. An exploration of issues of management and intention to stay: allied health professionals in South West Victoria, Australia. *J Allied Health* 2006; 35(4): 226–232.
- 29 Cosgrave C, Maple M, Hussain R. An explanation of turnover intention among early-career nursing and allied health professionals working in rural and remote Australia-findings from a grounded theory study. *Rural Remote Health* 2018; 18(3): 4511. doi:10.22605/RRH4511
- 30 Pariona-Cabrera P, Cavanagh J, Bartram T. Workplace violence against nurses in health care and the role of human resource management: A systematic review of the literature. *J Adv Nurs* 2020; 76(7): 1581–1593. doi:10.1111/jan.14352
- 31 World Health Organization (2020) Health workforce policy and management in the context of the COVID-19 pandemic response, Interim guidance, WHO reference number: WHO/2019-nCoV/health\_workforce/2020.1
- 32 Bourgeault IL, Maier CB, Dieleman M, et al. The COVID-19 pandemic presents an opportunity to develop more sustainable health workforces. *Hum Resour Health* 2020; 18: 83. doi:10.1186/s12960-020-00529-0
- 33 Alharbi J, Jackson D, Usher K. The potential for COVID-19 to contribute to compassion fatigue in critical care nurses. *J Clin Nurs* 2020; 29(15–16): 2762–2764. doi:10.1111/jocn.15314
- 34 Magellan Health. Compassion fatigue and COVID-19. 2021. Available at <https://magellanascent.com/media/3141/covid-19-compassion-fatigue.pdf>

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