"I feel like I ended up living my values while sacrificing myself": Learning from Compassion-Fatigue and Moral Injury within the Clinical Psychology Profession during the COVID-19 Era

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Abstract

Objective: The current research aimed to explore the experiences of National Health Service (NHS) Clinical Psychologists who worked during the COVID-19 pandemic and their experience of moral injury and compassion-fatigue.

Methods: This study took a qualitative approach, interviewing twelve Clinical Psychologists using semi-structured interviews, to explore participants experiences and identify lessons learnt from the pandemic.

Results: Data were analysed using inductive reflexive thematic analysis, and five main themes and seven subthemes were identified from the data. Qualitative data highlighted the complex and multifaceted experiences of compassion-fatigue and moral injury reported by participants. They faced significant challenges including the loss of privacy and containment from completing therapy online at home, supporting the emotional distress of colleagues, deciding who could access psychological therapy, and feeling pressurised into having the COVID-19 vaccine.

Conclusions: This novel research produced important findings about how Clinical Psychologists made sense of their experiences during the pandemic, including the lasting impact on both their personal and professional lives. These experiences highlight the need to offer more support and create a less stigmatising environment for Clinical Psychologists within the NHS to allow them to feel comfortable discussing their own wellbeing needs. This needs to occur at an individual and contextual level.

Key words: COVID-19, Clinical Psychology, NHS Mental Healthcare, Moral-Injury, Compassion-Fatigue

Introduction

Psychologists have been found to experience mental health difficulties related to work (Norcross & Phillips, 2020). Whilst there has been emerging literature reviewing the experiences of mental healthcare professionals who worked during the COVID-19 pandemic (Billings et al., 2021), there has been limited research focussing directly on the experiences of NHS Clinical Psychologists (NHS-CPs) working during this period.

Two concepts have been highlighted in the emergent literature, namely compassion-fatigue and moral injury. Compassion-fatigue is defined as *"the deep physical, emotional, and spiritual exhaustion that can result from working day to day in an intense caregiving environment"* (Figley & Roop, 2006), linked to stressful environments, lack of resources, or excessive hours. There has been an overall increase in self-reported compassion-fatigue, especially in mental healthcare professionals (Franza et al., 2020) which was related to increased workload (Maben & Bridges, 2020), exposure to service user trauma (Nishihara, 2022), and lack of connection from social contacts (Brooks et al., 2020). Greenberg et al. (2020) define moral injury as, *"…psychological distress that results from actions, or the lack of them, which violate someone's moral or ethical code"*, and this been noted to significantly increase for healthcare professionals since the pandemic (Mantri et al., 2021; Tolland & Drysdale, 2022). This has been associated with clinician burnout, greater psychological distress and lowered wellbeing (Wang et al., 2022).

Given the elevated work-related stress, the potential for Clinical Psychology to prioritise the needs of others, and levels of trauma Clinical Psychologists have been exposed to during the pandemic (Keyes, Yankouskaya, & Panourgia, 2022), understanding the impact of moral injury and compassion-fatigue amongst Clinical Psychologists is crucial in developing support systems and interventions to address the long-term psychological effects of the pandemic on the workforce, for the benefit of both staff and those in receipt of their care. Furthermore, it is important to understand what was learnt by Clinical Psychologists who worked during the pandemic, to help promote future directions for clinical practice and policies.

Research Aims

The experiences, views, and needs of NHS Clinical Psychologists (NHS-CPs) working during the COVID-19 era have been overlooked in the available literature. This research therefore aimed to bridge this research gap by qualitatively exploring the experiences of compassion-fatigue and moral injury within NHS-CPs who worked during the COVID-19 pandemic, through the following question:

> *What were NHS Clinical Psychologists' experiences of compassion-fatigue and moral injury during the COVID-19 pandemic, and what lessons can we learn?*

Method

Ethical Considerations

This study obtained NHS HRA (reference: 23/HRA/3112) and full sponsorship from the University of Hertfordshire Health and Human Science Ethics Committee (protocol number: LMS/PGR/UH/05333. Participants provided written informed consent to take part and for publication of their anonymised responses.

Participants

A purposive sampling method was adopted for identifying participants. Participants were recruited from two NHS Trusts in the UK and via social media. Twelve qualified NHS-CPs were recruited, eleven of whom were female and three of whom were from the global majority. Sample size enabled sufficiently rich data analysis in line with Crouch & McKenzie (2006). Participants were between 33-55 years of age. Participants worked across a range of services and levels of seniority. Pseudonyms and additional demographics collected are presented in Table 1.

Table 1

Participant Demographic Information

Pseudonym	Age range	Gender	Ethnicity	Length of time working as a qualified Clinical Psychologist (in years)	Length of time working for the NHS (in years)	NHS Banding	Directorate
Alice	40-45	Female	White British	10+	10+	8c	CAMHS
Myra	40-45	Female	British Indian	10+	10+	8c	Working Age Adults
Priya	40-45	Female	British Indian	5-10	10+	8b	Learning Disabilities
Lucy	40-45	Female	White British	10+	10+	8a	Older Adults
Kate	35-40	Female	White British	5-10	10+	8b	Working Age Adult - Perinatal
Rekha	35-40	Female	British Mauritian	2-5	10+	8a	CAMHS and Older Adults
Phoebe	30-35	Female	White British	5-10	5-10	8a	Older Adults
Craig	35-40	Male	White British	10+	10+	8b	Working Age Adults
Joy	40-45	Female	White British	5-10	10+	8b	Older Adults
Gemma	35-40	Female	White British	5-10	10+	8a	CAMHS
Clare	40-45	Female	White British	10+	10+	8b	CAMHS – Paediatric
Miriam	50-55	Female	Mediterranean	10+	10+	8c	Working Age Adults

Data Collection

A semi-structured interview schedule was developed based on a review of the literature, and in consultation with the research team. Data collection took place between September 2023 and January 2024. Interviews lasted between 65 and 100 minutes (mean = 80 minutes).

Data Analysis

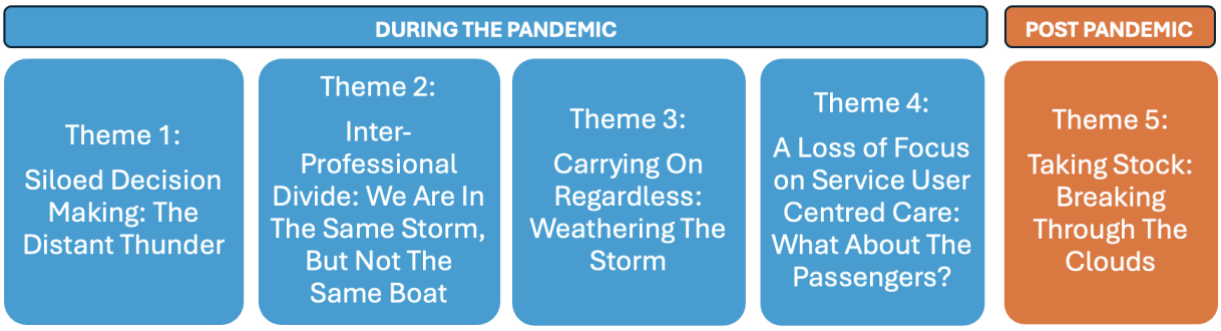
Reflexive Thematic Analysis (TA) was utilised for this study as it is a recognised method for identifying and analysing patterns of meaning in a dataset (Braun & Clarke, 2022). All transcripts were read line-by-line and segments of the text were coded where potentially relevant meaning related to the research question was identified (Braun & Clarke, 2022). In line with a reflexive TA approach, open coding was used. Codes were identified and categorised within the context of the research question and themes were developed. Tracy's (2010) Eight "Big Tent" Criteria for Excellent Qualitative Research was used to assess quality and rigour. The authors can be contacted for further details regarding the outcomes of this process.

Results

The results revealed five main themes and seven subthemes (subthemes are presented in Figure 1), and the different stages of the pandemic are presented in the form of an evolving storm.

Figure 1

Thematic Map of Themes



1. *Siloed Decision Making: The Distant Thunder*

This described perceptions of how NHS systems responded to the pandemic, and these perceptions appeared to be linked to the organisational seniority of the participant. This theme contained expressions of a lack of consistency from management in information shared about

decisions made, and how this was experienced as a 'top-down' process. A sense of anxiety about the speed of new procedures was discussed, and concern about how people were asked to implement actions they were not fully on board with:

> *And even though it was kind of what what the service was requesting you do, that was sometimes a bit of a discrepancy with…with my own values, I suppose.* (Phoebe).

The combined lack of guidance, single narrative, and focus on prioritising risk left most participants feeling disillusioned with management and the NHS. There was a shared sense among participants that management, and beyond, did not understand the impact their decision-making was having on psychological staff, leading to a loss of trust in the system, and the NHS.

2. Inter-Professional Divide: We Are In The Same Storm, But Not The Same Boat

Participants discussed the number of changes they witnessed in their profession, such as a divide between psychology and the wider multi-disciplinary team (MDT), describing psychology as being an 'outsider'. This highlighted a loss of connection and enjoyment in their role, as well as feeling separate from others more generally:

> *I felt at complete odds to everybody I knew. Everybody else who was at home… I felt really isolated … yet I was the one that was around people.* (Clare)

There were additional expectations and pressures for CPs who were asked to take on new and challenging roles. This often left participants no longer understanding where psychology fits within services.

3. Carrying On Regardless: Weathering The Storm

Here participants noted a struggle to balance work and home life, especially the challenge of parenting roles, as well as maintaining a confidential space when working from home:

I mean talking to people about child abuse whilst my kids are trying to come into the door. That was just awful. (Lucy)

There was a sense that work-focused emotions became entangled with home life:

*I guess the nature of our work … is like the emotional stuff … It all felt in my home and so I'd already kind of been struggling with that of like how to create some separation and then after this happened [the suicide] it…basically, my home was … all wrapped up in her story because it had all had happened in a way kind of there. (*Kate)

Participants also recognised that their professional identity played a part in their struggle to prioritise their own needs, sharing a sense that psychology should be able to 'fix itself' and how the professional plays a part in perpetuating the internal stigma of it not being acceptable for CPs to struggle.

So I feel like I ended up living my values while sacrificing myself. (Lucy)

… I'm the one that's burned out, this telling other people what burnout is, it's actually that it's happening to me. And so it's a part of it is … the profession perhaps not always being very helpful in or making me feel that I was exempt from having this experience happened to me … I think I did some for some reason think that it didn't apply to me. (Kate)

4. A Loss of Focus on Service User Centred Care: What About the Passengers?

Participants shared their perceptions of the impact of the pandemic on service users, commonly describing that their needs were not being prioritised by services. PPE was seen as disruptive to the therapeutic alliance, especially for those with additional needs:

> *[I had] a therapy appointment with somebody who I've been seeing for a long time before COVID for trauma and having to turn up in clinic to her appointment with an apron and gloves and a mask and goggles and a visor… and taking her temperature … I think that was the end of our therapeutic relationship. I think she just couldn't tolerate that*. (Lucy).

There were also concerns highlighted about how service users were presented in the media, increasing stigma, social injustices and health inequalities.

5. Taking Stock: Breaking Through The Clouds

This final theme encompassed participants' perceptions of life after the pandemic, with discussions focused on ongoing loss of connection, less compassion in their work, and concerns that funding focused on staff wellbeing was withdrawn. There was a sense that the organisation was resuming 'business as usual' without consideration that things had changed for healthcare professionals. However, there was also comment about the value participants had taken from their time working in the pandemic, such as additional time spent at home with family/hybrid working, and although funding for staff support services was withdrawn, there was a view that the mental health of staff has been put more in the spotlight within the NHS because of the pandemic:

> *It really has shone a spotlight on the fact that…compassion-fatigue, exists and people are leaving, and that people are going elsewhere to...make them feel more fulfilled in their role. Therefore, what's happening here that's not meeting their needs?* (Rekha)

Discussion

The five themes identified here reflected the evolving experience across time, as the pandemic and restrictions changed. Overall, compassion-fatigue was found across all the themes but was most prevalent in the themes which reflected on the 'during the pandemic' experience. It was most closely linked to changes in clinical practice, feeling disconnected from other healthcare professionals, and offering therapy online. The findings of this research correspond with previous studies highlighting the difficulty in developing rapport with service users (Singh et al., 2024), the negative impact on the therapeutic relationship from the use of PPE (Kreh et al., 2021), and the difficulties with assessing risk with confidence via a remote setting (Tolland & Drysdale, 2023; Billings et al., 2021).

Moral injury was expressed where participants shared their disillusion for their Trust, the NHS, and at times, their professional body for not doing more to support their decisions. Participants expressed their moral injury from no longer working in accordance with their values. For example, participants shared their struggles with managing waiting lists (e.g. needing to decide who should and should not receive care) and having to pause therapy with service users, and the negative impact this had on their mental wellbeing. This corresponds with findings of previous research where participants did not feel able to offer a values-led service to service users (Chemerynska, Marczak & Kucharska, 2022).

Strengths

By qualitatively exploring NHS-CPs experiences of the COVID-19 pandemic this research adds a new layer to the existing literature. Through reflexive thematic analysis, it was possible for the authors to collect in-depth nuanced data. This study recruited NHS-CPs from a range of geographical locations, working across multiple mental health services, with a wide range of clinical experience

and from different ethnic backgrounds. This increases the representation of this research and allows for wider generalisability of the findings.

Limitations

This study only includes experiences of CPs, and therefore offers understanding of one side of this multileveled system. The voices of managers, or other psychological professions working in related services was absent from this study, despite their involvement featuring heavily in CPs experiences. It is therefore recommended that future research explores these additional stories.

Implications

The results of this research suggests that addressing moral injury and compassion-fatigue among NHS-CPs requires multi-level interventions. By applying the socio-ecological framework (Bronfenbrenner, 1979), we can better understand the complex, multi-layered influences on NHS-CPs during the pandemic and develop comprehensive strategies to support their wellbeing and professional integrity. An overview of the key recommendations from this research are outlined using the socio-ecological framework for guidance are shown in Table 2.

Table 2

Summary of Clinical Implications

Level of Influence	Invitations for change
Individual Level	Clinical Psychologists would benefit from regularly assessing their own emotional, psychological, and spiritual wellbeing. It's also important they make personal and professional self-care a priority. However this should not be taken in isolation from the additional levels. For Clinical Psychologists to lead by example and initiate a culture change within services that mental health professionals have mental health too.
Interpersonal Level	For the cultivation of connection through team building and the creation of more face-to-face opportunities for staff to come together.
Institutional Level	NHS organisations need to create spaces where experiences of Clinical Psychologists working during the pandemic can be shared, heard, and responded to. NHS organisations to work with commissioners to promote the provision of staff wellbeing support and to ensure this reaches all levels of the organisation. For professional bodies of Clinical Psychology to continue to foster a change in culture and support the open discussion, and normalisation of, Clinical Psychologists own mental health and wellbeing needs. For professional bodies to be more publicly vocal about issues that affect individuals within its society.
Policy Level	For government to review its financial plans for increasing funding for mental healthcare, considering the increased demands following the COVID-19 pandemic. For governments to have clear and consistent governmental crisis communication and tailored pandemic crisis management policies that consider different healthcare settings and mental healthcare worker's needs.

Invitations for Future Research

Given the experiences of internalised stigma shared by participants in the current study, further research would benefit from exploring the systemic practice of internalised stigma within the NHS and the Clinical Psychology profession further, as this is likely to promote better psychological outcomes for staff and help retain workforce (Clarkson et al., 2023).

This research, along with other studies, looked mainly at the immediate impact of the pandemic on Clinical Psychologists. Research from previous major epidemics has identified that the psychological effects and impact on wellbeing for healthcare staff can have much longer-term effects (Maunder et al., 2004). Therefore, it is necessary for future research to examine the longer-term effects on wellbeing for NHS-CPs after the pandemic.

Conclusions

This research is believed to be novel, adding empirical value to the limited understanding of the experiences of moral injury and compassion-fatigue felt by CPs during the pandemic and offers clinical implications and recommendations. The pandemic and the procedures implemented to deal with the virus disrupted the social and professional lives of people around the world and had major implications for mental health (Brooks et al., 2020). Despite this, little research has been conducted into the consequences on those offering mental health support, and in particular NHS-CPs. Capturing these experiences provided an understanding of moral injury and compassion-fatigue experienced by NHS-CPs and the negative implications this had for their own wellbeing. The findings of this research highlight several implications for individuals, healthcare systems, and professional bodies at all levels, to change service culture and promote openness about mental health professionals also experiencing mental health difficulties. This is of key importance given the challenges in sustaining a healthy workforce (Buchan et al., 2019) at a time of increasing investment in the training of CPs.

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