

**Impact of Compassion Fatigue on Healthcare Workers' Mental Health During Pandemics  
and Its Implications on Patient Care**

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## Abstract

This paper explores the profound impact of compassion fatigue on the mental health of healthcare workers during pandemics and its consequential effects on patient care. As frontline responders to global health crises, healthcare workers face unprecedented challenges and stressors that can lead to compassion fatigue, a complex phenomenon characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. This paper reviews existing literature and synthesizes findings to provide insights into the prevalence and contributing factors to compassion fatigue among healthcare professionals during pandemics. The research underscores the intricate relationship between compassion fatigue and healthcare workers' mental health, emphasizing the critical need for effective interventions and support mechanisms. We also examine the direct and indirect implications of healthcare workers' mental well-being on patient care quality and safety during pandemics. Factors such as decreased empathy, burnout, and reduced job satisfaction among healthcare workers are explored as potential consequences of compassion fatigue. Furthermore, this paper discusses evidence-based strategies and interventions aimed at mitigating compassion fatigue, promoting healthcare workers' resilience, and enhancing their ability to provide quality patient care during pandemics. Ultimately, this paper underscores the complex link between healthcare workers' mental health and patient care quality during pandemics and highlights the urgency of addressing compassion fatigue as a significant public health concern.

*Keywords:* Health care workers, compassion fatigue, burnout, vicarious trauma, patient care, epidemic

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## **Impact of Compassion Fatigue on Healthcare Workers' Mental Health During Pandemics and Its Implications on Patient Care**

A wide range of professionals in the healthcare industry, including doctors, nurses, and allied health practitioners, deliver services and care to patients, maintaining health, preventing illnesses, and treating medical conditions. These individuals play a crucial role in delivering healthcare services and promoting the well-being of individuals and communities. Healthcare workers (HCW) include doctors, resident doctors, nurses, social workers, mental health counselors, psychologists, psychiatrists, and other hospital staff (pharmacists, administrators/front desk staff, technical staff, housekeeping staff, and security). However, for the purpose of this paper, the term HCW will be in reference to physicians, nurses, and allied health professionals such as social workers, mental health counselors and psychologists.

In their work, HCWs are faced with complex situations that can pose a risk to their job performance and well-being. During the COVID-19 pandemic, the healthcare system was overburdened as a result of unprecedented work challenges and overall uncertainty. Furthermore, HCWs experienced various challenges including physical exhaustion due to higher patient loads and lower staff availability, reorganization of workspaces, risk of contamination to self and family members, limited resources, feelings of isolation and high patient mortality (Liu et al., 2020). Many of these challenges resulted in HCWs experiencing compassion fatigue, including high levels of secondary traumatic stress and burnout (Omri et al., 2022).

Compassion fatigue is described as the inability to empathize and feel compassion for others as a result of intense and prolonged exposure to high levels of stress and contact with traumatized patients (Baqeas et al., 2021). It includes two major aspects: burnout and secondary/vicarious trauma. Burnout is a concept that refers to physical, emotional, and

psychological exhaustion as a result of work-related stress and can be linked with feelings of powerlessness and frustration that can develop and often result in negative attitudes at work. It can occur when individuals experience an imbalance between the demands placed on them and the resources available to them to cope with those demands, leading to a sense of overwhelming and persistent fatigue and disengagement at work and in other areas of life (Trumello et al., 2020). Vicarious trauma refers to the emotional and psychological distress experienced by individuals indirectly exposed to traumatic events. This exposure usually happens through their work or when they listen to firsthand accounts of trauma from others (Chu, 2021). Over time, continually engaging with trauma survivors and witnessing distressing events can take a toll on HCWs mental and emotional well-being. This phenomenon is a testament to the profound impact of human connection and empathy; when these caring souls immerse themselves in the experiences of others they are susceptible to the emotional effects of the stories they encounter (Norhayati et al., 2021).

Frontline healthcare workers are vulnerable to compassion fatigue (CF) due to the nature of their work (Trumello et al., 2020). Research indicates that CF can lead to a decrease in the physical and mental health of healthcare workers, and may also impact the quality of care they provide to patients. Epidemics can increase the likelihood of CF in healthcare workers due to an increase in the challenges they face and a decrease in the professional and personal supports available to them (Omri et al., 2022). An epidemic refers to the sudden and widespread outbreak of a contagious disease that spreads rapidly, affecting a significantly higher number of people than usual, often within a specific population or geographical region, or spread worldwide as in the case of the COVID-19 pandemic (Oxford University Press, n.d.).

Studies have found that compassion fatigue is linked to decreases in job satisfaction, psychological outcomes, and the overall quality of life of workers (Trumello et al., 2020). CF can manifest as feelings of exhaustion, emotional numbness, a sense of hopelessness, irritability, difficulty concentrating, decreased job satisfaction, and a diminished sense of personal accomplishment. Individuals experiencing compassion fatigue may also find it challenging to establish healthy boundaries between their professional and personal lives, leading to potential strains in their personal and professional relationships, overall well-being, and the quality of patient care they provide (Trumello et al., 2020).

Patient care is of the utmost significance within healthcare systems; providing high-quality patient care is the primary goal of healthcare professionals and institutions. Patient care is referred to as the delivery of medical, emotional, and supportive services to individuals seeking healthcare, aiming to promote and maintain their health and well-being. Healthcare professionals must collaborate to address patients' medical needs and enhance their overall quality of life. Patient care covers various essential aspects, including diagnosis and treatment of medical conditions, medication management, ongoing monitoring and follow-up, patient education, emotional support, preventive care, rehabilitation, therapy, and palliative/ end-of-life care (Centers for Medicare & Medicaid Services, 2020). The mental well-being of healthcare workers is a top priority, not only due to its personal implications for individuals, but also because it can disrupt their capacity to deliver care, which in turn affects society as a whole.

This paper reviews articles and research on the impact of compassion fatigue on healthcare workers' (HCWs) and the mental health of these individuals during major epidemics, and consequently their ability to provide patient care. This paper provides an understanding of HCWs' experiences with compassion fatigue, vicarious trauma, and burnout, as well as the

various ways these conditions impact their health, quality of life and job satisfaction during major epidemics such as COVID-19. I then discuss the implications of compassion fatigue on the ability of healthcare workers to provide care to patients, and finally provide recommendations for clinical practice and future research.

Research that focuses on the prevalence of CF in HCWs and the impact it has on their personal well-being and professional capacity is important. HCWs are essential to public health; by providing medical care, they play a vital role in the health and well-being of the population and help in the overall functioning of society. Their well-being is connected to their ability to treat and support patients and can impact overall patient care and safety (Lai et al., 2020). During epidemics (including COVID 19), HCWs experience overexposure to patient distress and suffering, which can lead to a decrease in their ability to be compassionate towards their patients. Some studies have also shown that an increase in workload, constant contact with COVID-19 patients, along with high risk of contracting COVID-19, created higher levels of psychological stress in HCWs (Latha et al., 2022). Limited studies focus specifically on HCWs treating patients with COVID-19, but the studies that do exist report high levels of burnout and increased vulnerability to the development of stress, anxiety and depression in these individuals. More research is needed to focus on the stress levels of healthcare staff who worked directly with COVID-19 patients. HCWs are a high-risk group deserving of more research; excessive anxiety and stress impact their overall wellbeing and can also compromise patient care and outcomes (Trumello et al., 2020).

Storm (2019) emphasizes that healthcare professions are rooted in the concepts of caring, empathy and compassion. These are traits that most HCWs possess, and are often their motivation to into the healthcare fields. From one perspective, these traits are essential and very



helpful in healthcare professions; conversely, prolonged and intense caring for patients, exposure to trauma and lack of mental health support may result in desensitization and compassion fatigue. These can compromise the ability of HCWs to be fully compassionate and provide empathetic care to their patients. For example, some studies have identified a connection between compassion fatigue and the capacity of HCWs to effectively perform their responsibilities, including tasks like accurate administration of medication. These findings point to heightened potential risk to the well-being of patients (Storm, 2019). Based on the current research, this paper aims to answer the following question: how does compassion fatigue during epidemics influence healthcare workers' mental health and their ability to provide patient care?

### **Self-positioning Statement**

This topic holds a deep personal significance to me for several reasons. Growing up, I spent extensive periods in hospitals alongside my mom, who faced significant health challenges and underwent major surgeries. Witnessing the dedication and expertise of doctors and healthcare professionals during that time left a lasting impression on me. They were the ones who saved my mom, and from an early age, I developed immense respect for their work. The desire to become a doctor emerged strongly within me, and my passion for the healthcare field is evident in my earliest memories. As life unfolded, my journey took a different path, and I did not ultimately pursue medical school. Nevertheless, I found myself drawn to the mental health care profession where I could still play a vital role helping others. Despite not becoming a doctor, my commitment to assisting people in their mental health journey remains strong. This personal connection to the topic fuels my dedication and enthusiasm for the work I do in the mental health care field.

During the initial year of the COVID-19 pandemic, I worked as a mental health support worker for young adults with developmental disabilities. Throughout this period, I regularly interacted with fellow frontline healthcare professionals who supported my clients. The weight of COVID's impact was substantial, affecting not only myself but also those I worked alongside, especially those in hospital settings dealing with the far-reaching consequences of the pandemic on their jobs and personal lives. My partner, a resident doctor in New York, began working in the early stages of COVID-19 and continued through all waves and lockdowns. Witnessing his experiences provided me with a deeper understanding of the pandemic's effects on the healthcare system and the challenges faced by many HCWs. Seeing his struggles and the lack of adequate support he received throughout this time left a profound impression on me. Additionally, several close friends in the field shared similar experiences to those of my partner, further igniting my interest in this topic. These collective experiences have fueled my curiosity and motivated me to explore the impacts of pandemics on healthcare professionals and the broader healthcare system.

Bias in research is defined as a trend or deviation from facts in any phase of research; these include biases in data collection, data analysis, interpretation of data and even publication. When a researcher lets their bias impact the research process, they are at risk of coming to false conclusions (Florczak, 2022). This paper did not involve recruiting or interviewing participants and collecting data, and therefore some of the biases that can happen throughout these research stages may not be applicable here. Nonetheless, every researcher brings their own set of biases to the table, and acknowledging and addressing these biases is crucial in conducting objective and reliable research. Florczak (2022) highlights that recognizing one's position and perspective in relation to the topic under investigation is an essential starting point in identifying potential biases that may influence the research process and findings. According to him, understanding our

personal beliefs, values, and experiences helps us to be aware of any preconceived notions that might impact the interpretation of data or even the formulation of research questions. By being transparent about our biases, researchers can take proactive steps to mitigate their influence on the research. Managing our biases involves engaging in thorough research methodologies, adhering to ethical guidelines, and considering different viewpoints. Researchers can use various strategies, including peer review, using multiple sources of evidence, and engaging in reflexive practices to critically examine their assumptions. Taking a self-aware and critical approach to our biases helps us conduct more balanced and reliable research that reflects the complexities of the subject. It contributes to the advancement of knowledge and ensures that research outcomes hold credibility and relevance (Florczak, 2022).

As a researcher it is important for me to understand where my biases are and how I can manage them. When positioning myself in relation to my research topic, I realize that this is a topic that is meaningful and personal to me and one that I feel passionate about. One type of bias that could occur in this type of research is confirmation bias; this is where the researcher places a heavy focus on data and findings that confirm their hypothesis or stance on a certain topic. One way for me to manage this bias is to conduct thorough research and present all sides of the story, including the findings that hold a different perspective on the topic than the perspective I hold. Florczak suggests that another way to manage bias is to engage in self reflection throughout the research process (Florczak, 2022). To integrate this in my practice, I continuously check myself and reflect on how I am engaging with the topic and the findings; this includes writing journal reflections about the process or just making a note of how my feelings and passion for the topic show up on any given day. The other important thing is to discuss with my supervisor when strong feelings do emerge and to get guidance on how to navigate them. Additionally, seeking

regular feedback throughout the research process contribute to maintaining objectivity and ensuring the credibility of the study (Florczak, 2022).

Ethical considerations in this paper primarily revolve around how I manage and reference existing literature. Although this paper does not involve direct human subjects, it is still very important to uphold ethical principles to maintain the accuracy and integrity of my work. According to Suri (2019), there are few important ethical considerations during a literature review. The first one is accurate attribution and citations; this involves providing proper acknowledgement to the original authors by citing their work correctly. Avoiding bias is also very important as a literature review should be conducted in an objective and unbiased manner and various perspectives should be discussed to avoid confirmation bias and ensure an equitable overview of the existing literature. Another ethical consideration is conflict of interest which requires disclosing any potential conflicts of interest that could influence the selection or interpretation of the literature. Typically, this would involve being transparent about any affiliations or funding sources that might impact the review. For the purposes of this paper, the writer does not have any affiliations or funding sources, and my connection to the topic is discussed thoroughly in the self-positioning statement. Using thorough search methods is another important consideration and requires evaluating the reliability and validity of the included studies to ensure the quality of the evidence and the reliability of the findings. Ethical reporting is also an important step for presenting an ethically informed paper. This involves clearly presenting the results of the literature review in a transparent and ethical manner. Ensuring findings are accurately represented avoids misleading interpretations. Lastly, it is critical to seek peer review or feedback on the literature review before finalizing it. Reviewers can help identify potential ethical issues or methodological concerns. By adhering to the above ethical considerations,

writers can conduct literature reviews that uphold academic integrity, promote accuracy, and contribute to the overall body of knowledge in a responsible and ethical manner (Suri, 2019).

## **Literature Review**

### **The Cost of Caring**

Research about the mental health and wellbeing of healthcare professionals who worked at the forefront of epidemics like the early stages of HIV, SARS, Ebola, and other similar outbreaks indicates that being directly involved in such situations has significant psychological consequences. These consequences include experiences like burnout, heightened anxiety, and higher rates of posttraumatic stress disorder (Liu et al., 2020). Most recently, the COVID-19 pandemic posed significant challenges to healthcare institutions. Many HCWs actively worked in departments handling suspected or confirmed COVID-19 patients. Others faced the task of reorganizing the healthcare system to cope with the pandemic's demands. The physical strain of adapting to new workspaces, the risk of infection with an unfamiliar illness, limited access to resources such as personal protective equipment, high patient mortality, the sense of loss of control following the lifting of lockdowns, and sharp increases in morbidity and mortality led HCWs to experience high levels of secondary traumatic stress (STS) and burnout. Notably, both STS and burnout are part of the broader definition of compassion fatigue (Liu et al., 2020; Omri et al., 2022). Healthcare workers are likely to experience compassion fatigue due to the unprecedented impacts and resulting psychological consequences of Covid-19.

The concept of compassion fatigue was introduced by Carla Joinson in the 1990s whilst she was studying burnout among emergency room nurses. Joinson (1992) defines compassion fatigue as a component of burnout where nurses lose their capacity to care for and support their patients. A few years later, Charles Figley, a prominent traumatologist used the term "compassion

fatigue" to describe secondary traumatic stress disorder and the loss of compassion among care providers (Figley, 1995). He further describes CF as lack of compassion, empathy, or desensitization to caring for others as a result of prolonged exposure to intense and ongoing patient suffering and stress. He theorizes that it manifests through negative attitudes, irritability, and frustration, and suggests that compassion fatigue and burnout can both include a component of dissatisfaction with job performance. In his definition, Figley emphasizes the seriousness of compassion fatigue and stresses the significance of intervention to prevent severe consequences (Figley, 1995). He later developed the first instruments created to measure Compassion Fatigue, the Compassion Fatigue Self Test (CFST) and Compassion Fatigue Scale (CFS) (Figley, 1995). The CFST is a self-assessment tool that typically consists of a series of questions or statements related to the symptoms and feelings associated with compassion fatigue. Individuals answer these questions to gauge their own levels of compassion fatigue. The CFST is a subjective measure and can provide individuals with insights into their own well-being. The CFS is a more structured and standardized instrument used to assess compassion fatigue. It is often administered as a questionnaire with a defined set of questions or statements. Respondents rate themselves on a scale to indicate the extent to which they agree or disagree with each statement. The Compassion Fatigue Scale generates a numerical score that quantifies an individual's level of compassion fatigue. Eventually with the support of his colleague Stamm, Figley created the Professional Quality of Life Scale (ProQOL) which integrated the previous two tests and included the concept of compassion satisfaction and made the test more concise and user-friendly. The scale contains 30 items that measure compassion satisfaction, burnout, and compassion fatigue (Stamm, 2005). Revised versions of ProQOL continue to be used today and are among the most widely used tools to assess compassion fatigue (Storm, 2019).

Almost two decades later, Coetzee and Klopper (2010) further studied and explored the concept of compassion fatigue. They analyzed specific aspects of CF and theorized different stages of CF. They conducted a concept analysis and established a definition of compassion fatigue in the context of nursing practice. Their study identifies different aspects of compassion fatigue including risk factors, causes, processes, and manifestations. Each aspect is described in detail, and the research provides a theoretical definition, cases, empirical indicators, and an operational definition. Coetzee and Klopper (2010) believe that CF has an impact on physical, mental, and emotional performance, resulting in a notable reduction in energy levels and contributing to lack of engagement at work. According to them, some of the specific outcomes associated with compassion fatigue include a rise in the number of missed workdays due to physical issues like stomach pains and headaches, weight fluctuations, increased susceptibility to accidents, and instances of emotional breakdown. They also theorize that CF is a progressive and cumulative process and outline different stages of compassion fatigue progressing from compassion discomfort to compassion stress, and ultimately to complete compassion fatigue.

Coetzee and Klopper (2010) describe nurses early in their careers, prior to entering the phase of CF, undergoing a phase of compassion marked by positive and enthusiastic engagement in their work. These nurses recognize the value of their contributions, adapt to changing roles, reflect on the meaning of life, and experience personal growth. In this initial phase of displaying compassion, they encounter positive feelings such as a strong sense of self-value and achievement in their professional roles. As the workload grows and rest time diminishes, nurses often experience physical exhaustion (American Nurses Association, 2020). Additionally, the emotional dedication they invest may not be fully appreciated by patients and their families, leading to feelings of dissatisfaction. This combination of factors can trigger a phase of

compassion decline causing them compassion discomfort. Compassion discomfort is characterized by feelings of psychological guilt and self-blame. Nurses may experience emotions of helplessness and emotional distress; this period of compassion discomfort generally leads to moral distress and self-doubt among nurses (Coetzee & Klopper, 2010). Research indicates that when nurses become excessively and emotionally invested in their patients, even minor discomfort or distress in patients can trigger significant responses from nurses due to heightened emotional involvement and feelings of responsibility (Coetzee & Klopper, 2010; Zhang et al., 2022).

According to Coetzee and Klopper (2010), the next phase of CF is compassion distress; this period is characterized by intense emotional distress. In this phase, nurses tend to repeatedly dwell on and recall matters related to the patient, which disrupts their daily lives, causes emotional disturbances, and can lead to an underlying sense of anxiety. Nurses in this phase also tend to relate the patient's experiences to their own lives, which triggers worry and occasional fear of illness. Throughout this phase, nurses are affected by the emotional reactions of their patients and may undergo psychological distress. Persistent thoughts about patients' situations may lead to anxiety and obsessive symptoms in their personal lives (Coetzee & Klopper, 2010). As negative emotions build up, nurses eventually reach a stage of compassion fatigue. This phase is characterized by emotional numbness and exhaustion, leading to a distancing from work-related activities and a sense of detachment. Physical issues, including sleep disorders, also emerge during this period. If not addressed early on, CF can have a lasting impact on a nurse's capacity to show compassion (Coetzee & Klopper, 2010).

### **Impact of Covid-19 on HCWs**



Coronavirus disease 2019 (COVID-19) is an infectious illness brought on by the novel SARS-CoV-2 virus. It is characterized by its high transmission capability, elevated disease incidence, numerous methods of transmission, and extensive spread. The virus primarily spreads through respiratory droplets from coughs, sneezes, and close contact with infected individuals (WHO, 2023). COVID-19 can cause a range of symptoms, from mild respiratory issues to severe pneumonia, and can lead to hospitalization and death, particularly in older adults and those with underlying health conditions.

The COVID-19 pandemic emerged in December 2019 and quickly spread worldwide. Entire populations were confined, hospitals were overwhelmed with severely ill patients, and the mortality rate surged dramatically. By January 2020, the World Health Organization officially declared the global COVID-19 outbreak a public health emergency of international concern (WHO, 2020). It became the most significant health crisis of our time, resulting in 5,290,506 cases worldwide within the first six months (WHO, 2023). The pandemic resulted in significant public health measures, including lockdowns, travel restrictions, and vaccination campaigns, to mitigate its spread and impact (Liu et al., 2020). The negative impacts of COVID-19 extended way beyond the physical health concerns of those who contracted it; it impacted countries globally, encompassing mental health and financial crises, many of which persist to this day (Khadka et al., 2020). A growing body of literature acknowledges COVID-19 as a significant public mental health crisis, one that continues to impact the mental health of many even today (NIH, 2023). The COVID-19 pandemic was a distressing experience, resulting in various psychological difficulties such as anxiety, depression, panic, and post-traumatic stress disorders, particularly among healthcare workers (HCWs) who played a crucial role in combating COVID-19 (Law, 2020; Omri et al., 2022).

### ***Psychological Impacts of COVID-19 on HCWs***

In the face of the global pandemic, healthcare workers engaged in diagnosing, treating, and caring for COVID-19 patients, and became vulnerable to experiencing psychological distress and other mental health symptoms (Law, 2020). The escalating count of confirmed and suspected cases, excessive work demands, scarcity of personal protective equipment, extensive media attention, absence of specific medications, and a sense of inadequate support all contributed to the mental strain endured by HCWs (Lai et al., 2020). Trumello et al. (2019) investigate the psychological adjustment of healthcare professionals in Italy during the peak of the COVID-19 pandemic in 2020. Their study includes 627 healthcare workers as participants and explores perceived stress, anxiety, depression, and quality of professional life (including the three sub-variables of compassion satisfaction, secondary trauma, and burnout). In order to evaluate the psychological status of Italian healthcare professionals, researchers used the following measures: Hospital Anxiety and Depression Scale (HADS), Perceived Stress Scale (PSS-10), and Professional Quality of Life Scale-V (ProQOL-V). This study categorizes participants into groups of those who worked with COVID-19 patients and those who did not, as well as groups of healthcare workers working in regions most heavily affected by COVID-19, and those working in less impacted areas. Findings from the research shows that HCWs who were working with COVID-19 patients displayed statistically significant higher levels of stress, burnout, secondary trauma, anxiety, and depression compared to their counterparts. HCWs working in the regions most affected by the COVID-19 pandemic experienced higher levels of perceived stress and burnout and lower levels of compassion satisfaction than the other group (Trumello et al., 2020).

Another study that explores levels of stress, anxiety and depression in HCWs during COVID-19 was conducted in India by Latha et al. (2022). This research compares the psychological impact before and after the COVID-19 lockdown on HCWs in India. The study involved 345 HCWs working in the hospital environment during the COVID-19 outbreak, including doctors, nurses, and other hospital staff such as pharmacists, administrators/front desk staff, technical staff, housekeeping staff, and security personnel. The researchers used standardized questionnaires to assess participants, including a socio-demographic questionnaire to gather demographic information such as age, gender, ethnicity, education level, income, years of experience etc. To evaluate the mental health status of participants, researchers employed the Impact of Event Scale (IES-R). IES-R assesses subjective distress caused by traumatic events, as well as the widely accepted Depression, Anxiety, and Stress Scale 21 (DASS-21). Findings from the research suggest that over half of their sample of HCWs (56.88%, comprising both male and female participants) reported symptoms of PTSD, with the severity of symptoms worsening from the lockdown to the post-lockdown periods. The data indicates a correlation between increased workload and continuous contact with COVID-19 patients with worsened psychological outcomes (Latha et al., 2022).

### ***Compassion Fatigue in HCWs during COVID-19***

Ma et al. (2022) explore the concepts of compassion fatigue, burnout, compassion satisfaction and depression in their research, focusing specifically on emergency department physicians and nurses. The design is a cross-sectional study, conducted in hospitals in five different cities across the province of Sichuan, China, in 2021. Research participants consisted of a total of 342 emergency department physicians and nurses; participants were given a survey which included three tools: a demographic questionnaire, the Professional Quality of Life

(ProQOLv5) scale, and the Center for Epidemiologic Studies Depression (CES-D) scale.

Findings show that all participants exhibited symptoms of depression, meaning 100% were affected. Additionally, 27.8% reported low levels of compassion satisfaction, 2.3% experienced high levels of burnout, and 3.8% showed signs of compassion fatigue (Ma et al., 2022).

Ma et al. (2022) suggest that the high prevalence of depression could be due to work overload and chronic sleep deprivation, both of which are experienced at high rates by emergency physicians and nurses and have been exacerbated highly due to COVID-19. The researchers also explore the correlation between compassion satisfaction, burnout, compassion fatigue, and depression, and reveal a significant correlation between these factors among emergency physicians and nurses in the province of Sichuan. The study further establishes that variables like compassion satisfaction, burnout, and compassion fatigue independently are strong predictors of levels of depression among emergency physicians and nurses. These findings suggest that mitigating burnout and compassion fatigue while enhancing compassion satisfaction could play a crucial role in addressing depression among physicians and nurses working in emergency departments (Ma et al., 2022).

Another study with a focus on CF in HCWs was conducted by Omri et al. (2022). This study focuses on compassion fatigue among frontline healthcare workers in Tunisia during the COVID-19 pandemic. The primary purpose of this research was to assess the levels of compassion fatigue, which includes burnout and secondary traumatic stress, as well as compassion satisfaction among HCWs at two Tunisian university hospitals. The survey also aimed to explore potential differences in these levels based on socio-demographic and work characteristics in relation to resilience and work engagement scores. These characteristics include participants' age, gender, job categories, marital status, work experience, work

departments and whether they had received the COVID-19 vaccine (Omri et al., 2022). Findings from Omri et al. (2022) indicate that participants reported moderate levels of compassion satisfaction, burnout, and secondary traumatic stress. The survey not only shows that HCWs generally experience moderate levels of compassion satisfaction and compassion fatigue but also emphasizes the substantial influence of factors like self-reported resilience, work engagement, and individual characteristics such as gender, marital status, and fear of transmitting the infection. These factors play a significant role in explaining the prevalence of compassion fatigue and compassion satisfaction among Tunisian HCWs during the COVID-19 pandemic. The researchers recommend implementation of resilience-promoting interventions and coping skills programs to address the psychological needs of healthcare workers (Omri et al., 2022).

### **Implications for Patient Care**

According to the World Health Organization (WHO) (2018), quality of patient care refers to how health services contribute to achieving desired health outcomes for individuals and communities. This should align with established professional knowledge, ensuring safety, effectiveness, timeliness, efficiency, equity, and a focus on patient-centered care (WHO, 2018). Elevated levels of stress and fatigue in healthcare staff negatively influence professional performance, subsequently impacting patient safety and care (Buheji & Buhaid, 2020). The World Health Organization (2018) defines the study of human factors as understanding the factors that either facilitate or hinder people's work processes. Human factors play a significant role in healthcare as they can be responsible for causing adverse events and can result in severe and even fatal outcomes. Stress and fatigue are listed as some of the top individual factors that predispose workers to error in healthcare settings; other factors include, hunger, illness, language or cultural factors, hazardous attitudes, and limited memory capacity (WHO, 2020). Sleep

deprivation (mentioned above as one of the possible characteristics of CF) of 24 hours has a performance impact similar to blood alcohol content of 0.1%. The WHO recommends using the acronym IM SAFE (illness, medication, stress, alcohol, fatigue, emotion), originally developed within the aviation industry, as a valuable self-assessment method for determining that if a healthcare professional is fit for work (WHO, 2022). Out of the six listed factors used to determine a HCWs ability to perform their job effectively, at least three factors, stress, fatigue, and emotions, are factors directly impacted by the presence of CF. This further iterates the significant impact that CF can have on HCWs ability to provide safe and adequate patient care.

### ***Emotional Exhaustion***

Compassion fatigue often leads to emotional exhaustion, making it challenging for HCWs to maintain the emotional energy required to provide high-quality care and pay attention to detail. Emotional exhaustion is marked by a decline in work-related interest and enthusiasm. It arises when there's a conflict between available resources and job-related pressures, causing feelings of emotional fatigue (Lahana et al., 2017). Balducci et al. (2021) conducted research on emotional exhaustion and its impact on longer-term job performance in nurses; their study finds that emotional exhaustion among nurses is associated with various negative outcomes, including more work-related infections, an increase in medication errors, a higher occurrence of patient falls, weak nurse-physician relationships, reduced sense of personal accomplishment among nurses, dissatisfaction with their jobs, and an increased turnover (Balducci et al., 2021) Storm, 2019).

### ***Reduced Empathy***

Compassion fatigue can diminish a HCW's capacity to feel empathy for their patients. This reduced empathy can result in less attentive care, potentially leading to errors such as medication mistakes. HCWs experiencing compassion fatigue often find it challenging to connect emotionally with their patients and provide the level of care they desire (Stamm, 2005). CF can lead to a decrease in the ability and willingness to empathize with the pain and suffering of others. This can impact the quality of care provided, as empathy is a crucial component of effective patient interaction. Low empathy stemming from compassion fatigue can lead to a sense of detachment from patients' emotions and needs, potentially affecting patient satisfaction and overall well-being (Laor-Maayany et al., 2020).

### ***Cognitive Symptoms***

Exhaustion and stress associated with compassion fatigue can lead to cognitive impairment, affecting an HCW's ability to focus, concentrate, and make critical decisions (Figley, 1995). Although more research is needed to explore the connection between CF and medical errors precisely, factors associated with CF have the potential to impact the accuracy and attention to detail required for tasks such as medication administration, thereby increasing the risk of medical errors (Ayanian, 2020).

### ***Burnout and Disengagement***

Compassion fatigue often leads to burnout, where HCWs may become disengaged from their work due to feelings of helplessness and frustration. Disengaged workers are more prone to making mistakes and overlooking important details. Storm (2019) explores the relationships among alarm fatigue, compassion fatigue, burnout, and compassion satisfaction among critical care nurses. Her paper emphasizes that caring and compassion serve as the fundamental building

blocks for interactions between nurses and their patients (Storm, 2019). Funk et al. (2014) describe alarm fatigue as a phenomenon that occurs when nurses become desensitized to the continuous and overwhelming sounds of various clinical alarms in their work environment. This happens when the number of alarms sounding at once and the frequency of false alarms become so frequent that nurses no longer react promptly or appropriately to them. As a result, nurses may silence, turn off, or ignore clinical monitor alarms that are meant to alert them to critical changes in patients' conditions requiring immediate interventions and care. This issue is of great concern in healthcare settings as it impedes nurses from addressing patients' healthcare needs promptly, potentially putting patients at risk (Funk et al., 2014).

Storm (2019) proposes that there could be an underlying relationship between compassion fatigue, burnout, and alarm fatigue. She suggests that by understanding this connection, preventative strategies and initiatives in patient safety can be created and developed appropriately. Although this study did not identify significant relationships among alarm fatigue, compassion fatigue, and burnout, it did observe that alarm fatigue, the risk for compassion fatigue, and near risk for burnout coexist among critical care nurses in the selected healthcare system.

### ***Job Dissatisfaction and Detachment***

Compassion Fatigue can lead to decreased emotional energy and motivation to engage fully in one's job. HCWs experiencing CF find it difficult to connect with their work and feel less motivated to perform their duties. This can result in decreased job engagement, which refers to the level of enthusiasm, dedication, and involvement individuals have in their work. As compassion fatigue takes a toll on emotional well-being, it can contribute to a sense of



detachment from the job, leading to decreased engagement and job satisfaction (Poku et al., 2020).

Chu (2021) explores the impact of compassion fatigue on job performance and organizational citizenship behaviour (OCB). He describes OCB as behaviours exhibited by staff that extend beyond their regular job responsibilities, aimed at fostering a positive organizational environment and contributing to the overall success of the organization. Examples include helping colleagues with their tasks, courteous behaviour towards others and speaking positively about the organization. Chu hypothesizes that the presence of compassion fatigue is linked to lower levels of job performance and OCB. The sample included 263 nursing personnel from various healthcare settings in Taiwan. Participants filled out self-evaluated questionnaires in two stages, answering items on compassion fatigue, demographic variables, job performance and OCB. Findings from this study demonstrate that compassion fatigue has a negative correlation with job performance and OCB. Nurses experiencing high levels of compassion fatigue exhibit a noticeable decline in their job performance and perform less OCB (Chu, 2021). Compassion fatigue can impact communication between healthcare team members. Miscommunication or lack of clear communication can lead to errors in patient care, including medication errors. The quality of care provided by healthcare professionals directly influences patient outcomes, recovery, and overall satisfaction. Consequently, any decline in the performance of healthcare workers could potentially compromise patient safety and care (Poku et al., 2020).

### **Event Systems Theory**

One theory that researchers propose to understand the impact of COVID-19 and other epidemics as they relate to compassion fatigue in HCWs is the event systems theory (EST) (Morgeson et al., 2015). EST helps researchers to understand the nature of events and how,

when, and why they influence the reactions of both individuals and entities. EST emphasizes that events can have far-reaching effects, affecting individuals' thoughts, emotions, and actions. It also considers the interplay between individual responses and broader social dynamics. This theory is commonly used to analyze how events, both significant and minor, can shape decision-making, behavior, and overall outcomes within various contexts, including healthcare, psychology, and organizational studies (Hochwarter et al., 2020; Morgeson et al., 2015). EST is especially suitable for comprehending disruption because it offers a framework that can connect disruptive events with impacts occurring at both the macro-level (broader societal effects) and the micro-level (individual sensemaking and decision-making processes). This ability of EST to bridge the gap between different levels of impact and sensemaking makes it a valuable tool for exploring the complex repercussions of disruptive events in various contexts (Morgeson et al., 2015; Roulet & Bothello, 2022).

EST illustrates possible influence by using the idea of event strength. Event strength is a theoretical aspect of EST that emphasizes how events that are out of the ordinary and seemingly powerful (like events faced during COVID-19) can lead to increased attention and responses, potentially resulting in prolonged stress and trauma (Hochwarter et al., 2020; Morgeson et al., 2015). Event strength is measured by breaking an event down into characteristics of novelty (unlike what's normally expected), disruptive (causing big changes), and critical (needing urgent attention and rearrangement of priorities). Higher novelty in events have a significant effect because entities can't rely on the usual rules to guide their choices and actions. As a result, they're not prepared to respond since there are no guidelines, protocols, or procedures to follow (Hochwarter et al., 2020; Morgeson et al., 2015). This precisely applies to COVID-19 because existing organizations have faced few pandemics of such magnitude since the 1900s, and the lack

of planning and preparedness led to less effective responses both in Canada and internationally (Hochwater et al., 2022).

Disruptiveness measures the extent to which an event interrupts daily work tasks. COVID-19 fundamentally changed working conditions regarding patient care by introducing unpredictable workflows and requiring many HCWs to use equipment they weren't familiar with and hadn't been trained on (Grasselli et al., 2020). Criticality indicates whether an event is important, necessary, and needs to be given priority. The rising number of deaths and the quick spread of COVID-19 prompted authorities to categorize it as a worldwide public health issue and a complex social crisis, making it highly critical (Hochwater et al., 2022).

Using EST to understand the impact of COVID-19 is fitting because the concepts of novelty, disruptiveness, and criticality of events are truly embedded in the experiences of HCWs in their work and have a substantial impact on their compassion fatigue. Specifically, these events disrupted established routines, demanded attention, prompted information processing, and influenced behaviors, emotional states, and subsequent occurrences (Labrague & Santos, 2020). Further research is necessary to identify the psychological processes associated with event outcomes in high-trauma work (Morgeson et al., 2015). Nonetheless, EST deepens our understanding of how and when trauma plays a role in influencing the development of prolonged stress and negative psychological outcomes.

### ***Event Related Post-Traumatic Stress***

Due to the COVID-19 pandemic, there was heightened exposure to traumatic and life-altering events (Nelson & Kaminsky, 2020). This increased exposure made HCWs more susceptible to significant psychological anxiety, as indicated by levels of post-traumatic stress

disorder (PTSD) surpassing the typical experiences (Caldas et al., 2021). PTSD encompasses a range of symptoms such as irritability, difficulty sleeping, pervasive feelings of loneliness and despair, and engaging in self-destructive behaviours (Shalev et al., 2017). The link between COVID-19 events and symptoms of PTSD is concerning due to the nature of PTSD and the potential for it to undermine the performance of HCWs, and because it raises concerns for the overall functioning of healthcare organizations (Baqeas et al., 2021).

Hochwarter et al. (2022) explore the implications of COVID-19 on compassion fatigue and event-related post-traumatic stress disorder in nurses. This research investigates the psychological process that establishes connections between the COVID-19 pandemic, the emergence of compassion fatigue, and the subsequent development of post-traumatic stress disorder in nurses (Hochwater et al., 2022). This study mentions that heavy workloads and extended shifts, which were a common occurrence during COVID-19, have also been linked to compassion fatigue (Hochwater et al., 2022).

Changes in work routines, like wearing personal protective equipment (PPE) for prolonged periods, can lead to feelings of anxiety, panic, and physical symptoms such as breathing difficulties and chest pains (Zhang et al., 2020). Through the administration of two online surveys, data was collected from 175 nurses who were in charge of patient care during the COVID-19 pandemic. The results show that the perceived disruptiveness and criticality of COVID-19 events were linked to higher levels of compassion fatigue (CF) among nurses. Additionally, compassion fatigue played a role in mediating the effects of these event characteristics on the development of post-traumatic stress disorder (PTSD) triggered by COVID-19. Researchers suggest that this raises a significant concern for the well-being of nurses and not only has the potential to impact their personal lives and job performance but also has

broader implications for the overall functioning of the healthcare system (Hochwater et al., 2022).

Caldas et al. (2021) explore the relationship between critical incident involvement, emotional exhaustion, and depression. Critical incidents refer to traumatic events of short duration that individuals encounter while performing their professional duties. These events, seen as major work-related stressors, affect individuals during and sometimes even after the incident has happened, lasting for years (Monnier et al., 2002). Recent studies investigate how helping others impacts the well-being of helpers, and suggest that the outcome depends on whether helping boosts or depletes the resources of the helper (Bamberger et al., 2017). Caldas and associates hypothesise that greater involvement in responding to the COVID-19 pandemic led to resource depletion among healthcare professionals as they put aside their own needs while attending to their patients. HCWs had to set aside their personal concerns, their colleagues, and their family members (whom they may have been afraid to expose to the virus due to their work) in order to fulfil their responsibilities and provide optimal care to patients (Baumgaertner & Karlamangla, 2020). For this study, online surveys were distributed to currently working healthcare professionals enrolled in a healthcare program in the southwestern United States. Data was gathered from two groups of MDs and RNs, and each group took part in three rounds of data collection. Research findings suggest that the intensity of engagement in the pandemic was found to be positively correlated to emotional exhaustion but did not show a positive correlation with depression. In summary, the results support their theory of resource depletion, demonstrating that engagement in critical events like the COVID-19 pandemic is connected to increased emotional exhaustion (Caldas et al., 2021).

### **Implications for Counselling Psychology**

The mental health of healthcare workers has a significant impact on our society due to their crucial role in providing essential medical services. The well-being of HCWs is closely linked to the overall functioning of healthcare systems, patient outcomes, and broader societal functioning. The mental health challenges faced by healthcare workers during epidemics have important implications for the field of counselling psychology. If the mental health of HCWs is neglected, it can contribute to burnout, job dissatisfaction, and turnover within the healthcare workforce (Liu et al., 2020). It can also compromise patient care (Omri et al., 2022). High turnover can exacerbate healthcare workforce shortages, impacting the availability and accessibility of medical services for the broader population (Lai et al., 2020). Burnout and mental health issues among HCWs may lead to increased absenteeism, higher healthcare utilization rates, and increased turnover, all of which can contribute to rising healthcare costs (Wu et al., 2020). By giving precedence to the well-being of healthcare workers, counseling psychologists play a role in shifting societal perspectives on mental health. They acknowledge that even professionals with enhanced knowledge and awareness of health can find value in receiving professional mental health support.

While much research has been dedicated to understanding the medical aspects the COVID-19 virus, it is crucial not to underestimate the profound psychological impact the Covid-19 pandemic has had on healthcare workers. Past pandemic experiences, such as the 2003 SARS outbreak, provide insight into the potential psychological toll of dealing with such crises (Styra et al., 2021; Wu et al., 2020). As noted during other outbreaks, healthcare workers at the front lines of pandemics often face significant anxiety, stress, and fear. The nature of their work puts them at increased risk of exposure to the virus, causing concerns not only for their own health but also for the health of their families and loved ones. Additionally, the unpredictability and

high demand for their services can lead to exhaustion and feelings of helplessness (Wu et al., 2020).

Psychologists can play a vital role in promoting and maintaining the mental health of HCWs, ultimately benefiting patients, healthcare organizations, and society at large.

Psychologists should be involved in facilitating interventions aimed at addressing these challenges for healthcare professionals. Psychological interventions are vital for managing emotional challenges and distress during unprecedented time such as a pandemic (Chen et al., 2020; Srivatsa & Stewart, 2020). Unfortunately, outcomes of such interventions remain uncertain due to lack of empirical research focused on HCWs during and after major pandemics as well as other reasons such as low participation rates (Orrù et al., 2021; Xiang et al., 2020). This prompts the question whether it is ethical to request healthcare workers to engage in research while they are actively dealing with a significant healthcare crisis and facing the resulting consequences on their mental health. Research is not only valuable but essential in crisis situations as it helps organizations, governments, and other stakeholders make informed decisions, deliver more effective assistance by ensuring proper resource allocation and improved interventions to affected individuals and groups (Tanveer et al., 2020). Conversely, requesting healthcare workers who are already experiencing burnout to take part in research can potentially exacerbate their stress and workload, further burdening them. As such, HCWs experiencing burnout may not be in the best emotional or mental state to make informed decisions regarding research participation. According to Tanveer et al. (2020) the fundamental principles of research ethics applied in non-crisis settings align with those in crisis situations, such as upholding the principles of respect for individuals, beneficence, and justice. It is important to acknowledge that the distinctive conditions of crisis scenarios introduce specific considerations. In these contexts, the

social structure may undergo significant disruptions, necessitating heightened awareness and adaptation of ethical practices. In the context of healthcare workers and researchers, employers and funders have a mutual ethical obligation to ensure that their needs are adequately addressed in recognition of the services they provide (Wright, 2020).

Healthcare workers are essential during crisis response efforts due to their specialized skills, dedication, ability to provide medical care, support with infection control, coordination of response efforts, and contributions to the overall well-being, recovery and rehabilitation of affected individuals and communities. During public health crises, such as pandemics, the mental health of HCWs becomes crucial to effective crisis response because it impacts their ability to cope in high stress situations and the quality of care they are able to provide (Omri et al., 2022). Psychologists can contribute to resilience-building and psychological support strategies. The presence of protective factors such as resilience, self-efficacy, and perceived social support has the potential to mitigate the impacts of secondary traumatic stress and burnout symptoms among healthcare workers (Orrù et al., 2021; Wu et al., 2020).

### **Psychological Interventions for Compassion Fatigue and Posttraumatic Stress**

According to Lacson et al. (2021), healthcare workers are susceptible to compassion fatigue due to their continuous exposure to suffering. The implications of CF in healthcare workers for the field of counselling psychology are significant, as tailored interventions are needed to address the unique challenges and emotional toll that CF can have on HCWs. Counselling psychologists can help healthcare workers recognize signs of compassion fatigue, develop self-care strategies, and navigate the emotional toll of their work. Counselling psychologists can educate healthcare workers about the signs and symptoms of CF, enabling them to recognize its presence in themselves and their peers. They can also employ assessment



tools such as Professional Quality of Life Scale-V ProQOL-V, Secondary Traumatic Stress Scale (STSS), Impact of Event Scale-Revised (IES-R) and Perceived Stress Scale (PSS-10) etc. to help recognize the visible and invisible signs of compassion fatigue and potential risk for developing CF (Trumello et al., 2020).

### ***Psychological First Aid (PFA)***

Psychological first aid (PFA) is an evidence informed method designed to offer psychological support to individuals who have experienced traumatic events, natural disasters, or other significant adverse events such as a pandemic (Chandler et al., 2023; Malik et al., 2021; Yue et al., 2020). Throughout the COVID-19 pandemic, programs implementing Psychological First Aid (PFA) aimed to alleviate stress and enhance effective coping mechanisms for diverse populations, yielding favorable outcomes (Blake et al., 2021). The central focus of PFA is on employing active listening and compassion to assist individuals to identify coping strategies and access social support to help mitigate distress. Additionally, PFA includes the crucial step of connecting individuals with more formal mental health services when such intervention is deemed necessary (Kroll et al., 2022). Often used by mental health professionals, PFA serves to normalize worry and other emotions, while concurrently encouraging healthy coping mechanisms. PFA also aims to instill feelings of safety, calmness, and hope in individuals experiencing distress within the initial phase of the adverse event (Shah et al., 2020). The core principles and components of PFA include contact and engagement to establish a respectful and empathetic connection with the person in distress, to ensure their physical safety and basic needs are met, and to approach them in a non-intrusive manner. The goal of PFA is to create a safe and comfortable environment for the individual, address any immediate safety concerns, and offer physical and emotional comfort. PFA also helps the client regain a sense of control and

emotional stability (Everly, 2020). During PFA, clients are encouraged to express their feelings and thoughts with reassurance and support, and are encouraged to connect with their existing support networks, such as friends and family. Social support is crucial for coping and recovery. During PFA, clients are provided with information on common stress reactions and coping strategies, and offered guidance on self-care, relaxation techniques etc. (Chandler et al., 2023; Shah et al., 2020).

If needed, PFA can involve facilitating connections to more specialized and ongoing mental health supports and ensuring a smooth transition to ongoing care (Blake et al., 2021). It is important those facilitating PFA follow up with the person after the initial intervention to see how they are doing and whether they have accessed additional support. Follow-up can help monitor progress and identify ongoing needs. PFA is flexible and adaptable to various situations and populations, making it a valuable tool for assisting individuals in the aftermath of crises or traumatic events. PFA principles can be applied in a wide range of crisis situations, including natural disasters, public health emergencies, accidents, and acts of violence. It can be used in both acute and prolonged crisis situations. It can be tailored to address the specific needs of different populations, including children, adults, seniors, and culturally diverse groups. It considers the unique vulnerabilities and coping mechanisms of each group. PFA can be culturally adapted to respect the cultural norms, beliefs, and practices of the affected individuals or communities. This ensures that the support provided is relevant and respectful. It emphasizes the importance of providing immediate support and promoting resilience and recovery (Chandler et al., 2021).

### ***Client Centered Support***

Counselling psychologists can design specialized interventions to address the unique stressors faced by healthcare workers. By understanding their unique challenges and tailoring interventions to their needs, psychologists play a crucial role in fostering the mental well-being of these essential frontline professionals. Interventions can focus on coping strategies, emotional regulation, and building resilience in the face of high-pressure environments (Greenberg et al., 2020). Counselling psychologists need to address various considerations in order to provide client-centered mental health support for healthcare workers. The title of healthcare worker encompasses a wide range of professionals within healthcare; even though many commonalities between the experiences and struggles of HCWs exist, it is essential for the psychologist to get a deeper understanding of the individual they are working with. Differences in healthcare settings such as hospitals, community clinics, long-term care etc. may pose unique challenges to HCWs in these various sites. At the beginning of support, counselling psychologists must conduct comprehensive assessments to understand the specific mental health challenges experienced by the client or the group because different roles, departments, and settings within healthcare may experience slightly different challenges (Srivatsa & Stewart, 2020).

Client-centered mental health supports for HCWs can also include a range of support options, such as individual counselling, group therapy, workshops, webinars, and self-help resources. These approaches accommodate varying preferences and schedules. It is important to recognize the irregular schedules of HCWs and to provide them with nontraditional time for services to align with their shifts, as well as providing different formats, such as virtual sessions, to ensure accessibility to all (Litam et al., 2021). Mental health care for HCWs should be provided at no cost or with subsidized access and should be paid either through their work benefits or government funding. Society has a moral and ethical responsibility to support those

who dedicate their lives to caring for others. Prioritizing the mental health of HCWs is not only a compassionate response but also a pragmatic one; it can lead to a more resilient and effective healthcare workforce (Srivatsa & Stewart, 2020).

### ***Trauma-Informed Care***

Recognizing that healthcare workers may experience vicarious trauma due to their work, counselling psychologists can apply trauma-informed principles in their interventions. Trauma-informed care acknowledges the impact of these experiences and helps workers process their emotions and reactions. This approach to care can thus be very helpful. A well-established evidence-based and manualized approach for addressing the effects of secondary trauma and burnout in healthcare workers during the COVID-19 pandemic is not yet available (Williamson et al., 2020). While seeking psychological counselling services, healthcare workers might find cognitive-behavioral interventions beneficial as these interventions validate their experiences of stress, and challenge any distorted thought patterns they may hold. For instance, physicians who hold beliefs that they “should” have been able to prevent loss of life in patients could benefit from adopting more adaptable and compassionate cognitive processes (Patel et al., 2019).

### ***Acceptance and Commitment Therapy***

Mental health clinicians can also use approaches like Acceptance and Commitment Therapy (ACT) (Borges, 2019; Farnsworth et al., 2019). ACT is a mindfulness-based approach that focuses on accepting one’s thoughts and feelings while committing to actions aligned with personal values. ACT can be applied to HCWs by employing its six core processes; acceptance, defusion, present moment awareness, values clarification, committed action, and self-compassion. HCWs often experience a range of emotions, including stress, anxiety, and sadness.

The acceptance process of ACT encourages clients to acknowledge and accept such emotions without judgment, allowing them to better cope with the emotional toll of their work. In the defusion process of ACT, HCWs can learn techniques to distance themselves from distressing thoughts, helping them detach from negative thinking patterns that can contribute to burnout or compassion fatigue. Present moment awareness involves mindfulness practices that can help HCWs stay present and engaged, even in challenging situations. This can enhance their ability to make clear decisions and provide effective patient care. The values clarification process of ACT helps HCWs identify their core values, both personally and professionally. By aligning their actions with these values, HCWs can find greater meaning in their work and experience a sense of purpose. The committed action process of ACT requires development of strategies for taking purposeful actions that align with HCWs values, even in the face of adversity. This can foster resilience and motivation to continue providing high-quality care. The process of self-compassion in ACT emphasizes teaching HCWs to treat themselves with kindness and understanding. This can counteract self-criticism and enhance their ability to manage stress. These six core process work together to enhance psychological flexibility which encourages HCWs to view their thoughts and experiences from different angles, promoting a more balanced and flexible perspective on their challenges. Applying ACT to the unique demands of healthcare work can help HCWs better navigate stress, build emotional resilience, and sustain their well-being over the long term. It provides practical tools for managing the emotional toll of their work while maintaining a strong commitment to patient care and their own self-care (Borges, 2020; Farnsworth et al., 2019).

### ***Mindfulness-Based Interventions***

In the context of the COVID-19 pandemic, mindfulness and compassion-based meditation techniques may also provide positive results for healthcare professionals (Patel et al., 2019). Compassion-based meditation encourages individuals to release harmful emotions, such as anger, shame, guilt, and suffering, by cultivating compassion toward themselves, others, and the world. Previous research has shown that compassion-based interventions are effective in alleviating symptoms of traumatic stress (Hilton et al., 2017; Follette et al., 2015). Research over the past two decades has consistently demonstrated the effectiveness of mindfulness-based interventions in reducing stress, anxiety, depression, and obsessive disorders (Hilton et al., 2017). Mindfulness, in essence, involves being fully aware of one's present-moment thoughts, emotions, and physical sensations with deliberate and non-judgmental attention. It represents a state of consciousness that fosters a harmonious and balanced relationship between the mind and body, a fundamental element for achieving a state of well-being. Among the most rigorously studied mindfulness-based interventions are MBSR (mindfulness-based stress reduction) and MBCT (mindfulness-based cognitive therapy) (Matos et al., 2022). These programs typically entail weekly group sessions lasting 2 hours and 30 minutes over an 8-week period, with an intensive day of practice in the middle of the program. Bodini et al. (2022) suggest that research into the adoption of clinical frameworks rooted in mindfulness could have a significant impact on the regulation of one's emotions. Consequently, it can be contended that mindfulness enables the mitigation of distress and the cultivation of a sound mental state by supporting participants to engage in self-regulation processes and adjust their' awareness of self, emotional states, behaviors, and interpersonal relationships. Notably, both cognitive-behavioral therapy and mindfulness-based interventions have been endorsed by the Accreditation Council for Graduate

Medical Education to help medical residents manage stress and enhance their productivity in hospital settings (Patel et al., 2019).

### ***Eye Movement Desensitization and Reprocessing***

Eye Movement Desensitization and Reprocessing (EMDR) is another valuable intervention for HCWs dealing with post-traumatic stress and anxiety following work-related trauma experienced during the pandemic. According to Caille et al. (2023), EMDR's structured and evidence-based approach can help HCWs process and cope with the emotional toll of their work, including exposure to traumatic events. EMDR has demonstrated remarkable effectiveness in both preventing and treating the lasting impact of memories associated with critical and traumatic events such as direct exposure to COVID-19. It is considered one of the preferred therapeutic approaches due to its well-established ability to reduce symptoms of PTSD and anxiety; EMDR is also cost-effective and standardized (Mavranouzouli et al., 2020). Moreover, its manualized approach facilitates straightforward implementation within a healthcare system. A recent pilot study in the form of a case series conducted by Tarquinio et al. (2021), assessed the efficacy of remote EMDR treatment for healthcare workers who worked with COVID-19 patients and experienced anxiety and depression. The results of this study demonstrate that the URG-EMDR (emergency EMDR) protocol leads to a significant reduction in anxiety and depression scores; this was the case among all 17 participants. The effectiveness of EMDR in the context of HCWs dealing with the psychological impacts of COVID-19 continues to be researched and a study protocol by Caille et al., (2023) provides further insights. This study is the first randomized control trial to investigate the effectiveness of EMDR as a psychological intervention on long-term control over a 12-month follow-up of HCWs exposed to COVID-19. In this case, the observational cohort provides the opportunity to understand the long-term

evolution of the psychological well-being of HCWs exposed to COVID-19 in France. While a comprehensive approach specifically targeting pandemic related burnout and CF remains in development, these existing therapeutic techniques offer promising avenues for supporting healthcare professionals during these challenging times.

### ***Development of Compassion Intervention Program (DOC)***

Another intervention that can be used to support HCWs deal with CF is the Development of Compassion (DOC) Intervention Program on Compassion Fatigue. This program was designed and used with medical interns and was founded on Aaron Beck's Cognitive Model which suggests that a person's emotions, behaviors, and physiological responses are shaped by their thoughts and perceptions about a situation or event (Fenn & Byrne, 2013). Central to distress management interventions for HCWs are the cognitive, behavioral, emotional, and physiological aspects of DOC, which form the focal points of the program (Potter et al., 2015). The intervention incorporates fundamental techniques, including educating participants about compassion fatigue, cultivating feelings of compassion satisfaction, restructuring cognitive patterns, modifying behaviors, enhancing self-awareness, and fostering skills in interpersonal interactions and resilient coping strategies (Lacson et al., 2021).

The Initial DOC module concentrates on psychoeducation, involving open discussions about the worries of medical interns, establishing rapport, exploring signs of compassion fatigue and compassion satisfaction, and devising practical goals to address these concerns.

Psychoeducation is employed as a strategy to alleviate distress by enhancing awareness of typical stress responses, recognizing personal susceptibility to posttraumatic stress and other adverse consequences, and outlining coping strategies that can lower the likelihood of developing PTS (Ellis & Korman, 2022). The subsequent module centers on self-management,



incorporating fundamental cognitive-behavioral techniques such as identifying cognitive distortions, restructuring thought patterns, and adapting approaches to medical experiences and daily routines. The third module highlights the enhancement of self-compassion and compassion for others. This is achieved through activities that strengthen resilience and reinforce interpersonal connections, including communication, sharing work-related traumas, role-playing exercises, and reflective writing aimed at cultivating compassion towards both patients and colleagues. In the final module, the focus shifts to self-care for healthcare professionals, encompassing an assessment of personal resources and coping strategies within the medical realm, ultimately emphasizing the importance of self-care in enabling effective care for others. A notable distinction was observed between the average scores of the experimental group before and after the intervention. (Lacson et al., 2021). Although the program was initially designed for medical interns and was used in one institution, it could prove to be helpful for other healthcare workers in various clinical settings. Its efficacy and reliance needs to be tested further.

### **Advocacy**

Counselling Psychologists are well-positioned to advocate for systemic changes that promote HCWs' mental health due to their expertise in mental health, advocacy skills, and commitment to addressing the psychological well-being of individuals and communities. Their multidisciplinary approach, ethical principles, and ability to tailor interventions make them effective advocates for positive systemic changes in healthcare settings. Areas in need of advocacy may include: improved working conditions, work-life balance, access to mental health services with an increased focus on prevention and early intervention, policy changes that prioritize HCWs' mental health and organizational support. Psychologists can use their expertise to raise awareness about the mental health challenges faced by HCWs, both within the healthcare

community and in the broader society. By sharing research findings and insights, they can highlight the urgent need for adequate mental health support (Billings et al., 2021). Psychologists can collaborate with healthcare organizations, policymakers, and other stakeholders to advocate for the integration of mental health support into the healthcare system. Their expertise can help design and implement effective programs (Greenberg et al., 2020). During a public health crisis such as a pandemic, HCWs often express experiencing heightened workloads; this has notable effects on their psychosocial welfare. Increased hours and weekend shifts, along with the additional time needed for managing personal protective equipment (PPE) and increased paperwork, were frequently reported as stressors during the Covid-19 pandemic. These challenges were further exacerbated by staffing shortages, whether due to inadequate staffing levels or staff absences resulting from illness or caregiving duties. Consequently, staff members were required to work overtime, leading to feelings of fatigue and an increased risk of errors (Billings et al., 2021). Psychologists can advocate for the development of policies that prioritize HCWs' mental health; this could involve lobbying for increased funding for mental health resources, flexible work arrangements, and more manageable workload and working hours.

Advocacy from psychologists can also include organizing workshops, webinars, and seminars aimed at educating healthcare administrators, policymakers, and the general public about the importance of HCWs' mental health and necessary support systems. Media platforms can be used to amplify the voices of HCWs and share their experiences, helping to generate public support and draw attention to the need for mental health resources. Partnerships with professional associations, labor unions, and advocacy groups may be formed to collectively advocate for improved mental health support for HCWs (Billings et al., 2021; Greenberg et al., 2020). These advocacy efforts should be sustained to ensure that mental health support for

HCWs remains a priority even as the pandemic evolves, and other issues emerge. In essence, psychologists can serve as advocates, educators, and collaborators, working to ensure that the mental health needs of HCWs are recognized, prioritized, and met with effective support measures.

The expertise of counselling psychologists is crucial in addressing the mental health needs of healthcare workers, helping them navigate the challenges of their profession, and promoting their overall psychological well-being. The mental health of HCWs directly impacts public health, patient care, and the well-being of communities. Psychologists have the expertise to offer support, interventions, and strategies that can improve the mental health of HCWs, leading to a stronger healthcare system and a healthier society. Lastly, being involved in the advancement of research can be another way for psychologists to be involved in advancing mental health resources available to HCW (Greenberg et al., 2020). Psychologists can gather and present evidence-based research showcasing the impact of the pandemic on HCWs' mental health. This evidence can serve as a foundation for advocating for specific evidence-based interventions and resources, informing future research as well.

### **Growth Through Adversity – Posttraumatic Growth**

A substantial body of evidence indicates that traumatic encounters such as patient deaths, working in highly stressful conditions, treating patients with severe trauma and caring for patients with terminal illness etc. undeniably result in adverse effects on HCWs. Nonetheless, some studies have suggested the possibility of a positive response to indirect trauma, referred to as vicarious posttraumatic growth. Traumatic experiences lead to psychological distress, setting off a series of intentional mental adjustments in how individuals perceive themselves, others, and the world. Through this process, people gain wisdom from challenges, enhance their connections

with others, cultivate a willingness to embrace life's uncertainties, and become more receptive to novel experiences (Kalaitzaki et al., 2022). Researchers believe that a certain degree of posttraumatic stress is a prerequisite for the development of posttraumatic growth. It is believed that posttraumatic stress should present a level of challenge that encourages vicarious posttraumatic growth, while also avoiding excessive challenge that might impede such growth (Manning-Jones et al., 2017).

Kalaitzaki et al. (2022) investigate vicarious posttraumatic growth (VPTG), its association with secondary traumatic stress (STS), and whether coping responses facilitated posttraumatic growth (PTG) during the COVID-19 lockdown. A total of 647 HCWs (25% men, 75% women) were recruited as participants. The survey booklet gathered data related to participants' demographics and work-related aspects (such as exposure to confirmed or suspected COVID-19 cases). Additionally, the booklet included tools designed to measure the psychological effects of the COVID-19 pandemic. Their research findings show that a substantial proportion of healthcare workers (79.3%) indicated that they occasionally, often, or very often experienced at least three symptoms, signaling the presence of at least moderate levels of secondary traumatic stress (STS) (Kalaitzaki et al., 2020).

In the study mentioned above, HCWs indicated varying degrees of VPTG, ranging from moderate to low levels. Among the different categories of VPTG, personal strength and appreciation of life were the most prominent aspects. Additionally, they revealed frequent utilization of a variety of coping mechanisms. The coping strategies that garnered the highest endorsements were acceptance, planning, and positive reframing. These were closely followed by active coping and self-distraction. Notably, gender disparities were identified, with women attaining higher scores in all VPTG subscales. Among the HCWs included in the sample, they

reported moderate to low levels VPTG during the initial lockdown phase. However, these HCWs exhibited elevated scores in specific VPTG areas, particularly in the domains of personal strength and appreciation of life. This suggests that their experiences during the COVID-19 pandemic led to a heightened awareness of their strengths and a greater appreciation for life, ultimately boosting their self-confidence (Kalaitzaki et al., 2020).

Pan Cui et al. (2021) explore the idea of post traumatic growth in HCWs. The objective of their study was to explore the level and influencing factors of frontline nurses' PTG during the COVID-19 epidemic. A group of 179 nurses working in healthcare were selected for the study, and after excluding some, a total of 167 nurses were used for the analysis. PTG was measured using the Post-traumatic Growth Inventory (PTGI), a questionnaire consisting of 21 items categorized into five factors: connections with others, discovering new possibilities, increased appreciation for life, personal resilience, and spiritual transformation. Participants showed a moderate to high level of PTG, which was influenced by factors such as years of experience in the field, self-confidence in their frontline responsibilities, their understanding of risks, any psychological interventions or training they received, and their deliberate reflection on experiences (Pan Cui et al., 2021).

According to the posttraumatic growth (PTG) model, cognitive processing, particularly constructive cognitive processing, plays a critical role in the process of PTG (Tedeschi & Calhoun, 2004). By engaging in cognitive processing HCWs can have an opportunity to reflect on the positive aspects and meanings of their experiences, along with the potential changes it might bring, such as altering one's view of the world and shaping future goals. This process has the potential to ignite their internal drive for personal development, fostering the establishment of higher goals and convictions, along with the ability to manage emotional distress.

Additionally, these factors can help nurses transform their experiences on the frontline into significant milestones in their lives, amplifying their sense of professional value and contributing to their personal growth (Pan Cui et al., 2021).

The outcome of these studies demonstrates that the connection between traumatic events and PTG is not a linear process. PTG evolves over time with different manifestations among individuals, and this variability needs to be acknowledged for a more comprehensive understanding of responses to extended adverse circumstances. Moreover, it holds strong implications for psychologists aiming to enhance the psychological well-being of HCWs. By increasing factors that support PTG and in turn minimizing the development of CF, psychologists can help HCWs to be better prepared for adverse situations (Zhang et al., 2022).

### **Fundamental Next Steps for Research**

Despite the considerable body of research on burnout and compassion fatigue, the unique challenges posed by the pandemic and its effects on healthcare workers' well-being have not been comprehensively explored. The emergence of the COVID-19 pandemic introduced unprecedented levels of stress, uncertainty, and workload for healthcare professionals globally. However, due to the novelty of this crisis, the literature on burnout and compassion fatigue in the context of COVID-19 is still relatively limited (Hui et al., 2023). Research that specifically investigates how the pandemic has exacerbated or altered psychological phenomena is essential for a comprehensive understanding of its implications for healthcare workers.

While existing research on burnout and compassion fatigue offers a foundation for understanding these phenomena, the scarcity of data pertaining to implications within the context of the COVID-19 pandemic highlights the need for further investigation. As the pandemic

continues to impact healthcare systems and workers, research efforts should be directed towards filling this gap to ensure that adequate support and interventions are developed to address the unique challenges posed by this global health crisis (Styra et al., 2021). Additional research is needed to gain a more comprehensive understanding of the long-term trajectory of the impacts of traumatization and the potential emergence of enduring pathological outcomes. It is essential to conduct longitudinal studies to delve deeper into the prevalence of secondary traumatic stress (STS) symptoms among HCWs and to track any sustained shifts in their mental well-being over time (Orrù et al., 2021).

Nearly three years into the pandemic, feelings of distress and burnout persist due to ongoing challenges such as staffing shortages, absenteeism, and the need to manage increased workloads caused by COVID-19 treatment and prevention, as well as successive waves of infection (Caille et al., 2023). Complex ethical decisions about resource allocation have added to the emotional distress and overall burden experienced by healthcare workers, who must also assess risks to their own health and the health of their loved ones (Greenberg et al., 2020; Tomlin et al., 2020). Despite numerous studies and rapidly generated literature on the topic, there are yet to be clearly defined, evidence-based interventions and support systems focused on the mental health and well-being of HCWs, even outside the pandemic context (Kunzler et al., 2020; Ruotsalainen et al., 2015).

It is crucial to highlight the importance of experience-based codesign (EBCD) methods in supporting the mental health and well-being of HCWs. EBCD is an approach that facilitates collaboration between staff and patients (or other service users) to jointly design services and care pathways in a partnership (McCleary et al., 2022). Robins-Browne et al., (2022) suggest that these methods aim to comprehend the specific needs of HCWs through active engagement and

collaboration, resulting in the co-creation of methods and modalities that best address their identified needs. By deeply involving HCWs in the process, insights can be gained into the various challenges they face in both their professional and personal lives, not only during the pandemic but also in the post-pandemic phase. This includes an understanding of the challenges impacting their mental health and well-being, and the most effective approaches to ensure access to the necessary support in these areas.

By addressing these fundamental next steps in research, a more comprehensive and nuanced understanding of healthcare workers' mental health can be achieved, leading to more effective interventions, policies, and support systems. Psychologists should also ensure that their research findings reach policymakers and stakeholders who can implement changes. This can involve presenting research at conferences, publishing in accessible formats, and engaging with decision-makers directly.

## **Recommendations for Practice**

### **Preventative Strategies**

Counselling professionals such as psychologists can play vital role in partnering with healthcare institutions to implement preventative strategies aimed at mitigating the risks of compassion fatigue and burnout. According to National Academies of Sciences et al., (2021) these strategies should encompass various initiatives that prioritize the psychological well-being of healthcare workers as part of their regular self-care practice. Organizing workshops focused on self-care, stress management, and emotional regulation can effectively reduce the susceptibility to CF (Buselli et al., 2020). Additionally, hosting sessions that address emotional well-being, communication skills, and managing challenging conversations can enhance the



psychological competency of healthcare professionals, ultimately contributing to higher job satisfaction (Chandler et al., 2023). Establishing support groups within healthcare settings, facilitated by peers, offers a valuable platform for healthcare workers to share their experiences, exchange coping strategies, and extend emotional support to one another. This peer-based approach fosters a sense of community and reduces the feelings of isolation that can contribute to CF (Baqeas et al., 2021). Collaboration with healthcare teams allows counselling professionals to aid in identifying signs of mental distress among healthcare workers early on. By recognizing these indicators, interventions can be initiated promptly, mitigating the potential progression of CF or burnout (Omri et al., 2022).

Counselling psychologists and other mental health professionals can guide healthcare workers in establishing a healthy balance between work and personal life. Encouraging the setting of boundaries and exploring ways to rejuvenate outside of the healthcare environment can contribute to overall mental well-being (National Academies of Sciences et al., 2021). An inability to maintain professional boundaries has been linked as a factor that could lead to CF; identified risk factors include taking on additional shifts, frequently taking on tasks that are beyond the required role, taking work home and having poor work life balance (Peters, 2018). Sultana et al., (2020) theorize that CF often stems from deep emotional engagement with patients. Counselling psychologists can assist healthcare workers in establishing healthy emotional boundaries. These boundaries help mitigate the emotional toll of caregiving and reduce the risk of CF. Encouraging healthcare workers to engage in regular reflection allows them to process their emotions and experiences, aids in emotional regulation, and helps them navigate the challenges of their roles more effectively. Incorporating these preventative measures within healthcare settings can contribute significantly to the well-being of healthcare workers,

helping them manage the risks of compassion fatigue and ultimately providing better care to their patients.

Providing healthcare can be physically and emotionally draining. Counselling psychologists can offer stress management techniques, mindfulness practices, and relaxation strategies to help healthcare workers manage their stress levels. Providing regular supervision and debriefing sessions for healthcare workers especially immediately after a difficult situation, can create a safe space for processing their experiences, emotions, and challenges. During public health emergencies, including pandemics, counselling psychologists can play a vital role in offering crisis intervention services to healthcare workers who may experience acute distress (Greenberg et al., 2020).

### **Resilience-Building**

Healthcare workers need to develop resilience to cope with the demands of their profession. Counselling psychologists can assist in building psychological resilience by fostering adaptive coping skills and mindsets. Kreh et al. (2021) suggest that the concept of resilience in the context of a pandemic can be broken down into three fundamental components: resistance, recovery, and adaptive capacity. Resistance pertains to a system's capacity to withstand or endure a threat, which is largely influenced by its inherent strength and preparedness. It encompasses the ability to absorb shocks, withstand the impact of a disaster, and minimize damage or disruption. Recovery focuses on the system's ability to rebound and return to a state of normal functioning after a natural disaster has occurred. It involves the process of restoring and rebuilding essential functions, infrastructure, and services that may have been disrupted or damaged. Lastly, adaptive capacity refers to the system's capability to learn from the experience of dealing with natural hazards and to make necessary changes or adjustments in response to future threats. It implies

the capacity to evolve and enhance resilience over time by applying lessons learned from previous events. These three core elements of resilience provide a comprehensive framework for understanding how systems, communities, and organizations can effectively respond to and recover from the challenges posed by adverse events while also improving their ability to adapt and better withstand future threats.

Baqeas et al., (2021) suggest that during shifts or after particularly challenging cases, healthcare workers may struggle with transitioning from their professional roles to their personal lives. Counselling psychologists can provide techniques to manage this transition and prevent emotional carryover. Emotions, stress, or trauma experienced while caring for patients or dealing with high-pressure situations can continue to affect HCWs even after their work shift has ended. Encouraging healthcare workers to practice self-compassion is essential in managing CF. Psychologists can guide healthcare workers to treat themselves with the same kindness they extend to their patients.

### **Organizational Strategies**

Acknowledging and proactively addressing systemic and organizational factors that influence the well-being of HCWs is crucial. Robins-Browne et al., (2022) claim that the subsequent phase should involve the creation of proactive organizational strategies that align more effectively with HCWs' self-identified preferences for support, especially concerning social aspects. While personalized support measures are inherently valuable, it is essential not to disregard potential systemic factors affecting HCW well-being. Placing additional responsibility for mental health and well-being on already stressed individuals could inadvertently lead to attributing blame for not maintaining their well-being (Robins-Browne et al., 2022).

According to Robins-Browne et al. (2022) clinicians and mental health professionals who work with HCWs need to consider the potential long-term mental health impacts of the pandemic when assessing, diagnosing, and treating their patients. This broader perspective would help healthcare professionals tailor interventions that not only address the immediate challenges but also take into account the possible lingering effects on HCWs' mental well-being. Additionally, by understanding the long-term implications, clinicians can provide more comprehensive and sustained support to HCWs as they navigate the evolving landscape of their mental health in the aftermath of the pandemic. Considering the continuous time constraints and overwhelming workloads experienced by HCWs, incorporating activities such as exercise or mindfulness can sometimes be challenging. This situation underscores the importance of experience-based codesign methods, which highlight the need to comprehend the needs of HCWs and foster collaboration in devising strategies and approaches that effectively cater to these specific needs.

### **Reflexive Self-Statement**

#### **Clinical Ethical Issues**

Working with HCWs can present various clinical ethical issues due to the unique challenges and dynamics of their profession; it is thus important to consider the ethical issues that can arise. The first consideration is to be mindful of any possibility of dual relationships. Psychologists who work with HCWs might face challenges in maintaining clear boundaries, especially if they have existing professional relationships within the healthcare system. The potential for dual relationships can impact the therapeutic alliance and objectivity (Canadian Psychological Association, 2000) so it is very important for psychologists be mindful of any conflicts of interest and recommend other psychologists or alternate supports if they arise. Complex ethical dilemmas can arise when HCWs are experiencing mental health issues. If a

HCW's mental health issues pose a risk to patient safety, psychologists might need to balance their duty to maintain confidentiality with the duty to protect patients (Canadian Psychological Association, 2000).

HCWs encounter distinctive challenges in their work that necessitate specialized attention when it comes to their mental health. Providing effective support for HCWs' well-being can be considered a specialized subfield within psychology, requiring psychologists to undergo additional training or gain specific experience in this area. Ensuring that the mental health interventions provided are within the clinician's scope of expertise and aligned with their professional background is vital to maintaining ethical practice (College of Alberta Psychologists, 2019).

Cultural sensitivity is another area to be mindful of; HCWs come from diverse backgrounds and cultures, and understanding their cultural perspectives and values is essential to providing effective and sensitive mental health support (Robins-Browne et al., 2022). Mental health professionals should be aware of the cultural backgrounds of HCWs they are working with. Understanding cultural nuances and potential influences on their mental health is crucial. According to Lekas et al. (2020), it is essential to avoid stereotyping and making assumptions or generalizations about HCWs based on their cultural background. Every individual is unique, and their experiences may differ widely. Open and respectful dialogue with HCWs is encouraged to allow them to express their thoughts and feelings about their mental health without judgment. It is critical that mental health professionals actively listen to their concerns and strive to enhance their cultural competence. This includes continuous education about different cultures, religions, and belief systems to provide more effective support. Mental health interventions should be

customized to meet the cultural and individual needs of HCWs because consideration of cultural factors can play a significant role in treatment efficacy.

Mental health professionals should consider involving cultural liaisons or interpreters when necessary to bridge language and cultural barriers in therapy sessions. It is essential to respect the cultural practices and beliefs of individuals related to their mental health and well-being. Some cultures may have specific rituals or traditions that influence their approach to healing. Mental health practitioners should be mindful of intersectional factors and recognize that HCWs may have multiple cultural identities (e.g., race, gender, sexual orientation); these intersecting identities can impact their mental health experiences (Robins-Browne et al., 2022). It is important to work collaboratively with HCWs to incorporate cultural elements into their treatment plans if they find these relevant and beneficial. Mental health professionals should practice cultural humility by acknowledging that they may not have all the answers or insights into a particular culture, and should be willing to learn from clients and adapt their approach accordingly (Lekas et al., 2020).

It is essential to be aware of the social location of HCWs to ensure mental health initiatives are sensitive to individual challenges and experiences. Social location refers to an individual's position in society based on factors like race, ethnicity, sexual orientation, and disability. HCWs from marginalized or underrepresented groups may experience discrimination or microaggressions, affecting their mental health. Culturally competent and inclusive support is necessary (Robins-Browne et al., 2022). Another area of consideration includes respect for diverse religious beliefs and practices when supporting HCWs mental health. HCWs may draw strength from their faith or spirituality during challenging times. Providing a supportive environment that accommodates their religious needs and values can contribute to their mental

well-being (Lekas et al., 2020). It is also essential to be mindful that the socioeconomic status of HCWs can influence their access to mental health resources. HCWs from lower SES backgrounds may face additional stressors related to financial concerns, housing, and access to healthcare. Ensuring equitable access to mental health support is vital for all HCWs. Gender can also impact the experiences and willingness of HCWs to access support and coping mechanisms. Women, for instance, may face unique challenges, including gender-based discrimination or juggling caregiving responsibilities at home. Tailored support that recognizes and addresses these gender-specific issues is important. Taking into consideration factors such as social location, religion, SES status, and gender when supporting HCWs' mental health is essential for providing inclusive and effective support (Schneider et al., 2022). Acknowledging the diversity of the experiences and identities of HCWs ensures that mental health initiatives are sensitive to individual needs and circumstances. Addressing these clinical ethical issues requires a thoughtful and patient-centered approach, ensuring that the mental health needs of HCWs are met while upholding ethical principles and professional standards.

### **Methodological Ethical Issues**

Due to its novelty, much of the research focusing on the mental health of HCWs during the COVID-19 pandemic specifically is short-term and often theoretical; as suggested previously, more empirical and longitudinal studies are needed. A significant portion of the available research on this topic, particularly concerning COVID-19, originates from international sources. There seems to be a noticeable gap in research focused on this topic within Canada and the United States. There is a need for more studies conducted in these regions to provide a comprehensive understanding of the mental health challenges faced by healthcare workers in the

context of COVID-19 pandemic in North American, as well as evidence-based interventions to support these HCWs.

### **Learnings and Takeaways**

Going through this process and gaining insights into the psychological impact experienced by healthcare workers in their demanding and highly stressful roles has deepened my appreciation and respect for them. The sacrifices that many healthcare workers make, including enduring long work hours, facing health risks, and being separated from their families in their dedication to patient care are truly commendable. These sacrifices become even more pronounced during times of crises like pandemics. Furthermore, this learning experience has opened my eyes to the significance of terms such as “burnout” and “compassion fatigue.” While these terms are commonly used, it is clear that many of us may not fully comprehend the profound impact and consequences they can have on both an individual’s professional performance and personal life. Understanding the toll that these psychological challenges can take on HCWs highlights the importance of providing them with adequate support and resources to maintain their well-being. Incorporating these considerations into my future practice will enable me to provide comprehensive and more effective care. I will also enhance my awareness of the indicators of burnout and compassion fatigue amongst my peers, friends, and colleagues who are in helping professions; I will actively support them by urging them to seek mental health assistance when needed.

### **Conclusion**

Focusing on the mental health of HCWs is crucial because they are at the forefront of providing care to patients, and their well-being directly impacts the quality of care they can



provide. If HCWs are experiencing high levels of stress, burnout, or mental distress, this can lead to decreased attention, concentration, and empathy, potentially affecting patient safety and outcomes (Omri et al., 2022). Secondly, the demands of the healthcare profession, especially during emergencies like the COVID-19 pandemic, can lead to compassion fatigue and other mental health challenges among HCWs (Baqeas et al., 2021). Buheji & Buhaid, (2020) suggest that neglecting their mental health can result in decreased job satisfaction, increased turnover rates, and even long-term psychological consequences; these consequences could further compromise patient care due to a lack of skilled and motivated professionals. Moreover, the mental health of HCWs is interconnected with their ability to communicate effectively, make informed decisions, and collaborate with colleagues. A stressed or overwhelmed healthcare workforce might struggle to function as a cohesive team, which can negatively impact patient care coordination and outcomes (Balducci et al., 2021). In essence, prioritizing the mental health of HCWs is essential not only for their own well-being but also for ensuring optimal patient care and safety. A mentally healthy healthcare workforce is better equipped to provide high-quality care, make sound clinical decisions, and maintain a compassionate and empathetic approach to patient interactions (Laor-Maayany et al., 2020).

It Is Interesting that extensive efforts that have been devoted to understanding the physical aspects of the COVID-19 pandemic. However, we are only beginning to grasp the profound and lasting impact that this pandemic has had on our mental health (Orrù et al., 2021). Specifically, we are just starting to comprehend the depth of its effects on the well-being of individuals who were on the front lines managing this unprecedented situation. While substantial attention has rightfully been directed towards addressing the immediate health concerns posed by the virus, it is becoming increasingly evident that the psychological toll on those tasked with

crisis management has been substantial. Healthcare workers and other professionals who have been at the forefront of managing this crisis have faced unique challenges that extend beyond the physical risks (Balducci et al., 2021). The mental and emotional strain of making difficult decisions, witnessing the impact on patients and families, and coping with the overwhelming demands of the situation has been profound. As we move forward, it is imperative that we give due attention to the mental health consequences of the pandemic, particularly for those who played crucial roles in managing it. Storm (2019) suggests that by acknowledging and addressing the mental health challenges faced by these individuals, we can provide the necessary supports and resources to help them cope, recover, and continue their vital work. Just as we prioritize physical health in times of crisis, it is equally essential to prioritize mental well-being for the individuals who have been on the front lines of this global challenge.

The pandemic's Impact runs far deeper than Its Immediate effects. It has Ingrained Itself into various aspects of our lives, leaving lasting imprints on individuals, communities, and society as a whole by creating economic disruptions, and bringing forth profound changes in how we work, socialize, and interact (Poku et al., 2020; Caille et al., 2023). It has also unveiled vulnerabilities within our healthcare systems, social structures, and support networks (Hochwater et al., 2022). The deep-rooted impact of the pandemic extends to mental health as well. The prolonged periods of uncertainty, isolation, and fear have taken a toll on psychological well-being. Individuals have grappled with heightened stress, anxiety, and even depression, with some experiencing the ripple effects of grief and loss (Caldas et al., 2021). Healthcare workers have faced unique challenges, including high levels of stress, burnout, and moral distress due to their front-line roles in managing the crisis (Chandler et al., 2023; Hochwater et al., 2022).

While vaccines and medical advancements offer hope for controlling the virus, the deep-rooted impact of the pandemic will continue to shape our lives in complex ways. As we continue to navigate recovery and rebuilding, it is essential to recognize and address the multifaceted effects on physical, mental, social, and economic well-being. This recognition will guide our efforts to create resilient, inclusive, and responsive systems that can withstand future challenges (Caldas et al., 2021; Caille et al., 2023). In essence, diving into this topic provides a greater understanding of the resilience, dedication, and challenges faced by healthcare workers. It underscores the crucial role they play in our society and the need for us to offer the recognition, appreciation, and support they truly deserve.

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