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Perspectives on Compassion Fatigue and Self-Regulation Among Social Workers in Patient Care During COVID-19

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This is to certify that the doctoral study by

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Walden University
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Abstract

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MSW, Widener University, 2016

M.S., Wilmington University, 2010

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Project Submitted in Partial Fulfillment

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Abstract

Since the onset of the COVID-19 pandemic, social workers in patient care have faced significant emotional and psychological challenges, including compassion fatigue, vicarious trauma, and burnout. This study explores the perceptions of social workers working in patient care during the pandemic, specifically examining how compassion fatigue and vicarious trauma contribute to burnout. By focusing on their experiences, the research emphasizes the vulnerabilities social workers encounter as they support populations during these challenging times. The study is grounded in job demands-resources theory to help explain how the demands of social work roles impact mental health and well-being. To gather in-depth data, 12 semi structured interviews were conducted with social work professionals in patient care. Participants shared definitions of compassion fatigue and vicarious trauma, coping strategies, and symptoms encountered in their daily work. Content analysis was employed to analyze data. The research offers implications for positive social change through enhancing support systems for social workers, including developing tailored employee assistance programs, integrating relevant topics into academic curricula, promoting ongoing professional development, and advocacy for policy changes. The insights from this study aim to empower social workers with tools to cope effectively with their challenges, improving the quality of care provided to clients while addressing the ongoing stressors posed by the pandemic.

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Dedication

Primarily, I dedicate this work to God, the guiding light of my life, who has faithfully accompanied me on every step of my doctoral journey. My spiritual beliefs have provided me with a profound sense of purpose and resilience, allowing me to navigate the challenges and triumphs of this process. The strength I draw from my faith has kept me steadfast during moments of uncertainty and has been a source of inspiration throughout the various stages of my dissertation.

Second, I want to dedicate this work to my husband, Derik. Thank you for listening to me as I pondered the direction of my research and for those nights when I wanted to give up. Your support and motivation were essential in helping me push forward. I am profoundly grateful for your encouragement, willingness to listen to my ideas that could help others, and kindness in ensuring I remain grounded and focused on the end result.

Additionally, I would like to dedicate this work to the ladies of Zeta Phi Beta Sorority, Inc., who have been by my side throughout this journey. Most significantly, I want to thank my line sisters, Reverend Dr. Francis Magee and Dr. Amystique Y. Harris Church. This work would not have been possible without their wisdom, prayers, and unwavering support, which provided the push I needed to complete this critical endeavor aimed at helping others in the fields of social work and human services.

Finally, I dedicate this work to all the social workers worldwide who confront various daily challenges. Their dedication to pushing forward for the greater good and their love for helping those in need are truly inspiring.

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I want to express my heartfelt gratitude to my family, whose unwavering support has been a guiding light throughout my journey. To my mother, Norma, you are my steadfast cornerstone of strength. Your insightful words of encouragement and timeless wisdom have been my anchor during overwhelming moments, reminding me that I am never alone in my struggles. To my aunt, Monica, I deeply appreciate your compassionate support and practical advice. You have been a beacon of guidance, skillfully helping me navigate life's most challenging decisions gracefully and clearly. To my sister, Kimberly, and brother-in-law, William, who have always been there, ready to listen and provide valuable insight when I needed it most. To my brothers, Lorde and Marcus, who continuously inspire me with their remarkable purpose in life and tenacity to achieve. I also want to acknowledge my cousin, Asiyah, and my cousin-in-law, Ikeuchi "Keisha," for generously sharing their knowledge and insights. Their support has fueled my motivation, and we have celebrated every achievement together as if each were our own. To Michael and Krystal, my childhood best friends, I am thankful for your realistic approach to situations and always being a listening ear when needed.

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Table of Contents

List of Tables

Section 1: Foundation of the Study and Literature Review

Introduction

According to the U.S. Bureau of Labor Statistics (n.d.), there are currently 708,000 social work jobs, which makes this field one of the fastest-growing careers in the United States. Overall employment of social workers is predicted to grow by 7% from 2022 to 2032, which is considered faster than the average for all occupations. Approximately 63,800 openings for social workers are projected each year, on average, over a decade (National Association of Social Workers, 2017). Social workers work in various settings, including child welfare and human service agencies, healthcare providers, and schools, on a full-time or part-time basis, and some work evenings, weekends, and holidays (U.S. Bureau of Labor Statistics, n.d.).

Even with the projected growth within the social work field, approximately one third of the total social work jobs will be vacant due to social workers separating from the profession. This is expected because social workers are leaving these positions due to retirement, transferring to other occupations, or experiencing hardship, trauma, and compassion fatigue leading to burnout. Approximately 75% of social workers have reported burnout at some point in their careers, and there is a 15% higher risk for social workers to burn out than other professionals (Essential Social Worker Burnout Statistics, 2024). In addition, more than 65% of social workers have combatted compassion fatigue, contributing to burnout, and 22% experience burnout monthly (Essential Social Worker Burnout Statistics, 2024). The source of burnout comes from the commitment to others, taking on other people's issues, and advocating for clients' needs. Burnout is also

attributed to job-related pressure, high caseload levels, excessive paperwork, ineffective supervision, lack of self-regulation resources, emotional difficulties of the job, limited pay and growth opportunities, and lack of recognition for their work. Symptoms of burnout in social workers include emotional fatigue, depersonalization, decreased motivation in achieving personal accomplishments, amplified irritability, decreased commitment to clients, trouble concentrating, recurrent illness, and increased absenteeism.

Social workers often experience burnout due to the significant emotional, psychological, and physical toll of addressing the complex needs of their clients and navigating the demands of their organizations. Maslach's model of burnout, which is widely accepted, encompasses three distinct dimensions: (a) emotional exhaustion, where individuals feel drained and depleted of emotional resources; (b) depersonalization, which involves developing negative and detached attitudes toward clients; and (c) a reduced sense of personal accomplishment, where individuals feel ineffective and unproductive in their roles. By recognizing the importance of addressing burnout early in a social worker's career and addressing interventions during field placement as students can provide valuable training in stress management, self-care techniques, and building resilience. Equipping future social workers with the tools and strategies to navigate and mitigate burnout can better sustain their well-being and effectiveness in the demanding field of social work.

In the high-stress world of social work, 56% of new professionals contend with burnout symptoms within their initial year of practice. This shows a clear picture of the

massive challenges faced within this field. Based on the information gathered, there is an earnestness about tackling the emotional and physical demands in the social work industry. This also highlights the importance of preparing social workers with resources and coping mechanisms to help with compassion fatigue and burnout.

These actions occur regularly; however, since the start of COVID-19, which was a surprise for most, these actions have taken a toll on agencies that employ social workers for patient care. During COVID-19, social workers in patient care were tasked to help others in their time of need, including traumatic events that can lead to stressful responses and affect professionals' emotional well-being. With an ever-rising need for services, social workers often find themselves overwhelmed, chronically stressed, and emotionally fatigued. Even though this is a good thing to help those in need, social workers may only sometimes receive the support needed for self-regulation from an employer or any other needs that must be met.

Social Work History

The emergence of the American social work profession in the late 19th century marked a pivotal moment in history, as it aimed to provide vital assistance to immigrants and those in vulnerable situations. Early social work initiatives were specifically tailored to address the fundamental human needs of various population segments. This profession is central to offering support, aid, and resources to families and communities to alleviate suffering (Nsonwu et al., 2013). As time progressed, the field of social work expanded its scope, endeavoring to aid individuals in achieving their aspirations, enhancing their social skills, and effecting social changes in diverse settings, including within families

and communities. Social workers passionately believe that everyone possesses the fundamental right and potential to lead a fulfilling and productive life. Furthermore, they underscore the significance of human connections in civil society and champion the inherent dignity and worth of everyone.

According to the latest data from the U.S. Census Bureau (2021), there are approximately 93,300 social workers, with 76.8% being women and 23.2% being men. This indicates a 7.63% decrease from 2018 (100,956) to 2021 (93,255) (U.S. Census Bureau, n.d.). Notably, the average age of social workers in patient care is 44.4, and their average salary stands at $52,544.00, placing them at the 263rd rank in the nation.

Interestingly, social workers' wage earnings are approximately $7,000 less than the national salary average (U.S. Census Bureau, n.d.). Furthermore, it is striking to note that social workers in patient care constitute around 60% of the social work field and provide a wide range of mental health services and address various other needs. The field of social work is ever-expanding, adapting to the evolving needs of communities. While the profession continues to serve vital roles, social workers also face significant challenges in meeting these needs.

Compassion Fatigue

Social workers encounter challenges when providing care to others in need regularly. However, based on policies, ethics, and requirements, social work demands that adequate services and interventions are completed despite feelings or emotions. The future of social work depends on the ability to deliver services with a solid base of evidence and to document effectiveness.

From the challenges within this field, compassion fatigue, vicarious trauma, and burnout are prevalent and are some of the significant risks to the mental health of social workers in patient care. The risks in the human services workplace to social workers' emotional, psychological, and physical well-being are well known (Martin et al., 2020, pg.1). The promotion of self-care has been shown to minimize workplace risks, including burnout, compassion fatigue, secondary traumatic stress (STS), and vicarious traumatization. However, even with self-care practices, there are still issues with social workers who are in patient care, and organizations need to assist social workers in developing these positive and lifesaving practices early in their careers to help sustain workers in the social work profession.

The choice of this topic was developed during COVID-19 due to the emotional state of social workers in patient care and the unknown issues of their feelings and challenges. Some of the challenges social workers experience when working with vulnerable people can be difficult, with limited resources available, having high caseloads that can be unmanageable, having a fast-paced environment with limited breaks or processing times of client's situations, and low compensation for the work completed, especially in a stressful time such as COVID-19. I began to research articles online due to COVID-19 restrictions to find the reasoning behind compassion fatigue, vicarious trauma, and burnout among social workers in patient care settings during COVID-19. Due to COVID-19 and its effects on social workers, there are limited studies on how compassion fatigue, vicarious trauma, and burnout have affected social workers in patient care settings during COVID-19.

To conduct research, I used qualitative research methodology to collect data from the experiences of social workers in patient care who have experienced compassion fatigue, vicarious trauma, and burnout during COVID-19. This research method aimed to accumulate data about social workers' personal and professional experiences in patient care where they may experience compassion fatigue, vicarious trauma, and burnout during COVID-19. Based on the data collected, the information could help social workers recognize the emotional strain in their lives, how to implement self-regulation skills, and how to help organizations build effective policies and procedures for social workers in patient care.

Problem Statement

The research was focused on how compassion fatigue, vicarious trauma, and burnout were perceived in a patient care setting during the COVID-19 pandemic. I conducted a literature review to bring the prevalence of compassion fatigue, vicarious trauma, and burnout in patient care settings since the start of the pandemic. There has been an increase in trauma and stress in the social work field, affecting the well-being of social workers. Armes et al. (2020) found that trauma exposure at work is not linked to distress and impairment. However, stress and its aftermath are associated with distress and impairment. This might explain why clinical social workers experience psychological distress or impairment. This has led to a need to explore how the demands of a job with limited resources can lead to staff burnout, a previously overlooked issue that requires attention to self-regulation and self-care (Bakker & de Vries, 2021, pg.1).

Furthermore, when social workers experience symptoms of compassion fatigue, vicarious trauma, and burnout, many continue to work despite their struggles to provide care to those in need. Social workers often overlook their stress and remain resilient, even when not in a good place (Ferreira & Gomes, 2021, pg.1). Burnout and vicarious trauma occur when social workers take on cases that exceed their capacity or when they are unable to improve a client's situation (Ferreira & Gomes, 2021, pg.1). The novel challenges posed by COVID-19 intensified stress among those providing patient care during the pandemic, leading to burnout in this profession (Ferreira & Gomes, 2021, pg.1).

In addition to compassion fatigue, vicarious trauma, and burnout, there has been an increase in depression, anxiety, suicide, and posttraumatic stress disorder (PTSD) among social workers. The impact of the COVID-19 pandemic is also being scrutinized about PTSD, with reporting rates higher than national estimates, indicating a greater need for emotional support from organizations during the pandemic (Canet-Juric et al., 2020; Carbray, 2020; Gualano et al., 2020; Walter-McCabe, 2020, pg.1). Research has indicated that organizational support could reduce compassion fatigue, vicarious trauma, and burnout, aiding the professional growth of social workers. Preventive strategies are essential to alleviate stress levels in this pandemic (Holmes et al., 2021, pg.1).

With the rising mental health diagnoses among social workers in patient care during COVID-19, the lack of emphasis on self-care has exacerbated emotional issues in their lives. Research on how mental health providers respond to secondary trauma has revealed a lack of time for self-care (Owens-King, 2019, pg.1). Clinical social work

practices with trauma-exposed clients have been linked to STS among social workers. Owens-King (2019) highlighted the role of several factors, including self-care, in the development of secondary trauma. The lack of self-care and clinical practices leads to STS. Alternatives to interventions and proactive organizational support are needed to alleviate symptoms among social workers in patient care (Owens-King, 2019, pg.1).

Research from both an individual and organizational perspective sheds light on the significant impact of vicarious trauma in social work practice. It is becoming increasingly evident that unresolved vicarious trauma significantly affects individuals and workplaces (Ashley-Binge & Cousins, 2020, pg. 1). Organizations often need more training and resources to support their social work employees. Although organizations may encourage proper self-care practices, more action is required to address this issue (Ashley-Binge & Cousins, 2020, pg. 1).

Due to the rising number of mental health diagnoses among social workers working in patient care during the COVID-19 pandemic, it has been recognized that self-care has not been prioritized for many individuals, leading to increased emotional challenges among social workers. Research has shown that mental health providers dealing with secondary trauma often struggle to find time for self-care (Owens-King, 2019, pg.1). There has been an observed connection between clinical social work with trauma-exposed clients and the development of STS among social workers. Owens-King's (2019) aim was to identify the factors contributing to secondary trauma, with self-care being one of the highlighted factors. The lack of self-care and the nature of clinical social work have been identified as leading causes of STS. To address the symptoms

experienced by social workers in patient care, it is crucial to explore alternative interventions and for organizational systems to be more initiative-taking and supportive in assisting those working in the field of social work with vicarious trauma (Owens-King, 2019, pg.1).

Evidence from research conducted at both individual and organizational levels supports the impact of vicarious trauma on individuals and workplaces within the social work field. Unresolved vicarious trauma significantly affects individuals and organizations (Ashley-Binge & Cousins, 2020, pg. 1). Organizations often need more training and resources to support their social work employees. While there may be efforts to encourage proper self-care practices within these organizations, more comprehensive solutions are necessary to address this issue (Ashley-Binge & Cousins, 2020, pg. 1). Organizational support and the development of effective self-care plans to mitigate job-related stress and burnout among affected social workers during the COVID-19 pandemic have yet to be sufficiently emphasized (Dima et al., 2021, pg.1). As this issue has yet to be thoroughly examined from individual and organizational perspectives, social workers may not fully grasp the extent of the problem or recognize the physical, emotional, and spiritual toll of patient care and the need for effective therapeutic interventions.

Research on compassion fatigue, vicarious trauma, and burnout within patient care during COVID-19, as well as methods for self-regulation, may offer strategies to assist social workers still working in patient care amidst the pandemic. Despite existing research on this topic, there is a lack of literature or professional knowledge on recognizing the effects of compassion fatigue, vicarious trauma, and burnout in patient

care during a pandemic and taking appropriate precautions, such as a therapeutic self-care approach, to prevent burnout within professional settings. The research problem centers on comprehending the impact of compassion fatigue, vicarious trauma, and burnout in a patient care setting during COVID-19. Insights from social work professionals will provide valuable information to enhance occupational resources for social workers in patient care. The research outcomes will initiate discussions about strategies, policies, and procedures aimed at reducing compassion fatigue.

With the increase in mental health diagnoses of social workers who work in patient care during COVID-19, self-care has been acknowledged as not a priority for most people, which has increased emotional issues within social workers' lives. According to research conducted outlining how mental health providers react to secondary trauma, there is a lack of time for self-care (Owens-King, 2019, pg.1). Also, there has been a connection between clinical social work practice with trauma-exposed clients and STS among social workers. The purpose of the Owens-King (2019) study was to recognize the role several factors play in the development of secondary trauma (also known as *compassion fatigue*) for social workers, and one of the factors outlined was self-care. Lack of self-care and the clinical practices of social workers can lead to STS. To assist with lowering the symptoms found in social workers who work in patient care, there is a need to find alternative interventions in addition to how organizational systems can be more proactive and supportive to help those who are working within the social work practice field to help with vicarious trauma (Owens-King, 2019, pg.1).

Research conducted from an individual and organizational standpoint shows evidence of vicariousness and the effects of being in social work practice. More details are emerging that verify the significant impact on individuals and workplaces due to vicarious trauma that goes unresolved (Ashley-Binge & Cousins, 2020, pg. 1). Organizations seldom have the best training or resources to help social workers employed within their businesses. Also, at times, businesses must use an initiative-taking approach in addressing this issue, and it is assumed that this topic is discussed in supervision. Even though there is encouragement from that organization to adopt proper self-care practices, more is needed to solve this type of problem (Ashley-Binge & Cousins, 2020, pg. 1). There is a lack of importance directed toward organizational support; the growth of a self-care plan that can help to protect against job stress and burnout is not explored, and the stress of job-affected social workers during COVID-19 has led to burnout in this helping profession (Dima et al., 2021, pg.1).

Because this topic has not been thoroughly examined or recognized from an individual and organizational standpoint, social workers may not fully understand the depth of the problem or recognize the physical, emotional, and spiritual stress of patient care and the need to implement therapeutic strategies created to intervene and assist with this social problem effectively. Research on compassion fatigue, vicarious trauma, and burnout within patient care during COVID-19, in addition to self-regulation, will reveal methods to help social workers who have maintained employment in patient care during COVID-19.

Although researchers have investigated this issue, there is little to no literature or social work practice knowledge on how to recognize the effects of compassion fatigue, vicarious trauma, and burnout when working in patient care during a pandemic and how to take proper precautions such as a therapeutic self-care approach to maintain in a professional setting to prevent and burnout. The research problem focuses on understanding the impact of compassion fatigue, vicarious trauma, and burnout within a patient care setting during COVID-19. The insight from the social work professionals will bring forth beneficial information to improve occupational resources for social workers in patient care. The research outcomes can start a conversation about strategies, policies, and procedures that could reduce compassion fatigue.

Purpose Statement and Research Question

The purpose of the research was to comprehend how social workers' experiences of burnout and compassion fatigue during the COVID-19 pandemic reflect job demands, resource theory, and failed self-regulation, and how these factors influence their decision to continue in the field. The study was grounded in the job demands–resources (JD-R) theory and self-regulation. According to Bakker and de Vries (2021), this theory delves into various elements within a JD-R framework, incorporating self-regulation and its impact on individuals, groups, organizations, or communities within the working environment. This theoretical perspective helped elucidate the relationship between the functioning of social workers and the need for organizational support. The conceptual framework presented aligns with the study's focus, understanding that compassion fatigue, vicarious trauma, and burnout are real symptoms resulting from unresolved

issues that commonly affect social workers. Obtaining social workers' perspectives on this topic would aid in understanding their emotional stress and identifying means to address the issue personally and within the workplace. This research aims to gather comprehensive insights from social workers involved in patient care during the pandemic, exploring their viewpoints on compassion fatigue, vicarious trauma, and burnout. By analyzing the collected data, the study aims to enhance the understanding of these issues and develop strategies to mitigate their impact on social workers in patient care.

The research question is as follows:

RQ: How do social workers in patient care take care of the onset of symptoms that are linked to compassion fatigue, vicarious trauma, and burnout on physical, emotional, and mental health?

The specific social work practice-focused research problem addressed through this study is reporting social workers' perspectives on how compassion fatigue and vicarious trauma can lead to burnout while providing patient care in a low-income community health setting during COVID-19. The elements considered are increasing mental health concerns among social workers, growing numbers of people in need, limited resources, and the lack of organizational support to combat burnout. The research gathered is a significant contribution to the improvement of research on these concerns regarding compassion fatigue, vicarious trauma, and burnout in social workers in patient care. The insight on this topic will come from social workers who have worked in patient care and would be studied using the qualitative method. Data were collected from 10 to

12 participants through in-person or virtual interviews, ensuring privacy and honesty during the interview process. The interview process was completed and ensured privacy and honesty. The study used a qualitative method to gather insights from social workers who have worked in patient care. The findings from this study could contribute significantly to understanding compassion fatigue, vicarious trauma, and burnout in social workers providing patient care.

Nature of the Doctoral Project

The individual sample for this study consisted of social workers who have obtained a master of Social Work (MSW) degree and have been in the patient care field for at least 5 years, who are licensed as a licensed MSW (LMSW or equivalent) or licensed clinical social Worker (LCSW or equivalent). In addition to having an MSW, their job description should consist of patient/direct care. They should have experienced at least one incidence of compassion fatigue, vicarious trauma, and burnout in a professional setting. They were interviewed using a researcher-developed open-ended interview protocol based on the concepts identified and the theory.

To obtain participants for the study, I used flyers, letters, and social media outlets such as Facebook, LinkedIn, and local National Association of Social Workers (NASW) chapters to contact social workers in patient care. The data included information from approximately 10 social workers about how they describe compassion, fatigue, vicarious trauma, and burnout within their professionals as it relates to patient care if they were able to acknowledge these emotions within them, acknowledge these emotions, how to manage themselves through these emotions and what their outcomes where on a personal

and professional level. The nature of the study allowed social workers to explain their experiences without fearing adverse outcomes in their current employment.

The specific research design included basic/generic to address the research questions in this qualitative study. The reference entry for the work on which this research design is based is Mihas (2019), which outlines qualitative research as a theoretical structure that focuses on the researcher being able to summarize the social problem, wanting to solve the issue that was identified, and pushing for changes based on the revolving subjects instead of focusing on one concept.

Significance of the Study

This research delved into the critical factors surrounding the challenges faced by social workers in their professional roles such as compassion fatigue, vicarious trauma, and burnout. These issues were explored to gain insight into the underlying causes of these emotional strains and to highlight effective coping mechanisms for social workers rather than simply dismissing their feelings as part of the job. Collaboration with supervisors was emphasized as a key component in supporting social workers as they can facilitate access to therapy, teach stress management techniques, offer valuable guidance, and provide essential training to bolster their ability to thrive in their roles and deliver optimal care to clients. Through the implementation of these supportive strategies, social workers can sustain their positions in patient care, ensuring the continuous provision of critical resources and services to those in need. This initiative-taking approach not only benefits the well-being of social workers but also enhances the quality of care delivered to individuals requiring assistance. By implementing these strategies, there is the chance

for social workers to wait to keep their positions in patient care and continue to do the magnificent work that is necessary to supply resources and services for those in need.

Theoretical/Conceptual Framework

For the theoretical framework, I selected JD-R theory for this research project. JD-R is a combined job design theory incorporating various job stress and motivational perspectives (Bakker & Demerouti, 2017; Van Veldhoven et al., 2020, pg. 1). Bakker and de Vries (2021) outlined the relationship between several elements within JD-R including self-regulation that includes individuals, groups, organizations, or communities that influence the research party within the environment. Within the JD-R theory, there is a sense of balance between a person's responsibilities at work, which may require physical movements and psychological effort (i.e., job demands), and aspects of the job that help people achieve work goals, mitigate demands, or lead to employee growth and development (i.e., job resources; Granger et al., 2024)

According to JD-R theory, every work environment can be classified by job features: job demands and resources (Demerouti & Bakker, 2023, pg.1). Job demands include aspects of a job that require consistent physical and psychological effort, such as work pressure and cognitive demands, and are linked with physiological and psychological costs (Demerouti & Bakker, 2023, pg.1). Job demands consume energy as they need to be addressed, while job resources generate motivation and counterbalance the effects of job demands on employee well-being and performance (Demerouti & Bakker, 2023, pg.1). On the other hand, job resources are functional in attaining work

goals, reducing job demands and associated costs, or promoting personal growth and development (Demerouti & Bakker, 2023, pg.1).

The interaction between job demands and resources is crucial, and according to the JD-R buffer hypothesis, job resources can weaken or buffer the negative impact of job demands on health and well-being. According to the JD-R boosting hypothesis, challenging job demands can strengthen or boost the positive impact of job resources on work engagement. Furthermore, linked to resiliency, personal resources play a similar role as contextual job resources in protecting individuals from job demands and associated costs, stimulating their growth, and facilitating goal achievement. Personal demands are the requirements that individuals set for their performance and behavior, forcing them to invest effort in their work and creating physical and psychological costs. Depending on their nature, personal demands may be involved in the health impairment or the motivational process suggested by JD-R theory.

Over the past two decades, information from various theories of job stress and work motivation, which includes information from the two-factor theory, job characteristics theory, the job demands–control model, the effort-reward imbalance model, and the conservation of resources theory (Demerouti & Bakker, 2023, pg.1). However, the job resources theory could be applied to people and organizational settings during COVID-19. Research has shown that personal resources, such as self-efficacy and entertainment resources, are negatively associated with loneliness and psychological distress. In contrast, personal demands, such as health threats to oneself and others, are positively related to psychological distress.

The COVID-19 pandemic presented challenges for organizations in understanding and supporting the well-being and performance of their employees. Predicting individual employees' well-being and job performance during crises is complex. JD-R theory emphasizes that employee health and motivation arise from health impairment and motivational processes (Demerouti & Bakker, 2023, pg.1). Job demands, such as work pressure, can deplete employees' energy and impact on their health. Job resources, like autonomy and social support, aid employees in coping with demands and enhancing their development. The pandemic has highlighted the interplay between individual, job, family, and organizational demands and resources in predicting outcomes. Additionally, alongside individual coping strategies, the coping strategies of family members, leadership, and the organization or team can influence the impact of demands and resources on outcomes (Demerouti & Bakker, 2023, pg.1). A job design perspective during crises has led to several testable propositions within the JD-R theory, offering insight into how turbulent times affect employee well-being and performance.

The COVID-19 pandemic has posed significant challenges for organizations seeking to understand and support the well-being and performance of their employees. Predicting individual employees' well-being and job performance, particularly in times of crisis, has proven to be a complex task (Demerouti & Bakker, 2023, pg.1). JD-R theory is a valuable framework, highlighting that employee health and motivation result from two distinct processes: health impairment and motivational processes. Job demands, such as work pressure and demanding customers, have depleted employees' energy and adversely impacted their health (Demerouti & Bakker, 2023, pg.1). Conversely, job resources, such

as autonomy and social support, have been found to help employees cope with demands and enhance their development. The pandemic has underscored the interconnectedness between individual, job, family, and organizational demands and resources in predicting outcomes. Moreover, alongside individual coping strategies, the coping strategies of family members, leadership, and the organization or team have been identified as factors that can influence the impact of demands and resources on outcomes (Demerouti & Bakker, 2023, pg.1). A job design perspective during a crisis has prompted the development of several testable propositions within JD-R theory, offering insight into how turbulent times can affect employee well-being and performance.

Bakker and de Vries (2021) outlined the relationship between several elements within JD-R, including self-regulation that includes individuals, groups, organizations, or communities that influence the research party within the environment. Within JD-R theory, there is a sense of balance between a person's responsibilities at work, which may require physical movements and psychological effort (i.e., job demands), and aspects of the job that help people achieve work goals, mitigate demands, or lead to employees' growth and development (i.e., job resources; Granger et al., 2024). This theory focuses on several elements that include regulation perspectives in job demands-resources (JD-R) theory to suggest that short-term job strain and the disparity between job demands and resources can lead to a deficiency in the process, which can lead to physical or emotional strain. These actions can eventually lead to burnout due to consistently high job demands and low job resources, combined with failed self-regulation. (Bakker & de Vries, 2021, pg. 1)

Companies have been trying to find out how their employees are affected by the COVID-19 pandemic and how they can support their well-being and improve their productivity during and beyond. JD-R theory implies that employee health and motivation are outcomes of two different processes: health deficiency and motivational processes (Demerouti & Bakker, 2023, pg.1). Demands, such as workload and interaction with difficult people, drain the energy of their employees and consequently diminish their physical and mental health, whereas job resources, such as self-sufficiency and social support, can help employees deal with the demands and develop themselves (Demerouti & Bakker, 2023, pg.1) With the application of this theoretical perspective, this will help explain the connection between the functioning of social workers and the need for organizational support. Combining these theories provides a more thorough and complete understanding of employee well-being and performance and how compassion, fatigue, vicarious trauma, and burnout occur in social workers in patient care.

Values and Ethics

The NASW is the largest social work membership organization for professional social workers. The NASW's mission is to increase the professional growth and improvement of social workers, promote and maintain consistency of professional standards, and spread information about social policies and procedures (NASW, 2017). The objective of NASW is based on established values that are the foundation of the field of social work. Even though all six values are essential to the work of social workers, the dignity and worth of the person are essential to the application of this research project.

Within the practice of social work, having dignity and worth of the person is an integral part of providing services for those in need. Based on this value, social workers treat each person served caringly, respectfully, and thoughtfully, as well as individuals with differences and cultural and ethnic diversity. Social workers are supposed to promote patients' self-determination and their motivations to keep pushing forward with their life goals. Social workers aim to improve clients' capabilities and allow them to change while addressing their need for improvement. While achieving these goals, social workers know their dual task to their clients and society.

However, due to compassion fatigue, vicarious trauma, and burnout, social workers have a difficult time focusing on the needs of their patients due to symptoms of compassion trauma such as feeling on edge, angry, irritable, easily overwhelmed by work responsibilities, mental and physical exhaustion, sleeping difficulties, impaired ability to care for patients, impaired judgment and behavior, decrease in work satisfaction and productivity, reduced ability to feel sympathy or empathy, pessimistic or cynical attitude, apathy, and isolation. Based on their emotional and physical state, some may be distracted and unable to provide the care needed, which goes against the NASW Code of Ethics.

Review of the Professional and Academic Literature

In this literature review, I examine readings, books, and journal articles related to compassion fatigue, vicarious trauma, burnout, social work, and patient care. I searched the literature using the Walden University online library database and the NASW Code of

Ethics. The chosen literature collected for this study's development is the foundation for assessing data from this study.

Compassion Fatigue

Compassion fatigue is defined as the emotional, cognitive, and behavioral reactions that are evident when a person becomes aware of an event that was traumatizing to a significant other, the strain that is a direct result of wanting to relieve someone's suffering, or the result of over-involvement in patients' care. (Rivera-Kloeppel & Mendenhall, 2021, pg.1). Compassion fatigue was introduced and first widely used by Johnson in 1992 when examining the nature of burnout among professionals who work in patient care within an emergency room, who displayed feelings of helplessness and anger (Coetzee & Laschinger, 2018, pg. 1). This term explains the reduced capability to nurture those in need among nursing professionals who work in trauma units during this time. However, the term *compassion fatigue* was adopted and changed by Charles Figley to include a more comprehensive description that includes a wide range of (Rivera-Kloeppel & Mendenhall, 2021, pg.1). Over time, this term has correlated with *helper syndrome* that results from continuous disappointing situations and leads to moral distress (Van Mol et al., 2015, pg 1)

Based on the information gathered, the definition of compassion fatigue began to develop to include "exposure to patients or clients experiencing trauma or distress can negatively impact a professional's mental and physical health, safety and wellbeing, as well as that of their families, the people they care for, and their employing organizations" (Coetzee & Laschinger, 2018, pg. 1). In addition, the world-renowned traumatologist

Charles Figley added more details to the definition ad referred to compassion fatigue as "the cost of caring," has defined it as "the deep physical, emotional, and spiritual exhaustion that can result from working day to day in an intense caregiving environment" (Coetzee & Laschinger, 2018, pg. 1). The changes in the definition included adding in the component of a state of exhaustion and the effect of a person's functioning on a biological, psychological, and social level. The effects were connected to extended periods of being exposed to stress placed on a person, and the extension of caring too much. With these definitions and phrases, compassion fatigue has become the term used in situations that include stress resulting from exposure to a traumatized individual, secondary trauma syndrome, secondary traumatic stress (STS), countertransference, burnout, and helper stress (Coetzee & Laschinger, 2018, pg. 1). Compassion fatigue has gained the attention of mental health professionals, and its effects have become increasingly recognized in the workplace (Mitchell, 2023, pg.1).

Vicarious Trauma

From the definition of compassion fatigue, the term *vicarious trauma* emerged. McCann and Pearlman first developed vicarious trauma. Based on constructivist self-development theory, vicarious traumatization is defined as the "transformation in the inner experience of the therapist that comes about as a result of empathic engagement with client's trauma material" (Rauvola et al., 2019, pg.1). This viewpoint suggests that individuals create their reality, and personal ideas of reality and cognitive schemas are interrupted through contact with others' traumatic reactions. Vicarious traumatization is described as a more general, longer-lasting shift in a caregiver's inner experience that

results from disrupted beliefs regarding themselves, relationships, and the world, which distinguishes it from the more acute phenomena of STS and compassion fatigue (Rauvola et al., 2019, pg.1).

Vicarious trauma has been closely related to terms used in current literature (STS, compassion fatigue, burnout, countertransference, traumatic countertransference, PTSD, emotional contagion, and shared trauma) and was added due to extensive research conducted on several categories of patient care workers, including social workers (Noel et al., 2022, pg 1). Within the field of social work, vicarious trauma is a probable side effect of social work practice with its varied influence on individuals and workplaces. Organizations employing social workers do not always use an initiative-taking stance in focusing on vicarious trauma. There is an assumption that an organization's contribution to supervision and some self-care elements is enough to help employees. However, limited support is insufficient, and individual social workers, social work managers, and organizations employing social workers should contemplate the pros and cons of their current approach and encourage further research into this problem.

Secondary Trauma

Over the past 20 years, there has been increasing recognition of the psychological and emotional challenges faced by social workers due to their frequent interactions with clients who have experienced trauma. Secondary traumatization refers to the indirect exposure to traumas that professionals experience through their clients' narratives of traumatic events. This exposure can profoundly impact a worker's emotions, behaviors, beliefs, and values, mainly when assisting clients in their recovery process. Professionals,

such as social workers, child protection service workers, military health providers, and trauma therapists are at elevated risk of developing secondary trauma due to their close contact with trauma survivors. This form of trauma closely resembles PTSD and is known as STS. STS is characterized by three clusters of symptoms: intrusion, avoidance, and arousal. Workers may re-experience traumatic events, avoid stimuli associated with trauma, and experience increased anxiety and arousal because of their work.

A recent meta-analysis revealed a significant overlap between burnout and secondary traumatization among workers with indirect exposure to trauma, including social workers. Social workers may experience indirect trauma by reproducing the trauma of their clients, leading to vicarious trauma. Pearlman and Saakvitne highlighted the consequences of empathetic engagement with the client's trauma, emphasizing the transformation in the therapist as a significant risk to the therapeutic process. Compassion fatigue syndrome may develop due to natural empathy toward a client, hindering effective therapeutic action.

The symptoms associated with these conditions pose a significant risk to workers' mental, emotional, and physical health and create challenges for maintaining sustainable work environments in social work organizations. Understanding the occupational hazards that impact the well-being of professionals in helping professions and developing strategies for mitigating these risks is crucial. Implementing measures to reduce occupational risk factors and promote factors that protect workers' health can help to create healthier and more sustainable work environments in organizations dedicated to human services.

These terms refer to the exchange of traumatic experiences or socioemotional problems between social worker and client. When social work professionals experience transfer and countertransference, they must be careful that the process complies with the best practices for exchanging experiences or client problems. Clients' feelings, affections, and anxieties arise; therefore, social workers must be aware of their feelings, beliefs, and vulnerability. Therapists experience indirect trauma by reproducing the trauma of their clients. During a psychotherapeutic intervention, the social worker is confronted with the client's traumatic experience, and it is here that the therapist might experience and develop vicarious trauma. Recognizing the risk of transferring that traumatized client's worldview to the therapist's reality is imperative as an antidote to compassion fatigue.

Research highlights "empathetic engagement with the client's trauma" and similarly alludes to "transformation in the therapist" as part of the consequences of being empathic (Figley & Ludick, 2017, p. 578). This transformation represents one of the most significant risks to the therapeutic process. Consequently, compassion fatigue syndrome develops due to the natural empathy born during the client. Empathy can promote a state of emotional fragility, hindering effective therapeutic action. Secondary trauma can make a therapist an indirect victim of a client's traumatic events or socioemotional problems. Ethical principles and professional responsibility in the social work field can also influence the development of compassion fatigue.

Resilience is essential for coping with trauma, and minimizing exposure to trauma-related experiences in the workplace can enhance resilience. Institutions must implement self-care practices for social workers who constantly deal with traumatic

events and social and psychological problems. Agencies need to be initiative-taking in supporting professionals who work with tragedies. The capacity of the social worker is vital in facing the reality of compassion fatigue. Lastly, it is essential to acknowledge the potential biases and gaps in knowledge that may affect the validity and ethics of the investigation.

Patient Care

One of the essential job responsibilities of a social worker is to provide patient care to those in need. Empathy and effective communication when interacting with individuals is vital to patient care. Having empathy consists of being able to recognize the personal experience of the patient while maintaining boundaries and using effective communication. Within the helping profession, research has shown that having elevated levels of empathy helps professionals conduct their jobs more professionally and promotes therapeutic change within an individual. An empathetic professional understands the patient's needs and feels secure in receiving the thoughts and problems that concern patients. Even though the importance of empathy is undisputable, a high percentage of professionals have trouble adopting this way of interacting with others. Some of the factors that negatively affect the development of empathy are the high number of patients that professionals must manage, the lack of adequate time, the focus on therapy within the existing academic culture, and the lack of education in empathy (Moudatsou et al., 2020).

Impact on Social Work During COVID-19

"Social work practice is a helping profession that adopts skills and theories of human behavioral and social systems in resolving social problems" (Okafor, 2021, pg.1). The COVID-19 pandemic destroyed the world, causing millions of infections and deaths throughout the country. As noted by Cheung (2020), "the role of social work in pandemics has long been significant throughout the years but has not been well documented in literature" (Nicholas et al., 2023, pg.1). Since the beginning of the pandemic, the statements of the International Federation of Social Workers include aspects such as the commitment to social work towards a better world, the ethical challenges faced by social workers, or the need to integrate transformative practices (Okafor, 2021, pg.1). However, the COVID-19 pandemic has impacted on social work responses, including social services users, social workers, and other professionals in patient care. During COVID-10, one of the significant support systems that had difficulty providing patient care was the hospital setting. Within the hospitals, the staff was overwhelmed with patients, and the need for resources was at an all-time high in an area where disparities were already present.

Based on experiences that hospital-based social workers studied during the 2003 SARS pandemic in Toronto, Canada, there was an opportunity to gain experience more about the impact on social work during a major pandemic (Nicholas et al., 2023, pg.1). According to the information gathered, there was a high increase in the emotions of patients and families; many were struggling with internal emotions within themselves, needing to build their support systems and coping strategies but not having the time or

energy to do so (Nicholas et al., 2023, pg.1). These symptoms lead to social workers in patient care facing challenges with technology and effective communication, particularly at the beginning of the pandemic, facing challenges connected to communication due to personal protective equipment (e.g., mask use) as well as using visitation and isolation protocols (Nicholas et al., 2023, pg.1). In addition, social workers had to increase their engagement in advocacy for patients and staff and bridge the gap with resources for patients, families, and other professionals. This posed a problem since irregular policies were often used, and there was a break in the structure outlined previously. Social workers had to use a lot of flexibility and adaptability to conduct their roles and remain ethical (Nicholas et al., 2023, pg.1).

Burnout

Burnout and compassion fatigue are linked, with burnout being recognized as a component of compassion fatigue (Malik, 2024). Burnout often occurs when individuals experience prolonged exposure to demanding interpersonal and emotional stressors (Malik, 2024, pg.1). Emotional exhaustion is a crucial aspect of burnout, characterized by the feeling that one can no longer give oneself entirely to patients. Another facet of burnout is the development of a negative attitude towards patients, known as depersonalization. The final element of burnout involves negatively assessing one's work with patients. Thus, burnout comprises three components: emotional exhaustion, depersonalization, and reduced personal accomplishment (Malik, 2024, pg.1).

The effects of burnout include job absenteeism, high turnover, decreased productivity, and reduced job satisfaction (Malik, 2024, pg.1). Several factors can

contribute to burnout, such as work overload, time pressure, role conflict, role ambiguity, difficulty with clients, lack of social support, feedback, and autonomy (Malik, 2024, pg.1). Certain aspects, such as decreased levels of hardiness, an external locus of control, low self-esteem, and avoidant coping strategies, have been associated with burnout (Malik, 2024, pg.1). Research also indicates that burnout is linked with reduced trust in employees, reduced differentiation from self, increased nonadaptive coping, reduced mindfulness attitudes, and reduced compassion satisfaction (Malik, 2024, pg.1).

The feeling of compassion fatigue is an indicator of STS and burnout of professionals, especially working in patient care and during COVID-19. Secondly, traumatic stress may build a challenge in maintaining resiliency within the social work field. The stress experienced by social workers in patient care puts social workers at risk for further distress or functional impairment (Armes et al., 2020, pg. 1). This type of exposure to distressing actions can become a norm for workers, but there needs to be a better understanding of the role of STS to ensure workforce sustainability (Armes et al., 2020, pg. 1). Compassion fatigue has been studied across the world and in most caregiving professions. Due to the research that is being gathered, compassion fatigue has been recognized to affect not just professionals who worked in patient care but anyone who works in the caring professions, including other professions such as doctors, emergency care workers, hospice workers, emergency service workers, chaplains, physicians, psychologists, genetic workers, midwives, police officers, firefighters, mental health workers, family therapists, and veterinarians and veterinary technicians (Coetzee & Laschinger, 2018, pg. 1).

Growth in the arena of trauma-informed care has correspondingly created interest in the potential hazards for clinicians who regularly provide trauma-based services. However, what to call the phenomena of clinicians being affected by bearing witness to other's trauma is a source of perplexity. A review of research indicated that numerous terms are being used to describe this phenomenon. The literature review looked explicitly at vicarious trauma as a narrowly defined term, yet similar terms have been developed with overlapping characteristics and symptoms. Commonalities encountered in the literature review were the need for operationalized terms, vocabulary mismanagement, and incorrect terminology when designing and conducting research, creating potential vulnerabilities to the reliability and validity of findings. The implications are essential to various issues, specifically increasing the collective knowledge base and trustworthy information concerning vicarious trauma and similar terms, avenues to decrease research inconsistencies, better prevention measures, enhancement of clinical practice behaviors, and precautions for future research endeavors.

Call for Organizational Support

Research suggests that maintaining elevated levels of mindfulness is associated with reduced burnout among psychologists and counseling interns. Mindfulness mediates the relationship between self-care and well-being, and incorporating yoga and meditation into routines has proven beneficial for healthcare professionals. Implementing programs centered around yoga and meditation can alleviate burnout among physicians and professionals who worked in patient care. Mindfulness encompasses purposefully and

nonjudgmentally paying attention to the present moment, and self-compassion entails treating oneself with kindness while acknowledging personal inadequacies.

The existing body of research illustrates that maintaining elevated levels of mindfulness is strongly associated with reduced burnout among psychologists, social workers, and therapy interns. Studies have also revealed that mindfulness significantly mediates the relationship between self-care and overall well-being (Aryankhesal et al., 2019, pg. 1). Additionally, incorporating yoga and meditation into their routines has proven beneficial for healthcare professionals in improving their physical and mental well-being.

These practices can involve simple meditation exercises, which can be easily integrated into any workplace setting. Furthermore, research has demonstrated that implementing programs centered around yoga and meditation can effectively alleviate burnout among physicians and professionals who worked in patient care (Aryankhesal et al., 2019, pg. 1). Therefore, mindfulness, yoga, and meditation are vital components of self-care that reduce burnout and enhance overall well-being.

Mindfulness encompasses purposefully and nonjudgmentally paying attention to the present moment (Aryankhesal et al., 2019, pg. 1). Another essential aspect of mindfulness is self-compassion, which entails treating oneself with kindness while acknowledging personal inadequacies, mistakes, failures, and challenging situations (Aryankhesal et al., 2019, pg. 1).

Previously, research was conducted on the effects of mindfulness-based stress reduction (MBSR) programs on mental health workers. One study focused on female

mental health workers (n = 22) and found that MBSR training improved overall self-compassion. Another study examined the impact of an MBSR program on female mental health workers and discovered an improvement in overall self-compassion but no significant effect on overall burnout (Aryankhesal et al., 2019, pg. 1). Similarly, a study on a 4-week MBSR training program showed a significant decrease in work-related stress and improved mindfulness, but it did not have a significant effect on overall burnout (Aryankhesal et al., 2019, pg. 1). However, another study found that mental health professionals significantly improved mindful attention and awareness after participating in an 8-week mindfulness-based cognitive therapy (MBCT) program (Aryankhesal et al., 2019, pg. 1).

Studies also suggest that acceptance and commitment therapy (ACT) stress management training increases mindfulness and psychological flexibility while decreasing professional self-doubt (Prudenzi et al., 2022, pg.1). A study found that ACT stress management training among social workers reduced burnout, emotional exhaustion, and depersonalization and improved personal accomplishment and psychological well-being (Ratcliff, 2024, pg.1). However, rigorous ACT designs may yield different outcomes for burnout, self-compassion, and psychological well-being. Reviewing therapies for mental health practitioners, such as social workers, found some preliminary benefits for MBSR, MBCT, and mindfulness self-compassion training. Nevertheless, the overall levels of burnout and its various aspects remained unaffected (Crego et al., 2022, pg. 1).

These studies collectively provide initial positive evidence for the impact of MBSR on stress reduction and mindfulness improvement. However, the effects on burnout, self-compassion, and psychological well-being appear to be mixed and less pronounced.

Overall, these studies provide initial positive evidence for the impact of MBSR on stress reduction and mindfulness improvement (Yavuz Sercekman, pg. 1). However, the effects on burnout, self-compassion, and psychological well-being appear to be mixed and less pronounced. An additional form of mindfulness that could be used with social workers and other direct care personnel is compassion-focused therapy (CFT). CFT is a psychotherapy approach deeply rooted in attachment theory, affective neuroscience, and evolutionary psychology (Beaumont et al., 2021, pg.1). It incorporates techniques, including attention and mindfulness training, soothing rhythm breathing, and compassion-based imagery. These methods have been found to activate the parasympathetic nervous system, increase self-compassion and positive emotions, and alleviate self-criticism, shame, and psychological distress.

CFT aims to regulate emotional systems such as threat, drive, and soothing by using a three-system model that categorizes emotions based on their evolutionary function. The threat system alerts and directs attention to potential threats, while the drive system is focused on positive emotions and the pursuit of advantageous resources. However, prolonged activation of these systems can lead to fatigue, underscoring the importance of the soothing system in restoring balance. Compassion encompasses sensitivity, sympathy, distress tolerance, empathy, no judgmentalism, and care for

wellbeing—these fundamental qualities make up the first psychology of compassion (Malik, 2024, pg.1). The second psychology of compassion involves the commitment and application of these skills. Compassion is conceptualized as a three-way flow involving compassion for others, compassion for others, and self-compassion.

Studies have evidenced the efficacy of CFT, illustrating its ability to cultivate self-compassion, enhance self-support, connect individuals with their compassionate selves, and encourage self-reassurance during challenging times (Vidal & Soldevilla, 2023, pg.1). In different contexts, CFT has bolstered self-compassion, self-reassurance, social rank, positive emotions, and overall well-being while diminishing self-criticism, attachment anxiety, and distress. Although results have varied, with one study showing no significant impact on self-compassion, CFT has been found to reduce self-criticism and boost self-compassion in certain groups significantly. CFT is an evolving area of psychotherapy, particularly promising for enhancing self-compassion among mental health professionals (Vidal & Soldevilla, 2023, pg.1). However, comprehensive research specifically targeting mental health workers is essential to understand its implications fully (Vidal & Soldevilla, 2023, pg.1).

Summary

In summary, this study focused on gaining knowledge on compassion fatigue, vicarious trauma, and burnout to find alternative methods to help social workers experiencing symptoms associated with current working conditions. I used a qualitative design to explore how social workers working in patient care during COVID-19 have been impacted by compassion fatigue, vicarious trauma, and burnout. The study reviewed

the symptoms and mental and emotional strain on social workers in patient care by gathering details from professionals in the field. This study disclosed professionals' strengths and vulnerabilities and reported their firsthand experiences while working during COVID-19. I used the JD-R theory to help gain more knowledge on the effects of compassion fatigue, vicarious trauma, and burnout and identify areas of improvement for social workers in patient care who have experienced these symptoms. The following sections will present the qualitative approach for the research design for this study.

Section 2: Research Design and Data Collection

Introduction

In Section 1, I introduced details on compassion fatigue, vicarious trauma, and burnout. In Section 2, I outline the research design for this project. The following questions centered on the development of this research project: How do JD-R theory and self-regulation elements appear in social workers' descriptions of their experiences of burnout or compassion fatigue while working in patient care during COVID-19? How do social workers' descriptions of their decision to remain working inpatient care during COVID-19 despite feelings of burnout and compassion fatigue reflect elements of JD-R theory and self-regulation? These outlined questions were used to ask about the effects of experiencing compassion fatigue, vicarious trauma, and burnout while working in patient care during COVID-19. The social workers included in this study are licensed with an LMSW or LCSW, have been in the field for over 5 years, are in patient care, and have worked during this pandemic. Within this section, I outline the qualitative research methods, including the research design, methodology, data analysis, ethics, and procedures used for this study.

Research Design

This study aimed to collect the experiences and knowledge of social workers in patient care who worked during COVID-19 and have experienced symptoms of compassion fatigue, vicarious trauma, and burnout. This study focused on professionals with at least 5 years of experience in the field and who were licensed at a master's and clinical level. The outlined research questions guided the qualitative research method,

and semistructured interview questions were used to gather information from the social workers. Through semistructured interview questions, I included open-ended questions, inquiries, comments, and follow-up questions to explore this topic thoroughly. This approach provided insight into social workers' attitudes, behaviors, and beliefs regarding this issue. The study included 10-12 social workers who volunteered their time and expertise for this study. The project was designed to examine the experiences of social workers in patient care who have encountered compassion fatigue, vicarious trauma, and burnout and to understand how they have been affected both in the short and long term. The information gathered would serve as a starting point for initiating conversations between social workers and organizations to better support those in need in this field.

Methodology

"Qualitative data analysis is the classification and interpretation of linguistic (or visual) material to make statements about implicit and explicit dimensions and structures of meaning-making in the material and what is represented in it" (Mezmir, 2020, pg.1). "Qualitative data analysis blends the methods of rough analysis of the material (overviews, condensation, summaries) with approaches of a detailed analysis (elaboration of categories, hermeneutic interpretations or identified structures)" (Mezmir, 2020, pg.1). The study focused on social workers with a master of social work degree and at least 5 years of experience. They were licensed as an LMSW or equivalent or LCSW or equivalent and involved in patient or direct care. These participants must have experienced compassion fatigue, vicarious trauma, or burnout in their professional roles. An open-ended interview protocol was developed based on the identified concepts and

theory. Approximately 10 to 12 social workers were interviewed about how they describe compassion fatigue, vicarious trauma, and burnout within their professionals as it relates to patient care in a low-income community health setting. Participants were asked if they were able to acknowledge these emotions within them, if able to acknowledge these emotions, how to manage themselves through these emotions and what their outcomes were on a personal and professional level.

Semistructured interviews served as the primary method for gathering information about how compassion fatigue, vicarious trauma, and burnout have affected the lives of social workers in patient care. For local participants, the information gathering was completed in person; however, a videoconferencing method was used for others when needed. The sample participants were chosen based on their licensure, time in the social work field, and job location (community patient care). The insights gained from these interviews may help social workers and organizations better understand how personnel can limit compassion fatigue, vicarious trauma, and burnout and how organizations can step up and build a structure that will help retain social workers.

Data Analysis

Data analysis is an essential element for qualitative research that helps others understand the point of view of the topic and gives a clear picture of the data collected. “Qualitative research is conducted on natural objects that develop as they are, are not manipulated by researchers, and the presence of researchers does not affect the dynamics of these objects” (Soehardi et al., 2021, pg.1)

Qualitative research is applicable in following cases: (1) when an exploratory approach is required on a topic that is not well known, (2) when something cannot be explained fully with quantitative research, (3) when it is necessary to newly present a specific view on a research topic that is difficult to explain with existing views, (4) when it is inappropriate to present the rationale or theoretical proposition for designing hypotheses, as in quantitative research, and (5) when conducting research that requires detailed descriptive writing with literary expressions. (Pyo et al., 2023, pg.1)

Qualitative research is generally conducted in the following order: (a) selection of a research topic and question, (b) selection of a theoretical framework and methods, (c) literature analysis, (d) selection of the research participants (or participation target) and data collection methods, (e) data analysis and description of findings, and (f) research validation. (Pyo et al., 2023, pg.1)

Qualitative data can supply significant findings if they are correctly managed. Given the diverse types of qualitative data, tools to manage and analyze this information must provide options for data in multiple formats needed for the data's validity (Dhakal, 2022, pg.1). The computer software NVivo can import and support multiple formats and data types and is a helpful tool for sorting, organizing, and analyzing qualitative data. It has also been argued that using NVivo or computer-assisted qualitative data analysis software (CAQDAS) can even improve the quality of the analysis (Dhakal, 2022, pg.1). In addition to the collection process, conducting a good and thorough analysis helped validate the information collected. These approaches are necessary in the data collection process to address the difficulty of the study: (a) credibility, (b) validity, (c)

transferability, (d) external validity, (e) dependability, (f) reliability, (g) confirmability, (h) objectivity, and (i) trustworthiness (Dhakal, 2022, pg.1).

Ethical Procedures

Due to the nature of this study, the ethical standards of the researcher must be upheld to safeguard the transparency, validity, privacy, and truth of participants. To maintain ethical procedures, I requested authorization from the Institutional Review Board (IRB) of Walden University. "The Institutional Review Board (IRB) is responsible for ensuring that all Walden University research complies with the university's ethical standards as well as U.S. federal regulations" (Walden University, n.d., para.1). "The IRB's ethics review and approval are required for all Walden-affiliated studies before participant recruitment, data collection, or dataset access" (Walden University, n.d., para.1). The sample participants were provided with the study details, such as the methodology and research design, prior to the beginning of the study. The sample participants consented to their participation in a verbal and written form. The information collected was placed in a password-protected file and in a secure area to maintain the confidentiality and privacy of this study.

Summary

In this section, I outlined this study's research design and data collection process on compassion fatigue, vicarious trauma, and burnout. I also outlined the study's rules and regulations for the participants and explained the interview tool and the collection method. An explanation of consent (verbal and written) was given, and their rights to the study were outlined. The interaction in this study was voluntary and unbiased.

Section 3: Presentation of the Findings

Introduction

This qualitative study aimed to provide an in-depth examination of the perceptions held by social workers regarding compassion fatigue syndrome in the unique context of COVID-19. The research sought to understand how these professionals perceive and define compassion fatigue, which refers to the emotional, physical, and psychological toll experienced when regularly engaging with individuals suffering or in distress. Throughout the study, I explored the specific characteristics that social workers working in patient care during COVID-19 associated with compassion fatigue, including emotional exhaustion, reduced empathy, and feelings of helplessness or ineffectiveness. Additionally, the research emphasizes the strategies and coping mechanisms these social workers employ to manage the physical, emotional, and mental symptoms that arise from their experiences in the field.

The following questions served as guidelines to examine these areas of concern: How do you define compassion fatigue, vicarious trauma, and burnout? How do you perceive self-regulation concerning these issues? What insights do you have about compassion fatigue, vicarious trauma, and burnout among social workers in patient care during COVID-19? How do social workers in patient care address the onset of symptoms linked to compassion fatigue, vicarious trauma, and burnout during COVID-19 from the perspective of physical, emotional, and mental health? Additional questions posed during interviews included: If a social worker in patient care experiences compassion fatigue, vicarious trauma, and burnout due to COVID-19, what steps, plans, activities, or

behaviors might help to alleviate these symptoms? What strategies does your agency employ to reduce compassion fatigue, vicarious trauma, and burnout during COVID-19? Do you believe your agency's strategies effectively implement coping skills for these challenges during COVID-19? Why or why not? What are your thoughts on potential implementation strategies for social workers needing assistance based on their experiences with compassion fatigue, vicarious trauma, and burnout during COVID-19 and for the future?

I conducted one-on-one interviews and transcribed the audio recordings into text documents. A systematic coding process was then employed using MAXQDA to isolate research codes. This study immerses itself in the rich insights and personal stories of social workers in patient care, illuminating the profound challenges they encounter in juggling their professional duties and maintaining their own mental health and well-being. Doing so enhances understanding of how compassion fatigue manifests within the educational landscape and its broader implications.

In Section 3, I provide a comprehensive overview of the data collection process and detail the findings from individual semistructured interviews. This section describes the systematic approach to gathering data, ensuring a thorough understanding of the participants' experiences. The results are thoughtfully presented by topic, reflecting the themes emerging from the data analysis. Furthermore, this section includes a summary of the validation procedures employed and discusses any obstacles faced during the study, along with relevant demographic data that contextualizes the findings.

Data Analysis Techniques

The data collection phase occurred over 19 days, from February 28, 2025, to March 15, 2025. During this period, I conducted interviews online using Zoom, a widely used videoconferencing platform. To ensure the privacy and confidentiality of the participants, I chose to conduct these interviews in the comfort of my private residence, specifically in my quiet and dedicated office space, which provided a focused and secure environment for the conversations. The interviews were voice recorded for review and analysis, with prior authorization obtained from the participants for academic and research purposes. A total of 12 interviews were conducted, each lasting approximately 60 minutes. All the interviews were conducted in English, the primary language for both the participants and me. Each volunteer met the requirements of having an MSW degree and experience in providing patient care. These individuals were licensed as either a LMSW or equivalent or LCSW or equivalent and primarily participated in direct patient care. Additionally, they encountered at least one instance of compassion fatigue, vicarious trauma, or burnout while working in patient care during COVID-19.

On January 15, 2025, I received approval from Walden University IRB for the recruitment process related to this research (Approval No. 01-15-25-1011660). Twelve women, representing various geographic regions across the United States, participated in this study. Two came from the Southern area of the county, seven from the East, and three from the North, showcasing a rich blend of cultural perspectives.

To begin the disclosure process, I created an engaging promotional sheet I shared on popular social media platforms such as Facebook and LinkedIn. This promotional

effort spanned 2 weeks, allowing it to reach a broad audience and attract the attention of potential volunteers. As a result of this outreach, I received a steady stream of messages and emails from enthusiastic social workers eager to participate in the study, each expressing their interest and motivation to contribute to this important research endeavor.

In addition, I confirmed that all participants met the necessary eligibility criteria: they were social workers actively engaged in patient care who have faced challenges such as compassion fatigue, vicarious trauma, and burnout. To initiate the process, I carefully prepared and emailed a copy of the informed consent document to everyone who volunteered to participate through Survey Monkey. This document provides essential information about the study and assures participants of their confidentiality throughout the research process. Each volunteer was given ample time to review the informed consent document before accepting. They were instructed to respond via email, indicating whether they accepted or declined the consent to participate in the study.

Once the volunteers gave their affirmative responses and confirmed their informed consent via email, I took steps to coordinate with each participant regarding their availability for the interviews. I sent each participant a personalized Zoom link, ensuring we could connect virtually. The interviews were scheduled to take place from February 28 to March 15, tailored to fit the unique schedules of the participants. At the commencement of each interview, I created an open and inviting atmosphere, encouraging participants to express any questions or concerns about the study. I made it a point to clarify that the interviews would be voice-recorded for research purposes. After

discussing this aspect with them, each participant consented, enabling us to proceed with recording their valuable insights.

Survey

The comprehensive survey that was meticulously crafted aimed to identify qualified social workers who encountered significant emotional challenges, such as compassion fatigue, vicarious trauma, or burnout, while diligently providing patient care throughout the tumultuous COVID-19 pandemic. This survey served as an instrumental tool for collecting vital information and functioned as a mechanism for promoting inclusiveness among participants. The survey's primary objective was to develop a robust sample size comprised of the most qualified candidates, which would then be utilized in the forthcoming interview process. By focusing on the experiences of these social workers, the survey sought to shed light on the psychological toll of their roles during an unprecedented public health crisis and to understand better the support needed to foster their well-being and professional resilience.

Interviews

The research focused on understanding the phenomenon of compassion fatigue, vicarious trauma, or burnout among social workers through a series of informal one-on-one interviews. Participants were intentionally selected based on carefully defined inclusion criteria that ensured they had relevant experience and perspectives to contribute to the study. I utilized a detailed interview protocol that featured a range of open-ended questions designed to elicit comprehensive responses. This format encouraged

participants to share their thoughts, feelings, and experiences, providing richer insights into the multifaceted nature of burnout in their profession.

During the interviews, I fostered a comfortable environment, allowing participants to speak freely about the challenges they faced in their roles. This approach aimed to uncover the immediate symptoms of burnout and the underlying factors contributing to their distress, such as workload pressures, emotional exhaustion, and the impact of systemic issues in their work environment.

After each interview, a thorough transcript was created, capturing participants' narratives in their own words. These transcripts were then processed and analyzed using NVivo, a sophisticated software program designed for qualitative research. This analytical process involved coding the data to identify recurring themes, patterns, and insights, enhancing the understanding of the social work case manager burnout issue and informing potential strategies for intervention and support.

NVivo

Statistical software is crucial in effectively coding qualitative data, which is often rich with detail and complexity. Elliott-Mainwaring (2021) emphasized that qualitative data make up a significant portion of the information available for analysis, offering valuable insights into human experiences. Tools like NVivo facilitate these data's systematic organization and categorization, turning a vast array of unstructured information into manageable and analyzable segments.

In this research, I employed NVivo to search meticulously for and identify codes essential for uncovering the deeper themes and patterns embedded within the qualitative

data. This method not only aids in uncovering hidden insights but also enriches the overall analysis of qualitative findings. To categorize the codes effectively, I focused on several strategies: I actively sought answers to the research question, identified the main ideas presented in relevant books and scholarly articles, explored new and emerging topics that were trending in discussions, utilized exact phrases in my searches to pinpoint specific information, and gathered insights derived from real-life observations. Each approach contributed to a more comprehensive understanding of the data, leading to more prosperous and nuanced conclusions.

Triangulation

Triangulation is an essential and effective method widely utilized in qualitative research that significantly enhances the validity of study findings. As outlined by Haq et al. (2023), triangulation involves the intentional integration of multiple data sources, which allows researchers to gain a deeper and more nuanced understanding of the complexities surrounding a specific issue. Rana et al. (2023) highlighted that this multifaceted approach can encompass a variety of data collection techniques. These may include conducting in-depth interviews that provide personal insights, making direct observations to capture real-world behaviors, utilizing digital diaries for reflective documentation, and facilitating engaging focus groups that encourage group interactions and discussions. By weaving together these diverse data sources, triangulation fortifies the validation process in research studies, ensuring that findings are robust, dependable, and more reflective of the realities being examined.

The triangulation method is an insightful and comprehensive research technique that involves meticulously comparing qualitative data from interviews with quantitative information from academic journals. This dual approach enhances the richness of the research findings and situates them within a broader scholarly context, allowing for a deeper and more nuanced understanding of the subject matter. James (2021) highlighted the significance of triangulation as not just a method but a strategic tool that systematically synthesizes diverse data sources and theoretical frameworks. Researchers can illuminate various facets of the research questions by incorporating multiple explanations and viewpoints. This multifaceted examination leads to more robust conclusions, reinforcing the credibility of the research and offering a well-rounded perspective on the issues being studied.

In this study, I meticulously developed a consistent set of interview questions to gather comprehensive data and facilitate thorough analysis from a diverse group of participants. Recognizing the importance of a supportive atmosphere, I implemented a standardized question template with a clear interview structure. This template included open-ended questions to encourage participants to express their thoughts freely. Additionally, I remained flexible and attentive throughout the process, skillfully incorporating more complex follow-up questions based on the specific responses given by participants.

This adaptable approach not only fostered a comfortable environment where participants felt valued and heard, but it also enabled a richer and more nuanced exploration of the topic. By encouraging deeper dialogue and allowing for the exploration

of unexpected themes or ideas, I could uncover insights that expanded the breadth of understanding and offered a more detailed perspective on the subject matter being studied.

Limitations

Although the limitations identified in this study were deemed insignificant, addressing the various challenges encountered during the virtual interview process is crucial. While an effective method for gathering data, virtual interviews come with certain hurdles. A primary challenge I faced was related to internet connectivity. There were moments during interviews when participants experienced dropouts due to unstable connections, prompting me to pause the discussions. Despite these obstacles, I conducted and recorded all interviews successfully. The participants were incredibly accommodating, often willing to wait patiently while the connection issues were resolved. This willingness underscored their commitment to sharing their insights, which enriched the overall quality of the data collected.

This research focused specifically on a demographic made up of social workers, delving deep into their experiences and the impact of COVID-19 on their ability to provide patient care. The scope of data collection was carefully crafted to reflect the nuances of their interactions with patients during the pandemic, offering critical insights into the challenges and adaptations these professionals face in an unprecedented healthcare landscape. The results highlight the intersection of social work, patient care, and the lasting effects of a global health crisis.

Findings

This section provides a detailed analysis of the findings from the participants' responses to the research questions. The aim of this study was to explore social workers' perceptions of patient care during the COVID-19 pandemic, particularly concerning the challenges of compassion fatigue, vicarious trauma, and burnout. After carefully reviewing the interview transcripts, I identified several key themes that emerged from the data and warrant further discussion.

In this analysis, I delve into these themes, shedding light on the nuances of social workers' experiences as they navigated patient care during such an unprecedented time. Additionally, I present the demographic characteristics of the participants to provide context and a deeper understanding of the study's findings. This comprehensive examination highlights the intersections of emotional well-being and social workers' professional responsibilities in a crisis.

Demographics Characteristics of Participants

To initiate the discussion of this study's findings, I provide a detailed overview of the participants' demographic data, as illustrated in Table 1. Nineteen social workers completed the survey, providing valuable insights into their experiences. Twelve social workers were selected for in-depth interviews based on specific criteria that aligned with the study's objectives. Among the 12 interview participants, the majority, 10 individuals, were between ages 31-40 and 41-50, reflecting a mature cohort with significant professional experience. Two participants were slightly older, falling into the 50-59 age bracket, which adds diversity in perspective based on varying career stages. Notably, all

the participants were women, highlighting the predominance of female professionals in the field. During this research period, no male social workers met the criteria for inclusion. Geographically, the participants were distributed across the country, representing a wide array of locations: nine hailed from the northern regions, and one participant was from the South, East, and West. This geographical diversity adds to the richness of the data, showcasing different regional influences on social work practices.

Table 1

Demographic Characteristics of the Participants

Characteristics	No.
Age	
31-40	5
41-50	5
50-59	2
Gender	
Female	12
Male	0
Geographic area	
North	9
South	1
East	1
West	1
Years of service as a social worker	
5-10	5
10-20	5
20-30	0
30 +	2

The following results are derived from a comprehensive series of interviews conducted over a three-week period, from February 28 to March 15, 2025. This research is centered around a significant inquiry: How do social workers engaged in patient care effectively manage and cope with the onset of symptoms that are linked to compassion

fatigue, vicarious trauma, and burnout? Furthermore, we aim to understand how these phenomena affect their overall physical, emotional, and mental health.

The data collected during the research has been systematically organized into distinct topics to ensure a thorough analysis of the findings. Each interview was designed to elicit detailed responses on several key subjects. First, we gathered demographic information to contextualize the participants' experiences, including their age, years of experience in the field, types of settings in which they work, and any relevant education.

Next, we explored their perceptions regarding compassion fatigue, delving into how they recognize its signs and the personal insights they have gained through their experiences. The interviews also prompted participants to describe the specific physical symptoms they face, such as fatigue and sleep disturbances, along with emotional and mental health challenges, including anxiety, depression, and feelings of detachment.

In addition to discussing the challenges, we examined the social workers' academic backgrounds, focusing on how their training and education prepared them for their roles' emotional demands. Participants shared various strategies they implement to mitigate the symptoms they experience, ranging from self-care practices to professional development efforts.

Finally, we assessed participants' access to support services offered by their employers, investigating the resources available, such as counseling, peer support groups, and training programs to enhance resilience. In Table 2, this detailed approach aims to capture the multifaceted nature of the issues faced by social workers in patient care and to

highlight both their struggles and the coping mechanisms they utilize to maintain their well-being within a demanding field.

Table 2

Main Themes and Subthemes

Main themes	Subthemes
Theme 1: Compassion fatigue, vicarious trauma, and burnout	Definition: This section provides a clear explanation of the topic at hand, outlining its key characteristics and significance. Symptoms: Here, we will delve into the various signs and indicators associated with the topic. Understanding these symptoms can help in recognizing the issue early and seeking appropriate help. Personal experiences: This part shares real-life accounts that convey the emotional and practical aspects of dealing with the topic. These stories offer valuable insights and perspectives, illustrating the impact on individuals' lives.
Theme 2: Strategies for working with compassion fatigue	Coping strategies: Coping strategies refer to the various methods and techniques individuals use to manage stress and navigate challenging situations. Employee assistance programs (EAPs): EAPs are services offered by organizations to support employees' mental health and well-being, providing resources such as counseling and workshops.

Theme 1: Compassion Fatigue, Vicarious Trauma and Burnout

Compassion fatigue, vicarious trauma, and burnout emerge as pivotal themes in this study, highlighting the nuanced ways in which participants perceive and experience this complex phenomenon. At its core, compassion fatigue refers to the profound emotional, physical, and psychological exhaustion that occurs when individuals—particularly those in caregiving roles—are repeatedly exposed to the harrowing experiences of others. This issue holds significant relevance for social workers in patient care, especially those who worked during the COVID-19 pandemic. These professionals

often find themselves at the forefront of engaging with individuals grappling with distressing circumstances such as trauma, abuse, neglect, and systemic inequalities.

The deep well of empathy that social workers draw from is crucial for fostering meaningful relationships with their clients. This empathy is not merely a professional trait; it represents a deep-seated commitment to understanding the pain of others and offering support tailored to their unique needs. By nurturing connections built on compassion and trust, social workers can provide vital assistance that can make a lifechanging difference for families in crisis. However, this heartfelt engagement often comes at a cost, leading to emotional depletion. As noted by Carrillo (2024), the weight of continually absorbing the suffering of others can leave social workers feeling drained, making it increasingly difficult for them to maintain both their personal well-being and professional effectiveness.

To fully understand the dynamics of compassion fatigue, it is essential to consider the historical context of the social work profession. For many decades, social workers have operated with a principled commitment to advocating for human rights and striving to improve the welfare of marginalized individuals. This profound sense of duty and ethical obligation influences their work and shapes their personal identities and relationships within the community. The expectation for social workers to embody resilience and selflessness can create a paradox, where their noble intentions lead to feelings of inadequacy and overwhelm in the face of continuous hardship. A poignant illustration of this dedication is captured in the words of a study participant, who expressed, “I like to help others and look for services to assist with their current

circumstance." This statement summarizes the underlying drive that motivates social workers to seek innovative solutions for those in need. Yet, it also underscores the inherent risks involved in such a mindset; relentless emphasis on selflessness can lead to immense pressure, resulting in potential burnout and exacerbated compassion fatigue.

In conclusion, the complex relationship between empathy, emotional exhaustion, and the historical tradition of sacrifice significantly shapes the understanding of compassion fatigue among social workers. This complex interplay reveals the pressing need for robust support systems and effective coping strategies that empower these resolute professionals to navigate the myriad challenges they face. By prioritizing their mental health and emotional well-being, we can ensure that social workers in patient care, especially those who worked during the COVID-19 pandemic, remain resilient and continue to provide invaluable support to students and families enduring trauma, fostering a healthier, more compassionate community.

Conceptual Definition

Interview question #1: How do you define the perception of compassion fatigue, vicarious trauma, and burnout? To thoroughly understand the perceptions of social workers involved in patient care during the challenging period of the COVID-19 pandemic, it is vital to examine into how they define and interpret the concept of compassion fatigue. The insights gained from the study paint a vivid picture of compassion fatigue as a complex and multifaceted process. The participants describe it as a gradual wearing down, an emotional and physical depletion that emerges from their deep empathy for clients and the emotional weight of their responsibilities. They

articulate a range of distressing symptoms associated with compassion fatigue, including overwhelming tiredness that lingers throughout the day, persistent feelings of sadness and frustration, bouts of crying that seem to come from nowhere, and a pervasive sense of physical discomfort that can manifest in various aches and pains.

Among the social workers interviewed, an intriguing and often troubling confusion arose regarding the distinction between burnout syndrome and compassion fatigue syndrome. Burnout syndrome, as thoroughly described by Puckett-Trotter (2022), is a condition that arises from the unrelenting weight of chronic work-related stress. This syndrome manifests in numerous ways, significantly impacting the individuals who experience it, often resulting in feelings of exhaustion, diminished enthusiasm, and decreased professional efficacy. Many participants in the study shared insightful observations about how the distinctions between burnout and compassion fatigue can frequently blur, creating a complex emotional landscape that is challenging to navigate.

For instance, all participants illustrated on the concept of compassion fatigue by explaining it as the grueling and often overwhelming effort of "giving everything in your work and trying to solve as many situations as possible." This distressing description highlights the deep emotional commitment and extensive personal sacrifice required of professionals who operate in demanding environments, characterized by numerous structural and administrative obstacles that can hinder their effectiveness.

In a deeply reflective dialogue, numerous participants emphasized the complex and intricate connection between compassion fatigue and the trauma experienced by the communities they serve. Each participant brought forth the critical observation that

"Compassion fatigue (CF) is stress resulting from exposure to a traumatized individual" (Ondrejková & Halamová, 2022, pg. 1). "CF has been described as the convergence of secondary traumatic stress (STS) and cumulative burnout (BO), a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment" (Ondrejková & Halamová, 2022, pg. 1). This powerful statement paints a vibrant picture of the intense emotional burden and chronic exhaustion that social workers face as they consistently navigate a succession of distressing and often harrowing scenarios. Each day, they encounter situations that challenge their resilience, ranging from experiencing the aftermath of crises to supporting individuals in their most vulnerable moments. The repetitive nature of these encounters creates a cycle that not only saps their physical energy but also takes a toll on their mental clarity and emotional stability. Over time, this continuous exposure to high-stress environments can leave them feeling not just fatigued, but profoundly overwhelmed, struggling to find a way to recharge and cope with the weight of their experiences.

This impactful statement offers a detailed exploration of the immense emotional weight and chronic exhaustion that professionals face as they continuously navigate a series of distressing and often traumatic situations. Each day thrusts them into high-pressure environments filled with urgent challenges that assess their resilience and fortitude to the core. Whether they are managing critical crises, providing essential support to individuals in need, or skillfully navigating the tangled complexities of intense scenarios, the demands placed upon them are relentless and demanding.

The repetitive nature of these exposure-laden experiences often leaves little room for recovery or emotional processing. As they face one hardship after another, the professionals are deprived of the necessary time to catch their breath, reflect on their experiences, or address their emotional states. This unending cycle results in profound fatigue, where the physical signals of exhaustion—such as persistent headaches, muscle tension, and a general sense of lethargy—become commonplace, manifesting vividly in both their bodies and minds.

Moreover, the emotional toll extends far beyond simple fatigue. These individuals frequently find themselves caught in a web of mental distress, faced with a heightened sense of anxiety that looms over them like a shadow. Irritability creeps into their interactions, making it difficult for them to connect with others or find joy in their daily activities. Feelings of helplessness may wash over them, leaving them vulnerable to emotional overwhelm as they struggle to cope with their increasing responsibilities.

The relentless onslaught of their demanding roles creates an unshakable burden that can suppress any attempt at finding relief or rejuvenation. With each mounting challenge, it becomes increasingly difficult for them to recharge and regain their balance. This persistent strain not only affects their well-being but also undermines their effectiveness in their professional roles, preventing them from performing at their best when they are needed the most. This recognition shines a spotlight on the pressing need to address the psychological and emotional well-being of professionals, especially those working in high-demand fields such as social work. The challenges these individuals face, ranging from traumatic experiences with clients to the emotional toll of witnessing

suffering, necessitate the establishment of comprehensive support mechanisms and specialized training.

Such initiatives are pivotal for equipping professionals with the tools and resilience required to effectively navigate the aftermath of significant adversities. This preparation not only enables them to manage their own emotional landscapes but also empowers them to extend genuine support and care to those in distress. By focusing on mental health resources, peer support networks, and tailored professional development programs, we can cultivate a robust workforce that is capable and compassionate. Creating an environment that prioritizes the well-being of caregivers is essential. When professionals are supported, they can better sustain their empathy and effectiveness, allowing both caregivers and the individuals they assist to experience true healing and resilience in the face of ongoing challenges.

To gain a thorough understanding of the emotional challenges faced by social workers, it is crucial to examine the complex context of the United States and the wide-ranging factors that shape their experiences. This country, known for its vast diversity, encompasses a variety of social, economic, and cultural influences that significantly impact the mental health of both social workers and the communities they serve.

The U.S. has a complex history marked by natural disasters—ranging from hurricanes and wildfires to floods and earthquakes—that leave lasting psychological effects on affected populations. These events often result in heightened levels of anxiety, trauma, and grief, not only for the communities but also for social workers who are tasked with helping individuals navigate through their recovery. Alongside these

challenges, economic hardship is prevalent in many regions, with factors such as unemployment, poverty, and inequality exacerbating stress and limiting access to essential resources. Social workers find themselves on the front lines of these issues, often facing overwhelming demands while striving to provide adequate support with limited resources.

Additionally, the deep-rooted community ties present in many areas, while fostering a sense of belonging and support, can also create pressures and expectations that complicate the social workers' role. These professionals often encounter complex family dynamics and cultural norms that require sensitive navigation to build trust and effectively advocate for their clients.

In an engaging and candid discussion, participants delved into the complex and often overlooked phenomenon of compassion fatigue, a profound emotional and psychological burden that social workers frequently bear. Compassion fatigue manifests not merely as physical exhaustion; it encompasses a deep-seated emotional depletion and mental weariness that can overshadow one's professional capabilities. One participant illustrated this challenging experience, describing it as an all-consuming heaviness that weighs down on them during crucial interactions with clients who are in vulnerable situations. In those moments, the demand for genuine empathy and emotional connection can feel almost overwhelming.

As the conversation unfolded, it became clear that social workers navigate a highly intricate emotional landscape. They strive tirelessly to build authentic relationships with their clients, often pouring their hearts and souls into providing

support. However, this commitment is not without its costs; these dedicated professionals must confront their own emotional challenges and personal vulnerabilities daily. This ongoing balancing act leads to a profound inner conflict, as social workers grapple with their desire to offer compassionate care while also attending to their own mental health needs.

Throughout the discussion, participants stressed the urgent need to acknowledge and address the realities of compassion fatigue within their profession. They pointed out that failing to recognize this issue not only hampers social workers' ability to perform their roles effectively but also adversely impacts their overall quality of life. Emphasizing the necessity for comprehensive support systems, they advocated for resources such as peer supervision, mental health counseling, and self-care workshops that would empower social workers to replenish their emotional reserves. Such initiatives are essential for enabling these professionals to maintain their capacity to do their vital work without sacrificing their well-being.

The recurring themes of exhaustion and burnout emerged as significant markers in the narratives shared by seven out of the eight participants, creating a poignant tapestry of their experiences with compassion fatigue. Cuartero and Campos (2019) elaborated on this perspective, explaining how relentless exposure to distressing stories—such as graphic accounts of child abuse, emotional trauma, and complex crises—induces a heavy toll on the psychological and physical well-being of social workers. A thorough analysis of the interviews revealed a consistent thread of fatigue, along with the effects of

vicarious trauma and pervasive stress, weaving together a vivid and troubling narrative that reflected the harsh realities they faced.

These heartfelt insights and reflections from participants illuminate the emotional burdens that social workers carry daily. They underscore the urgent need for greater awareness of these struggles within society and within the professional arena itself. The implementation of effective support systems is crucial to fostering resilience among social workers, promoting their overall well-being, and ensuring they can continue to provide essential assistance to those in need. By recognizing and proactively addressing these pressing issues, stakeholders can significantly enhance the support offered to social workers and improve the mental health of both the professionals and the communities they are committed to serving.

Symptoms

Interview question: How do social workers in patient care take care of the onset of symptoms that are linked to compassion fatigue, vicarious trauma, and burnout during COVID-19 on a physical, emotional, and mental health?

Compassion fatigue, as described by the participants in our research, is a complex condition characterized by profound physical and emotional exhaustion. This condition arises from persistent work overload and the demands of caring for others. It is particularly common in professions that require elevated levels of empathy and emotional engagement, such as healthcare, social work, and education. Participants shared their experiences, emphasizing that compassion fatigue is not just a temporary feeling of tiredness; it is a deep-seated burnout that can undermine motivation and efficiency at

work. Seven out of the eight participants noted that compassion fatigue negatively impacts their job performance, resulting in feelings of detachment and reduced effectiveness in their roles.

The onset of the COVID-19 pandemic has sparked significant conversations about employee well-being, highlighting alarming consequences for mental health across various sectors. Many employees have faced increased stress, emotional turmoil, and heightened uncertainty, contributing to a growing intention to leave their jobs among both employees and employers. This trend raises concerns not only for individual wellbeing but also for the stability and productivity of organizations, prompting urgent attention from leadership.

In response to these pressing issues, there has been a surge of scholarly research aimed at exploring the evolving dynamics of the workplace. These studies seek to investigate the underlying factors contributing to compassion fatigue and burnout, examining variables such as workload, organizational support, workplace culture, and the effects of remote work. By gathering extensive data and analyzing these shifts, researchers aim to identify effective interventions and strategies that can alleviate the burden of compassion fatigue, enhance mental health support, and promote a more resilient work environment. The goal is to create a sustainable framework that not only addresses immediate challenges but also equips employees with the resources needed to thrive in their professional lives and maintain personal well-being.

Research by Tolksdorf, Tischler, and Heinrichs focused on healthcare professionals, a group significantly affected by the COVID-19 crisis. Their study

revealed a dramatic increase in turnover intention among these frontline workers, driven by overwhelming job stressors associated with the pandemic. Factors such as rising patient numbers, the emotional burden of caring for severely ill patients, and persistent fears of personal exposure to the virus contributed to immense stress and anxiety. These challenges, along with the fatigue from long hours in high-stakes situations, led many healthcare workers to reevaluate their career paths.

A comprehensive study conducted by Tabur et al. (2022) highlights a distressing trend in the healthcare sector: a significant increase in turnover rates among social workers. This research illustrates how the relentless emotional strain stemming from the COVID-19 pandemic has profoundly affected these professionals. Social workers, who play a crucial role in society's well-being, reported a marked decline in job satisfaction due to the overwhelming nature of their responsibilities during this crisis. As they navigate the complexities of patient care, they frequently encounter daily moral dilemmas—difficult choices that weigh heavily on their conscience, such as prioritizing resource allocation, managing end-of-life care, and dealing with emotionally charged situations involving patients and families.

Additionally, stressors significantly contribute to experiences of compassion fatigue among professionals in patient care. These stressors manifest across seven distinct domains, as identified in Figley's framework: emotional, behavioral, personal relations, somatic, spiritual, cognitive, and work performance. This highlights the complex and multifaceted nature of compassion fatigue, indicating that it permeates not only the

professional realm but also deeply affects the personal lives of those who work in patient care, especially during the COVID-19 pandemic.

Emotional symptoms are a hallmark of compassion fatigue, and our study revealed an array of emotions that accompany this condition. Echoing the findings of Ondrejková and Halamová (2022), I identified feelings such as anger and hopelessness; however, our research uncovered even more nuanced emotional experiences, including disappointment, sadness, numbness, and a pervasive sense of apathy. In contrast, previous studies by Nolte et al. highlighted feelings of despair and incompetence among professionals who worked in patient care, while Ward-Griffin et al. reported instances of guilt, neither of which surfaced in our findings.

In terms of behavioral symptoms, our results illustrated several unpleasant actions linked to compassion fatigue. Many professionals who worked in patient care reported experiencing irritability, a symptom noted by Ondrejková and Halamová (2022), alongside additional distressing behaviors such as impatience and obnoxiousness, which can strain both personal and professional relationships.

The impact of compassion fatigue also extends into personal relationships, where it creates notable challenges. This study revealed that many professionals who worked in patient care experienced negative effects on their interactions with others, reflecting similar observations made by Ondrejková and Halamová (2022). For instance, a considerable number of professionals who worked in patient care expressed a preference for withdrawing from social interactions, often choosing solitude over connection.

Somatic symptoms presented an alarming aspect of compassion fatigue, with half of the professionals who worked in patient care in our study reporting overwhelming exhaustion. This finding resonates with research conducted by Finley and Sheppard, as well as Nolte et al. In addition to fatigue, we identified other somatic issues, including nausea, loss of appetite, various aches and pains, and difficulties sleeping symptoms that can further diminish overall well-being.

Spiritual experiences associated with compassion fatigue were less frequently addressed in prior research, apart from exceptions like those observed by Finley and Sheppard. They described how some professionals who worked in patient care began to believe that most of their patients would inevitably face dire outcomes, reflecting a crisis of faith or a loss of hope in positive patient outcomes. In our study, we found some professionals who worked in patient care grappling with spiritual questions, contemplating their life's purpose, pondering thoughts about death, and searching for meaning in their experiences, although these themes were not as prevalent in the data we collected.

Cognitive experiences, like emotional and behavioral symptoms, were also underexplored in existing literature about compassion fatigue. However, our study uncovered various intrusive thoughts and cognitive challenges, such as struggling to think clearly or effectively. Ondrejková and Halamová (2022) pointed out that professionals who worked in patient care often felt haunted by the deaths of specific patients, relating to intrusive thoughts. In our findings, though, the intrusive thoughts expressed by professionals who worked in patient care were generally more focused on existential

reflections— wondering why these distressing experiences were occurring and revisiting scenarios in their minds, such as considering what else they might have done differently, rather than fixating on individual patient occurrences.

Lastly, our investigation into work performance revealed a significant decline in motivation and effectiveness among professionals who worked in patient care facing compassion fatigue. While Ondrejková and Halamová (2022) documented instances of professionals who worked in patient care contemplating leaving their profession, other studies had not highlighted such experiences—or even the ineffectiveness with patients that we observed. In our study, professionals who worked in patient care reported feelings of disinterest, avoidance, and detachment, indicating a troubling disengagement from their professional responsibilities. Although there was no strong inclination recorded among professionals who worked in patient care to leave their jobs, many communicated a sense of reluctance to work, echoing themes from Ondrejková and Halamová. Additionally, some expressed a desire for retirement or voiced dissatisfaction with their current roles. Notably, a small group of professionals who worked in patient care (n = 3) reported experiencing an absence of compassion fatigue symptoms altogether, and in contrast, described feelings of compassion satisfaction, as articulated by Stamm, indicating a spectrum of emotional responses to their challenging work environment.

These challenges not only intensify the stress levels experienced by healthcare professionals but also contribute significantly to their feelings of burnout. The cumulative effect of long hours, emotional exhaustion, and the pressure to maintain high standards of

care in the face of adversity has made their work environment increasingly untenable. As a result, many healthcare workers are reconsidering their career paths, leading to higher turnover rates that could have long-term implications for the healthcare system. These studies underscore the urgent need for organizations, particularly in high-stress fields like healthcare, to actively address mental health concerns and implement robust support systems for their employees. By doing so, they can alleviate emotional distress, foster job satisfaction, and reduce turnover intentions, thereby creating a healthier and more resilient workforce overall.

All 12 participants in a related study agreed on the symptoms experienced by social workers in patient care during the COVID-19 pandemic, which included headaches, high blood pressure, rapid heart rate, and stomach pain. They unanimously stated that “compassion fatigue has both physical and psychological components, which can manifest as headaches, muscle aches, extreme tiredness, sleep problems, and lack of appetite.” This description resonated throughout the interviews. Participants shared their perspectives, noting that overall compassion fatigue presents symptoms of depression, anxiety, stress, high blood pressure, and muscle spasms.

Through the interviews, there was a consensus on the impact of compassion fatigue on the social, emotional, and physical health of professionals. Participants argued that “social workers respond to the development of symptoms in various ways.” One explained that responses can differ, some might become irritated or upset, others may display aggression or become extremely passive, while some might experience physical

symptoms such as migraines and muscle spasms. This variety of symptoms highlights the toll on these professionals' physical health.

Participants emphasized that "these professionals experience despair, anxiety, and worry to such an extent that they resort to taking sick leave or utilizing state insurance benefits." This illustrates the significant impact of compassion fatigue on the professional practices of social workers in patient care during the COVID-19 pandemic, leading them to feel incapable of fulfilling their responsibilities.

The nature of the work performed by social workers puts them at risk for developing symptoms associated with compassion fatigue. The process of building a therapeutic alliance between the practitioner and the participant often involves sharing traumatic stories, which can adversely affect the emotional state of the social worker.

Participants expressed that "One forms deep emotional and sentimental bonds with these vulnerable children, their families, and the complex needs they present." This highlights the profound connections that develop during interactions, underscoring the importance of empathy in understanding their situations. Participants further emphasized the heavy emotional toll that professionals bear when listening to the distressing stories of victims who have suffered from various forms of violence—such as physical abuse, child maltreatment, sexual assault, and domestic violence. They noted that the emotional burden involved in absorbing these narratives "exceeds the capabilities of the professional," suggesting that the weight of these experiences can sometimes feel overwhelming and can affect the mental health of those who are trying to help.

In a similar vein, participants elaborated on this notion by stating, “The wide range of physical and emotional symptoms experienced by professionals in this field is intricately connected to the process of vicarious traumatization.” This highlights how continuous exposure to the traumatic experiences of others can lead to a spectrum of symptoms in caregivers and professionals, reflecting the deep psychological impact of their work on their overall well-being.

Personal Experiences

At the heart of this study lies a deeply resonant theme: the phenomena of compassion fatigue, vicarious trauma, and burnout—conditions that profoundly affect individuals in the helping professions. This is particularly evident among social workers who have dedicated their careers to providing patient care amid the relentless challenges of the COVID-19 pandemic. This research aims to delve into the nuanced perceptions and rich experiences of these social workers as they navigate the complex terrain of compassion fatigue, a condition that quietly undermines their ability to function effectively in their professional roles.

Social workers frequently find themselves entrenched in emotionally charged interactions with clients who are navigating profound emotional distress, whether due to mental health issues, trauma, or significant life changes. These interactions often unfold in settings such as hospitals, community centers, or private offices, where the air is thick with vulnerability and the weight of unspoken struggles. The nature of this work can be both heart-wrenching and overwhelming, as social workers bear witness to the raw, often painful experiences of those they serve. This dynamic creates an environment that is

particularly susceptible to emotional exhaustion, where the demands of the role can feel incessant.

Central to effective social work is the ability to empathize deeply—this involves not just understanding, but genuinely connecting with clients at a profound level, immersing oneself in their pain, fears, and hopes. Such empathy is not merely a professional skill; it is a vital bridge that fosters trust and rapport, paving the way for healing and support. Social workers often experience moments of fulfillment as they help clients navigate their darkest hours, celebrating small victories or breakthroughs that signify progress. However, this ability to engage emotionally can take a heavy toll on the social workers themselves, as the constant immersion in others' pain can lead to a profound sense of emotional fatigue or burnout.

As noted by Russell (2023), the emotional burden of practicing deep empathy can lead to a significant decline in a social worker's ability to provide essential support to their clients. When social workers become overwhelmed by their own emotional experiences, they may struggle to maintain the level of care and attention necessary for effective practice. This decline in emotional availability and responsiveness can compromise the quality of care they provide, jeopardizing the well-being of clients who desperately need understanding, compassion, and professional guidance in their challenging journeys.

Furthermore, the essence of the social work profession is rooted in a rich tradition of sacrifice and unwavering commitment. Social workers are driven by a passionate dedication to advocating for human rights and uplifting the well-being of vulnerable

families. This deep motivation instills a strong sense of duty among these professionals—a duty that often comes at a significant personal cost. The expectations placed upon them can create a cycle of self-neglect, where their overwhelming commitment to helping others leaves little room for their own self-care and emotional replenishment. A touching quote from one participant sheds light on this intricate struggle. Participants expressed, “I like to help others and look for services to assist with their needs.” This statement beautifully captures the deep-seated dedication that many social workers feel toward their occupation. Yet, it concurrently raises a critical concern: such an elevated level of selflessness can inadvertently make them vulnerable to the subtle yet profound dangers of compassion fatigue. The toll of this unwavering commitment can manifest in deteriorating mental and emotional health, especially as they confront the intricate traumas and urgent challenges posed by the people, they support daily.

In this context, compassion fatigue becomes more than just a transient obstacle; it evolves into a pervasive challenge that potentially threatens the very foundation of their professional identity. This ongoing struggle against compassion fatigue underscores a pressing need for heightened awareness and supportive strategies within the social work profession. By fostering an environment that prioritizes self-care and mental well-being, the field can empower these dedicated individuals to continue their indispensable work while finding balance in their personal lives, enhancing their ability to serve those in need.

Theme 2: Strategies for Working With Compassion Fatigue

Coping Strategies

Our research has revealed a comprehensive array of strategies designed to help individuals cope with compassion fatigue, a condition marked by emotional exhaustion and a diminished capacity for empathy that often arises from caregiving roles. These strategies encourage a comprehensive approach to well-being, addressing several critical aspects of mental and physical health.

The coping strategies identified in our study include the following key domains:

- Cognitive and emotional well-being: Participants emphasized the importance of mindfulness practices and cognitive restructuring, which help in recognizing and reframing negative thoughts that contribute to stress. Learning to manage emotions through techniques such as journaling or therapy can also be vital in maintaining emotional resilience.
- Physical health: Many participants highlighted the significance of paying attention to bodily care, which encompasses regular exercise, adequate sleep, and a balanced diet. Engaging in physical activities not only improves physical health but also releases endorphins, which can enhance mood and alleviate stress.
- Spiritual nourishment: Spiritual care emerged as a crucial component of coping strategies. Participants shared experiences of engaging in spiritual practices such as meditation, prayer, or attending religious services. These activities provide a sense of connection, purpose, and comfort, acting as vital resources in times of emotional difficulty.

- Close relationships: The importance of nurturing relationships with close friends and family members was frequently mentioned. Participants noted that confiding in a trusted partner or friend outside of work allowed them to express their feelings and gain support, which can serve as a buffer against the stresses of their caregiving roles.
- Behavioral adjustments: Making conscious efforts to alter certain behaviors was another key strategy. This could include setting boundaries at work, taking regular breaks, and practicing self-compassion to reduce feelings of guilt associated with not being able to help everyone in need.
- Work-related coping techniques: Participants also recognized the value of workplace strategies, such as seeking support from supervisors, engaging in teambuilding activities, or participating in professional development opportunities. These actions create a healthier work environment that fosters collaboration and shared understanding.
- Personal development: Many participants expressed the need for ongoing growth and learning to cope with challenges. This might involve pursuing further education related to their field, attending workshops, or engaging in peer support groups.

Similar other research findings, this research study highlighted significant variation in how different participants responded to the issue of compassion fatigue. This variation resulted in the creation of numerous categories and subcategories, reflecting a rich diversity of experiences and coping strategies. By using in-depth interviews, there

was an opportunity to compile a more intricate dataset that offers a broader spectrum of coping activities within each of the mentioned domains.

Moreover, my findings align with research conducted by Nolte et al., which emphasized that providing greater support at work, effective leadership practices, and self-care strategies are essential for both overcoming and preventing compassion fatigue. Similarly, Maytum's study identified a combination of personal and work-related strategies that participants found beneficial.

Additionally, this study highlighted the crucial role of maintaining relationships outside of work as a pivotal coping mechanism. This insight reflects the findings of Berg et al., who suggested that talking openly with a significant other can significantly aid individuals in managing the emotional toll associated with their caregiving responsibilities. Furthermore, Yoder's research identified various spiritual activities that can help ground individuals and provide them with a renewed sense of hope and purpose, reinforcing the multifaceted strategies needed to effectively cope with compassion fatigue. By understanding and implementing these diverse strategies, individuals experiencing compassion fatigue can reclaim their emotional balance and sustain their capacity for empathy in their roles as caregivers.

Employee Assistance Programs

Mental illness represents a significant and pervasive issue, affecting millions of individuals worldwide and often leading to profound impacts on daily life, relationships, and overall well-being. The recent COVID-19 pandemic, like previous natural disasters and acts of terrorism, has exacerbated this issue, creating an unprecedented level of stress

that has resonated throughout communities and labor forces. This global crisis revealed stark deficiencies in both the quality and accessibility of mental health resources, illuminating how ill-equipped many systems were to manage such intense, widespread psychological distress.

As the pandemic unfolded, it also catalyzed innovative approaches to mental health care delivery. Telemedicine and virtual trauma-related services quickly became essential tools, allowing mental health professionals to provide evaluations, therapeutic interventions, and counseling services in real time. These services enabled individuals who were confined to their homes or hospital beds to access necessary support, bridging gaps that previously hindered timely care. For many, this shift not only increased accessibility but also emphasized the importance of continuity in mental health care during precarious times.

In a typical work environment, the workplace can be both a source of considerable stress and a vital pillar in supporting an individual's sense of self-worth and daily purpose. Workplaces often foster interpersonal connections and provide opportunities for personal growth. In addition, many organizations offer wellness programs and short-term counseling services designed to help employees manage stress and mental health challenges. Health insurance, which is commonly provided by employers in several countries, including the United States, plays a critical role in facilitating access to mental health care, reinforcing the workplace's integral role in promoting overall well-being.

One of the prominent resources available to employees is the employee assistance program (EAP). EAPs are designed to offer confidential workplace counseling, triage services, and referrals for a wide range of personal and professional difficulties. These programs hold tremendous potential to meet the increasingly complex needs of today's workforce, offering support during both routine circumstances and times of crisis. By examining the current structure and effectiveness of EAPs in conjunction with advances in technology, organizations can develop an enhanced EAP model tailored to the shifting demands of an evolving global landscape.

For EAPs to become truly effective and scalable within an increasingly competitive and value-driven marketplace, it is essential that their care processes undergo a thorough examination from the ground up. This means gathering and analyzing meaningful outcomes data to drive continuous quality improvements. Establishing key performance indicators and tracking the effectiveness of various interventions can provide valuable insights into how EAPs are serving employees.

Additionally, demonstrating the tangible benefits of an upgraded EAP—often referred to as EAP 2.0—is crucial for illustrating its value to both employers and employees alike. An effective EAP not only addresses the mental health needs of employees but also contributes to a healthier work environment, resulting in improved productivity, reduced absenteeism, and increased employee morale. By developing a comprehensive approach to mental wellness, organizations can ensure that mental health resources are prioritized and effectively aligned with the diverse and dynamic needs of their workforce in a rapidly changing world.

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Summary

In Section 3, I conducted a comprehensive exploration of my research findings, detailing the data analysis techniques used and the results that emerged from the study. The insights gained were consistent with the study's expectations concerning its central theme: the perceptions of social workers regarding compassion fatigue, vicarious trauma, and burnout. The primary research question sought to uncover the perceptions of social workers involved in patient care during COVID-19 as it pertains to compassion fatigue. This study aimed to gain a deeper understanding of several key aspects, including how compassion fatigue is defined, the approaches professionals take to address it, strategies for managing its symptoms, the level of education available on the topic, and the resources offered by various agencies. Each participant contributed rich, nuanced, and contextual relevant information across these themes, providing a comprehensive look into the research topic and highlighting the complex realities faced by social workers in patient care in their professional environments.

Section 4 concludes this qualitative study, presenting a comprehensive exploration of how professional ethics and social change impact the field of social work in patient care during the COVID-19 pandemic. This section explores the interplay between these factors, examining their implications for practitioners and the communities they serve.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

Social workers build therapeutic relationships with their clients during patient care, especially amid the unique challenges presented by the COVID-19 pandemic. These relationships, founded on empathy, compassion, and trust, play a vital role as social workers work to understand and meet the complex emotional and psychological needs of their clients. Not only do social workers provide essential support, but they also serve as active listeners to the fears, traumas, and aspirations of those they help. This deep level of engagement fosters a connection that can aid healing during a time filled with uncertainty and distress.

However, the emotional investment required for these close connections puts social workers at risk of compassion fatigue, a condition marked by gradual emotional depletion that strains their capacity for empathy. Symptoms may include feelings of helplessness, irritability, and a reduced sense of accomplishment. The unrelenting demands of caregiving amid a global crisis amplify these feelings, leading social workers to experience increased emotional exhaustion and, at times, detachment from their clients' struggles. Unfortunately, many professionals fail to recognize the early signs of compassion fatigue, as these symptoms can develop subtly over time, complicating their ability to seek the necessary support and effectively manage their emotional health.

Acknowledging and addressing compassion fatigue is essential for the sustained support of social work in patient care during the COVID-19 pandemic. Understanding how compassion fatigue manifests not only enable the identification of vulnerable social

workers but also plays a pivotal role in crafting strategies that enhance emotional health and overall effectiveness in their crucial roles within the patient care framework. By equipping social workers with tools for early detection and nurturing a supportive environment, we can empower them to sustain their dedication to helping others while protecting their well-being.

Emotional exhaustion has a significant impact on social work, particularly when practitioners repeatedly meet clients who have suffered severe trauma. This emotional toll is exacerbated by the profound connections established between social workers and their clients, leading to a vulnerability to vicarious trauma, which occurs when social workers internalize the emotional pain of those they assist, resulting in their psychological distress.

The compassion stress and fatigue model, initially devised for use in the mental health sector, comprehensively explores the nuances of compassion fatigue, the emotional strain that arises from empathizing with and caring for others. In this context, empathy is viewed as a double-edged sword; while it is essential for offering practical support, it also carries a substantial emotional expense. This expense often results in compassion fatigue, where caregivers feel overwhelmed and drained due to their continued emotional involvement with the suffering of others.

Conversely, burnout is characterized as a psychological syndrome that develops from prolonged exposure to chronic interpersonal stressors within the workplace (Oberg et al., 2023, pg.1). The onset of burnout is typically gradual and insidious, culminating in three primary aspects: a decreased sense of personal accomplishment, significant

emotional exhaustion, and an increasing sense of detachment or cynicism toward one's job and responsibilities (Oberg et al., 2023, pg.1).

Individuals facing burnout frequently describe their emotional state as one of deep fatigue and disillusionment. They often report feeling perpetually drained and unable to engage fully with their work or colleagues, leading to diminished productivity and lower job satisfaction (Oberg et al., 2023, pg.1). This emotional exhaustion can create a self-perpetuating cycle, deepening feelings of inadequacy and frustration, making it increasingly challenging for affected individuals to reconnect with their work or restore their sense of purpose.

By nature, social workers cultivate strong emotional relationships with their clients, fueled by empathy and a commitment to alleviating suffering. However, such empathetic engagement can lead to compassion fatigue, which manifests in several ways, including feelings of helplessness, emotional numbness, declining job performance, and increased absenteeism. These conditions hinder not only the professional growth of social workers but can also impact on the quality of care they provide, affecting the effectiveness of social services.

The conclusions drawn from this study are pivotal for the social work field, underscoring the urgent need for preventive measures regarding compassion fatigue. Attention should focus on three key areas: (a) developing strategies to prevent compassion fatigue from taking root, (b) implementing protocols for recognizing the symptoms of this condition, and (c) establishing supportive services for social workers grappling with its effects. Additionally, the study's implications extend to social workers

working in patient care during COVID-19, highlighting the critical importance of prioritizing self-care strategies. Self-care is not merely a recommendation, but a vital practice that enables social workers to safeguard their emotional well-being while effectively serving their students.

In this section, I will conduct a thorough analysis of the study's findings, emphasizing their ethical implications for social work professionals in patient care during the COVID-19 pandemic. The goal is to shed light on the critical issue of compassion fatigue within social work practice and to explore various strategies that can bolster resilience and recovery among these essential professionals. Enhancements to their emotional support systems can significantly fortify their ability to continue their indispensable work, improving outcomes for the vulnerable populations they serve during these challenging times. I will address this issue and provide actionable recommendations for tackling compassion fatigue in the patient care domain, illustrating how these strategies can cultivate healthier work environments and promote broader social change.

Application to Professional Ethics in Social Work Practice

This study underscores the pressing need to address compassion fatigue in the social work field through a comprehensive ethical framework. The NASW Code of Ethics, introduced in 2017, provides a crucial guideline that defines the core principles and values shaping the responsibilities and interactions of social workers. This code establishes professional conduct standards and articulates values essential for safeguarding the well-being of those relying on social work services. By following these foundational principles, social workers can deliver compassionate and practical support

to at-risk populations confronting various adversities, social injustices, and systemic oppression. Through this ethical perspective, practitioners not only improve the welfare of their clients but also foster their emotional resilience, prioritizing self-care amid the profession's challenges.

The NASW Code of Ethics outlines several fundamental values crucial to social work practice: service, social justice, individual dignity and worth, the importance of human connections, integrity, and competence. Social workers in patient care deeply recognize social justice as a key factor in meeting the varied needs of students and their families. Participants in this study consistently emphasized their role as advocates for social justice, recognizing that many patients utilizing social services in healthcare settings encounter substantial barriers that can affect their perception of receiving necessary care.

A key theme identified in the study is the crucial importance of nurturing genuine human relationships. The research explores the issue of compassion fatigue in the context of the dynamics between social workers and their clients. Each interaction embodies a unique exchange of human experiences, essential for forming a therapeutic alliance. This connection cultivates a profound empathetic bond that resonates with the emotions and experiences of the social worker. Study participants emphasized that these relationships should be built on mutual respect, compassion, and a strong commitment to improving the well-being of those they assist are essential attributes of social workers. An important ethical principle highlighted in the findings is respect for human dignity, which must be reciprocal, applying to both recipients of support and the professionals who provide it.

Social workers face daily challenges and emotional hardships connected to trauma, including domestic violence, systemic oppression, child abuse, and the ongoing social disparities affecting students and their families. Despite these substantial obstacles, social workers in patient care work tirelessly to foster positive change, advocating for the social and emotional health of their clients. However, the weight of these experiences can impact their mental, emotional, and physical well-being, leading to a risk of compassion fatigue, marked by emotional exhaustion and diminished empathy. Therefore, it is essential for agencies and organizations employing social workers to recognize this challenge and create a work environment that fosters respect, dignity, and support for these dedicated professionals.

The NASW Code of Ethics establishes explicit standards for the professional conduct of social workers. It highlights the importance of acquiring essential competencies, embracing core values, and adhering to the ethical guidelines and standards established by the social work profession. Additionally, it emphasizes the importance of ongoing professional development and the adoption of self-care practices (NASW, 2017). Creating a respectful atmosphere that acknowledges the dignity of social workers is not just an ethical duty; it is essential for mitigating and preventing compassion fatigue. Emphasizing self-care practices is crucial for upholding ethical and effective engagement in the profession (NASW, 2017). By working collectively, the social work field can reinforce its dedication to clients and practitioners alike, ensuring that compassion and care remain at the heart of its mission.

Recommendations for Social Work Practice

This study's findings offer vital insights for developing future strategies to mitigate compassion fatigue among social workers involved in patient care. It is essential to recognize the socioemotional factors that impact these professionals, given their unique work environments. Social workers encounter various challenges and traumatic experiences, which can contribute to compassion fatigue. As a result, this research emphasizes the urgent need to investigate the long-term consequences of ongoing trauma exposure on their roles. By employing a comprehensive biopsychosocial approach, it is imperative to formulate strategies that promote the emotional and physical well-being of social workers in patient care.

Recommendation 1: Wellness Programs for Employees

The implementation of comprehensive wellness programs for social workers engaged in patient care is essential, not just during public health crises but as an integral aspect of their ongoing professional development. The demanding nature of their work often places these dedicated individuals in challenging situations, where they are frequently exposed to prominent levels of stress, anxiety, and emotional turmoil. These experiences can result in significant psychological strain, making it imperative to establish structured wellness outlets that provide them with the necessary tools to manage their emotional and mental health effectively.

Wellness programs serve as vital support systems, offering crucial psychological and emotional assistance to social workers who may be grappling with the intense pressures of their roles. These programs create a safe and supportive environment where

social workers feel comfortable sharing their struggles and concerns, fostering a sense of community, and belonging. However, the current offerings of such programs often lack depth and variety, highlighting a substantial opportunity for enhancement and growth.

To truly benefit social workers, these wellness initiatives could be expanded to include a comprehensive array of educational components tailored to the unique self-care needs of these professionals. For instance, a series of interactive workshops could be designed to delve into key topics such as effective stress management techniques, where social workers can learn practical skills to cope with daily pressures. These workshops might incorporate role-playing scenarios, group discussions, and expert-led sessions on mindfulness practices that promote mental clarity and emotional resilience.

Furthermore, lessons on achieving a sustainable work-life balance could provide social workers with the tools they need to navigate the demanding nature of their profession while still prioritizing their personal well-being. In addition to these workshops, offering resources such as engaging online courses that cover a range of self-care strategies, regular support groups for peer sharing and encouragement, and individualized counseling sessions with mental health professionals could significantly bolster their capacity to prioritize and protect their health.

By equipping social workers with a wide range of knowledge and skills designed to foster resilience and emotional stability, these enriched wellness programs can help mitigate the risks of compassion fatigue and burnout. This holistic approach not only promotes healthier mental health for the social workers themselves but also enhances their ability to deliver compassionate care. When social workers are supported in their

own well-being, they are better positioned to provide high-quality care to their patients, creating a positive ripple effect that improves overall patient outcomes and contributes to healthier communities.

Recommendation 2: Training

This recommendation emphasizes the need for establishing various continuous education programs to tackle compassion fatigue. Literature reviews and professional interviews reveal confusion between compassion fatigue syndrome and burnout, impacting caregiving roles such as social workers, healthcare providers, and therapists.

The misunderstanding arises from a lack of education and awareness about the different origins, characteristics, and effects of compassion fatigue and burnout. Compassion fatigue is related to the emotional and psychological impact on caregivers exposed to others' suffering, whereas burnout involves emotional exhaustion and detachment caused by prolonged stress and overwork. Distinguishing these can enhance mental health strategies for professionals, benefiting both caregivers and their clients. There is a significant absence of structured university courses on topics such as vicarious trauma, secondary trauma, compassion fatigue, burnout, and self-care practices. These subjects are crucial for caregiving professions, providing the skills to identify emotional challenges and develop effective coping strategies.

Education promotes personal and professional growth by influencing behaviors and practices through academic programs. Specialized continuing education programs and training on these topics can address the confusion between compassion fatigue and burnout, enhancing understanding and providing practical self-care and emotional

management strategies. Empowerment through education fosters resilience and wellbeing among caregivers, enabling them to maintain their roles while safeguarding their mental health. Integrating educational programs into curricula can create a culture of awareness and preparedness, where caregivers manage the emotional demands of their work, resulting in a healthier and more effective workforce dedicated to supporting those in need. These efforts can cultivate an informed caregiving community where professionals and those they serve can thrive.

Implications for Social Change

Social change is a complex and transformative process that directly affects social structures, aiming to improve the social and emotional well-being of individuals and communities. This process involves active participation from people who unite to articulate shared goals, advocate for common interests, and implement initiatives that benefit those they serve. According to the NASW Code of Ethics (2017), social workers have a critical responsibility to "promote social justice and social change with and on behalf of clients." This ethical mandate compels social work professionals to advocate for positive change, working diligently to uplift and empower the communities they serve, ultimately enhancing the overall socio-emotional health and resilience of their clients.

Moreover, social change includes creating and nurturing structural and institutional environments that recognize the essential role of self-care. This focus on self-care is particularly important when addressing issues such as compassion fatigue, vicarious trauma, and secondary traumatization, which can significantly impact social workers working in patient care during COVID-19. These challenges often result from

the relentless exposure to traumatic experiences, emotional distress, and systemic injustices that affect their clients' lives.

Compassion fatigue is a widespread syndrome characterized by emotional and physical exhaustion due to the chronic stress of caregiving. It can severely detract from a social worker's quality of life, impair their emotional health, and hinder their professional effectiveness. Participants in this study have highlighted the urgent need for innovative institutional responses to address compassion fatigue. They advocate for comprehensive strategies that include training, support systems, and resources dedicated to recognizing and tackling this syndrome.

The focus shifts to equipping social workers with patient care with essential skills and tools to identify and respond to early signs of compassion fatigue. This includes training in self-awareness and mindfulness techniques, enabling social workers to monitor their emotional health and recognize burnout signs before they escalate. Empowering these professionals with practical strategies for self-assessment and management is vital for maintaining their well-being and effectiveness.

Also, there is a strong need to develop robust prevention and educational programs that emphasize the importance of self-care among social workers with patient care. These programs can take various forms, such as workshops, peer support groups, and professional development opportunities, aimed at enhancing the skills necessary for maintaining emotional resilience. These initiatives should foster a culture of self-care within educational settings, encouraging social workers to prioritize their own mental and emotional health while continuing to provide compassionate support to their clients.

Systemic changes are necessary to create healthier working environments for social work professionals. It is crucial for governmental entities, nonprofit organizations, and educational institutions to collaborate in developing and implementing comprehensive public policies that address the needs of these professionals. Such policies should focus on improving working conditions, providing financial resources for self-care initiatives, and establishing clear guidelines for workload management. Additionally, promoting dedicated self-care spaces—such as quiet rooms or wellness centers—within office settings can offer social workers much-needed time for respite and reflection.

Furthermore, forming alliances with professional organizations that specialize in mental health and social work can provide valuable expertise and resources for designing effective policies and initiatives aimed at fostering the socioemotional well-being of social workers working in patient care during COVID-19. By taking these significant steps, we can create an environment that supports the mental and emotional health of social workers and enhances their ability to positively impact the lives of the students and communities they serve. Such holistic approaches are essential for addressing the challenges faced by social workers with patient care, ensuring they remain resilient, effective, and ready to advocate for those in need.

Summary

In summary, the results of this qualitative study on the perceptions of social workers working in patient care during COVID-19 regarding compassion fatigue syndrome emphasize the pressing need to address this issue. The interview process revealed the needs of these professionals and highlighted the impact of their work on both

their physical health and emotional well-being. Therefore, this study is particularly relevant for social workers working in patient care during COVID-19.

Interviewers emphasized the necessity for policies, initiatives, and programs at both government and academic levels to equip them with the skills needed to address the indicators and symptoms associated with compassion fatigue. The findings of this study will serve as a valuable resource for future research in the field of social work, focusing effects on the physical and mental health of social workers social workers working in patient care during COVID-19.

References

Agpalza, P., & Cegelka, D. (2023). Clinical crisis: When your therapist needs therapy! *Health & Social Work, 48*(2), 143–145. https://doi.org/10.1093/hsw/hlad003

Armes, S. E., Lee, J. J., Bride, B. E., & Seponski, D. M. (2020). Secondary trauma and impairment in clinical social workers. *Child Abuse & Neglect, 110*, 104540. https://doi.org/10.1016/j.chiabu.2020.104540

Ashley-Binge, S., & Cousins, C. (2020). Individual and organizational practices addressing social workers' experiences of vicarious trauma. *Practice: Social Work in Action, 32*(3), 191–207. https://doi.org/10.1080/09503153.2019.1620201

Bae, J., Jennings, P. F., Hardeman, C. P., Kim, E., Lee, M., Littleton, T., & Saasa, S. (2019). Compassion satisfaction among social work practitioners: The role of work-life balance. *Journal of Social Service Research, 46*(3), 320–330. https://doi.org/10.1080/01488376.2019.1566195

Bakker, A. B., & de Vries, J. D. (2021). Job demands–resources theory and self-regulation: New explanations and remedies for job burnout. *Anxiety, Stress, & Coping, 34*(1), 1–21. https://doi.org/10.1080/10615806.2020.1797695

Bakker, A. B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology, 22*(3), 273–285. https://doi.org/10.1037/ocp0000056

Bakker, A. B., Demerouti, E., & Sanz-Vergel, A. (2023). Job demands-resources theory: Ten years later. *Annual Review of Organizational Psychology and Behavior, 10*(1), 25–53. https://doi.org/10.1146/annurev-orgpsych-120920-053933

Bakker, A. B., Xanthopoulou, D., & Demerouti, E. (2023). How does chronic burnout affect dealing with weekly job demands? A test of central propositions in JD-R and COR-theories. *Applied Psychology, 72*(1), 389–410. https://doi.org/10.1111/apps.12382

Beaumont, E., Bell, T., McAndrew, S., & Fairhurst, H. (2021). The impact of compassionate mind training on qualified health professionals undertaking a compassion-focused therapy module. *Counseling and Psychotherapy Research, 21*(4), 910–922. https://doi.org/10.1002/capr.12396

Boggs, T. L. (2024). Identifying and addressing compassion fatigue to improve well-being. *Radiologic Technology, 95*(3), 199–203.

Canady, V. A. (2020a). Amid COVID-19, self-care is as important for providers as it is for patients. *Mental Health Weekly, 30*(16), 1–4. https://doi.org/10.1002/mhw.32324

Canady, V. A. (2020b). Study finds COVID-19 survivors exhibit MH signs one month after treatment. *Mental Health Weekly, 30*(32), 1–3. https://doi.org/10.1002/mhw.32474

Canet-Juric, L., Andrés, M. L., Valle, M. del, López-Morales, H., Poó, F., Galli, J. I., Yerro, M., & Urquijo, S. (2020). A longitudinal study on the emotional impact caused by the COVID-19 pandemic 48 quarantine on the general population. *Frontiers in Psychology, 11*. https://doi.org/10.3389/fpsyg.2020.565688

Carrillo, D. D. (2024). *Clark County Nevada novice mental healthcare social workers describe experiencing compassion fatigue* [Doctoral dissertation, Grand Canyon

University].

Cartagena, G. I. C. (2022). *Social worker in patient cares' perceptions of compassion fatigue syndrome* [Doctor of social work capstone project, Walden University]. ScholarWorks. https://scholarworks.waldenu.edu/dissertations/13250/

Clark, P., Holden, C., Russell, M., & Downs, H. (2022). The impostor phenomenon in mental health professionals: relationships among compassion fatigue, burnout, and compassion satisfaction. *Contemporary Family Therapy, 44*(2), 185–197. https://doi.org/10.1007/s10591-021-09580-y

Coetzee, S. K., & Laschinger, H. K. (2018). Toward a comprehensive, theoretical model of compassion fatigue: An integrative literature review. *Nursing & health sciences, 20*(1), 4-15.

Collins, S. (2022). *Social workers and compassion*. Routledge.

Collins-Frazie, E. D. (2020). Exploring mental health professionals' experiences with vicarious trauma: A qualitative instrumental case study [Doctoral dissertation, Grand Canyon University]. ProQuest. https://www.proquest.com/openview/17b81e629bd5ad7da01849d7894dcdef/

Crego, A., Yela, J. R., Riesco-Matías, P., Gómez-Martínez, M. Á., & Vicente Arruebarrena, A. (2022). The benefits of self-compassion in mental health professionals: A systematic review of empirical research. *Psychology Research and Behavior Management, 15*, 2599–2620. https://doi.org/10.2147/PRBM.S359382

Cuartero, M. E., & Campos-Vidal, J. F. (2019). Self-care behaviours and their

relationship with Satisfaction and Compassion Fatigue levels among social workers. *Social Work in Health Care, 58*(3), 274–290.

Demerouti, E., & Bakker, A. B. (2023). Job demands-resources theory in times of crises: New propositions. *Organizational Psychology Review, 13*(3), 209–236. https://doi.org/10.1177/20413866221135022

Dhakal, K. (2022). NVivo. Journal of the Medical Library Association: JMLA, 110(2), 270.

Dima, G., Meseșan Schmitz, L., & Șimon, M. C. (2021). Job stress and burnout among social workers in the vuca world of the COVID-19 pandemic. Sustainability, 13(13), 7109.

Downie, P. D. (2020). Perceptions of organizational support among social workers exposed to vicarious trauma (Doctoral dissertation, Walden University).

Elliott-Mainwaring, H. (2021). Exploring using NVivo software to facilitate inductive coding for thematic narrative synthesis. British Journal of Midwifery, 29(11), 628-632.

Eng, L., Nordström, J., & Schad, E. (2021). Incorporating compassion into compassion fatigue: The development of a new scale. Journal of Clinical Psychology, 77(9), 2109-2129.

Essential Social Worker Burnout Statistics in 2024 • Zipdo. ZipDo. (2024, January 3). https://zipdo.co/statistics/social-worker burnout

Ferreira, P., & Gomes, S. (2021). The role of resilience in reducing burnout: A study with healthcare workers during the COVID-19 pandemic. Social Sciences, 10(9), 317.

Finley, B. A., & Sheppard, K. G. (2017). Compassion Fatigue: Exploring Early-Career Oncology Nurses' Experiences. *Clinical journal of oncology nursing*, *21*(3), E61–E66. https://doi.org/10.1188/17.CJON.E61-E66

Galanakis, M. D., & Tsitouri, E. (2022). Positive psychology in the working environment. Job demands-resources theory, work engagement, and burnout: A systematic literature review. Frontiers in Psychology, 13, 1022102

Garcia, A. (2021). A Quantitative Study Examining Social Worker Burnout during the COVID-19 Pandemic. California State University, Long Beach.

Gentry J., Baranowsky A. Treatment Manual for Accelerated Recovery from Compassion Fatigue. Psych Ink Resources; Toronto, ON, Canada: 2011.

Granger, S., Stackhouse, M. R., & Caza, B. B. (2024). Job demands-resources (JD-R) theory. In A Guide to Key Theories for Human Resource Management Research (pp. 126–132). Edward Elgar Publishing. Health & Social Work, 48(2), 143–145.

Haq, Z. U., Rasheed, R., Rashid, A., & Akhter, S. (2023). Criteria for assessing and ensuring the trustworthiness in qualitative research. International Journal of Business Reflections, 4(2).

Holmes, M. R., Rentrope, C. R., Korsch-Williams, A., & King, J. A. (2021). Impact of COVID-19 pandemic on posttraumatic stress, grief, burnout, and secondary trauma of social workers in the United States. Clinical Social Work Journal, 49(4), 495-504. https://doi/org/10.1080/10911359.2018.1482482

James, J. L. (2021). Mentorship of conservation leadership in women: a phenomenological study (Doctoral dissertation, University of Phoenix).

Johnson, S. T., Dadi, D., Friedman, J. K., Hanson, S., Tavernier, R. L. E., & Mason, S. M. (2023). The role of prior trauma exposure and subsequent posttraumatic stress disorder in reactions to the COVID-19 pandemic: A qualitative study. Psychological trauma: theory, research, practice, and policy.

Kartsonaki MG, Georgopoulos D, Kondili E, Nieri AS, Alevizaki A, Nyktari V, Papaioannou A. Prevalence, and factors associated with compassion fatigue, compassion satisfaction, burnout in health professionals. Nurs Crit Care. 2023 Mar;28(2):225-235. doi: 10.1111/nicc.12769. Epub 2022 Mar 21. PMID: 35315181.

Kinman, G., & Grant, L. (2020). Emotional demands, compassion, and mental health in social workers. Occupational Medicine, 70(2), 89-94.

Lane, A. (2021). Social workers' perspective on burnout: causes and effective interventions (Doctoral dissertation, California State University, Sacramento).

Leitão, J., Pereira, D., & Gonçalves, Â. (2021). Quality of work life and contribution to productivity: Assessing the moderator effects of burnout syndrome. International Journal of Environmental Research and Public Health, 18(5), 2425.

Leung, T., Schmidt, F., & Mushquash, C. (2022). A personal history of trauma and experience of secondary traumatic stress, vicarious trauma, and burnout in mental health workers: A systematic literature review. Psychological trauma: theory, research, practice, and policy.

Lister, K. (2020). Stress and burnout in social workers: perceptions of supervision and the role of self-compassion and shame (Doctoral dissertation, University of East

Anglia)

Livanou, M., Whittenbury, K., & Di Basilio, D. (2023). Listening to other people's traumatic experiences: What makes it hard, and what could protect professionals from developing related distress? A qualitative investigation. Stress and Health.

Lluch, C., Galiana, L., Doménech, P., & Sansó, N. (2022, February). The impact of the COVID-19 pandemic on burnout, compassion fatigue, and compassion satisfaction in healthcare personnel: a systematic review of the literature published during the first year of the pandemic. In Healthcare (Vol. 10, No. 2, p. 364). MDPI.

López-Del-Hoyo, Y., Fernández-Martínez, S., Pérez-Aranda, A., Barceló-Soler, A., Bani, M., Russo, S., ... & García-Campayo, J. (2023). Effects of Health interventions on stress reduction and mental health promotion in healthcare professionals: A systematic review. Journal of Clinical Nursing, 32(17-18), 5514-5533.

Lu, X., Yu, H., & Shan, B. (2022). Relationship between employee mental health and job performance: Mediation role of innovative behavior and work engagement. International journal of environmental research and public health, 19(11), 6599.

Lynch, A. (2021). The resulting mental health pandemic from COVID-19: Research and resources for social workers.

Maddock, A. (2024). The Relationships between Stress, Burnout, Mental Health and Well-Being in Social Workers. The British Journal of Social Work, 54(2), 668–686.

Maddock, A., McGuigan, K., & McCusker, P. (2024). Exploring social work

professionals' experiences of the mindfulness-based social work and self-care program: a focus group study. Social Work in Public Health, pp. 1–16.

Maddock, A., McGuigan, K., & McCusker, P. (2024). Mindfulness-based social work and self-care with social work professionals: Replication and expansion of a randomized controlled trial. The British Journal of Social Work, pp. 1–21.

Malik, L. (2024). Role of Compassion Fatigue and Burnout in Existing and Upcoming Interventions for Mental Health Professionals: A Literature Review. Journal of Applied Consciousness Studies, 12(1), 45–51.

Martin, E. M., Myers, K., & Brickman, K. (2020). Self-preservation in the workplace: The importance of well-being for social work practitioners and field supervisors. Social Work, 65(1), 74–81.

Mezmir, E. A. (2020). Qualitative data analysis: An overview of data reduction, data display, and interpretation. Research on humanities and social sciences, 10(21), 15-27.

Mihas, P. (2019). Qualitative data analysis. In Oxford research encyclopedia of education. Can you link your theory into the phrasing of this research question to better demonstrate alignment?

Mirzaei, A., Rezakhani Moghaddam, H., & Habibi Soola, A. (2021). Identifying the predictors of turnover intention based on psychosocial factors of professionals who worked in patient care during the COVID-19 outbreak. Nursing Open, 8(6), 3469-3476.

Mitchell, C. M. (2023). *The Cost of Caring: Compassion Fatigue Among Community*

Mental Health Social Workers (Doctoral dissertation, Saint Louis University).

Moudatsou, M., Stavropoulou, A., Philalithis, A., & Koukouli, S. (2020, January). The role of empathy in health and social care professionals. In Healthcare (Vol. 8, No. 1, p. 26). MDPI.

National Association of Social Workers. (2017). NASW Code of Ethics. Retrieved April 11, 2024, from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Nelson-Gardell D., Harris D., Childhood abuse history, secondary traumatic stress, and child welfare workers. Child. Welf. 2003;82:5–26.

Nicholas, D. B., Samson, P., Hilsen, L., & McFarlane, J. (2023). Examining the COVID19 pandemic and its impact on social work in health care. Journal of Social Work (London, England), 23(2), 334–349. https://doi.org/10.1177/14680173221142767

Nikel, C., & Gildenblatt, L. (2023). Finding compassion when compassion fatigued. The International Journal of Psychiatry in Medicine, 00912174231215923.

Noel, L., Chen, Q., Petruzzi, L. J., Phillips, F., Garay, R., Valdez, C., Aranda, M. P., & Jones, B. (2022). Interprofessional collaboration between social workers and community health workers to address health and mental health in the United States: A systematised review. *Health & social care in the community*, *30*(6), e6240–e6254. https://doi.org/10.1111/hsc.14061

Nolte, A. G., Downing, C., Temane, A., & Hastings-Tolsma, M. (2017). Compassion fatigue in nurses: A metasynthesis. *Journal of clinical nursing*, *26*(23-24), 4364-

4378.

Nsonwu, M. B., Casey, K., Cook, S. W., & Armendariz, N. B. (2013). Embodying social work as a profession: A pedagogy for practice. SAGE Open, 3(3), 1–8. https://doi.org/10.1177/2158244013503835

Oberg, G., Carroll, A., & Macmahon, S. (2023, March). Compassion fatigue and secondary traumatic stress in teachers: How they contribute to burnout and how they are related to trauma-awareness. In Frontiers in Education (Vol. 8, p. 1128618). Frontiers Media SA.

Ondrejková, N., & Halamová, J. (2022). Prevalence of compassion fatigue among helping professions and relationship to compassion for others, self-compassion, and self-criticism. Health & social care in the community, 30(5), 1680-1694.

Owens-King, A. P. (2019). Secondary traumatic stress and self-care are inextricably linked. Journal of Human Behavior in the Social Environment, 29(1), 37–47.

Paredes-Aguirre, M. I., Barriga Medina, H. R., Campoverde Aguirre, R. E., Melo Vargas, E. R., & Armijos Yambay, M. B. (2022, August). Job motivation, burnout, and turnover intention during the COVID-19 pandemic: are there differences between female and male workers? In Healthcare (Vol. 10, No. 9, p. 1662). MDPI.

Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the therapist. New York: Norton.

Peinado, M., & Anderson, K. N. (2020). Reducing social worker burnout during COVID-19. International Social Work, 63(6), 757-760.

Prudenzi, A., Graham, C. D., Flaxman, P. E., Wilding, S., Day, F., & O'Connor, D. B.

(2022). A workplace Acceptance and Commitment Therapy (ACT) intervention for improving healthcare staff psychological distress: A randomized controlled trial. PloS one, 17(4), e0266357.

Puckett-Trotter, V. (2022). Correlation Between Compassion Fatigue Related to Secondary Trauma and Burnout in Social Workers. Trevecca Nazarene University.

Pyo, J., Lee, W., Choi, E. Y., Jang, S. G., & Ock, M. (2023). Qualitative Research in Healthcare: Necessity and Characteristics. Journal of Preventive Medicine and Public Health = Yebang Uihakhoe chi, 56(1), 12–20. https://doi.org/10.3961/jpmph.22.451

Quinn, A., Ji, P., & Nackerud, L. (2019). Predictors of secondary traumatic stress among social workers: Supervision, income, and caseload size. Journal of Social Work, 19(4), 504-528.

Rana, K., Poudel, P., & Chimoriya, R. (2023, October). Qualitative methodology in translational health research: current practices and future directions. In Healthcare (Vol. 11, No. 19, p. 2665). MDPI.

Ratcliff M. (2024). Social Workers, Burnout, and Self-Care: A Public Health Issue. Delaware journal of public health, 10(1), 26–29.

https://doi.org/10.32481/djph.2024.03.05Rauvola, R. S., Vega, D. M., & Lavigne, K. N. (2019). Compassion fatigue, secondary traumatic stress, and vicarious traumatization: A qualitative review and research agenda. Occupational Health Science, 3, 297–336.

Ray S.L., Wong C., White D., Heaslip K. Compassion satisfaction, compassion fatigue, work-life conditions, and burnout among frontline mental health care professionals. Traumatology. 2013; 19:255. doi: 10.1177/1534765612471144.

Redondo-Sama, G., Matulic, V., Munté-Pascual, A., & de Vicente, I. (2020). Social work during the COVID-19 crisis: Responding to urgent social needs. Sustainability, 12(20), 8595.

Rivera-Kloeppel, B., & Mendenhall, T. (2021). Examining the relationship between selfcare and compassion fatigue in mental health professionals: A critical review. Traumatology, 29(2), 163.

Ruiz-Fernández, M. D., Ramos-Pichardo, J. D., Ibáñez-Masero, O., Cabrera-Troya, J., Carmona-Rega, M. I., & Ortega-Galán, Á. M. (2020). Compassion fatigue, burnout, compassion satisfaction and perceived stress in healthcare professionals during the COVID-19 health crisis in Spain. Journal of Clinical Nursing, 29(2122), 4321-4330.

Russell, G. (2023). Understanding Vulnerability and Resilience: A Guide for Professional Staff who Work with Vulnerable Others. Routledge.

San Román Niaves, M. (2023). Compassion at Work Matters: Understanding its Impact on Well-Being Through Empirical Research.

Santos, C. F. (2020). Reflections about the impact of the SARS-COV-2/COVID-19 pandemic on mental health. Revista brasileira de psiquiatria, 42(3), 329–329. https://doi.org/10.1590/1516-4446-2020-0981

Scruton, J. (n.d.). Why the U.S. must prioritize behavioral health management during the

COVID-19 pandemic. Mental Health Weekly, 30(28), 5–5. https://doi.org/10.1002/mhw.32442

Senreich, E., Straussner, S. L. A., & Steen, J. (2020). The work experiences of social workers: Factors impacting compassion satisfaction and workplace stress. Journal of Social Service Research, 46(1), 93-109.

Shemelia, C. (2020, April 29). A frontline social worker's perspective on COVID-19. Retrieved August 22, 2020, from SocialWorker.com website: https://www.socialworker.com/api/content/53d5d624-8718-11ea-b877-1244d5f7c7c6/

Singh, J., Karanika-Murray, M., Baguley, T., & Hudson, J. (2020). A systematic review of job demands and resources associated with compassion fatigue in mental health professionals. International Journal of Environmental Research and Public Health, 17(19), 6987.

Social Work History. NASW, National Association of Social Workers. (2017). https://www.socialworkers.org/News/Facts/Social-Work-History

Soehardi, F., Putri, L. D., & Dinata, M. (2021). NVivo Software Training for young researchers. Mattawang: Jurnal Pengabdian Masyarakat, 2(1), 8-13.

Soteria, B., Ioannis, M., Meimeti, E., Ioanna, D., Marilena, G., & Petros, G. (2023). Quality of working life about occupational stress, anxiety, and depression of workers in primary and secondary healthcare workplaces.

Sprang G., Clark J.J., Whitt-Woosley A. Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. J. Loss Trauma.

2007; 12:259–280. doi: 10.1080/15325020701238093.

Sprang, G., Lei, F., & Bush, H. (2021). Can organizational efforts lead to less secondary traumatic stress? A longitudinal investigation of change. American Journal of Orthopsychiatry, 91(4), 443.

Sritharan, J., Jegathesan, T., Vimaleswaran, D., & Sritharan, A. (2020). Mental health concerns of frontline workers during the COVID-19 pandemic: A scoping review. Global Journal of Health Science, 12(11), 89-. https://doi.org/10.5539/gjhs.v12n11p89\

Stamm B.H. The Concise Proqol Manual. 2nd ed. Proqol.org; Pocatello, ID, USA: 2010. [Google Scholar]

Sutton, L., Rowe, S., Hammerton, G., & Billings, J. (2022). The contribution of organizational factors to vicarious trauma in mental health professionals: A systematic review and narrative synthesis. European Journal of Psychotraumatology, 13(1), 2022278.

Tabur, A., Choudhury, A., Emhan, A., Mengenci, C., & Asan, O. (2022, January). Clinicians' social support, job stress, and intent to leave healthcare during COVID-19. In Healthcare (Vol. 10, No. 2, p. 229). MDPI.

Thapa, D. K., Levett-Jones, T., West, S., & Cleary, M. (2021). Burnout, compassion, fatigue, and resilience among healthcare professionals. The evolution of Social Work: Historical milestones. SC-UMT. (2021, May 13).

Tolksdorf, K. H., Tischler, U., & Heinrichs, K. (2022). Correlates of turnover intention among nursing staff in the COVID-19 pandemic: a systematic review. *BMC*

nursing, *21*(1), 174. https://doi.org/10.1186/s12912-022-00949-4

Tips for healthcare professionals - SAMHSA publications and digital ... (n.d.). Retrieved July 1, 2022, from https://store.samhsa.gov/sites/ default/files/ SAMHSA _Digital _Download/PEP20-01 -01-016_508.pdf 3.

U.S. Bureau of Labor Statistics. (n.d.). Social workers. Occupational Outlook Handbook. https://www.bls.gov/ooh/community-and-social-service/socialworkers.html

Van Mol M.M., Kompanje E.J., Benoit D.D., Bakker J., Nijkamp M.D. The prevalence of compassion fatigue and burnout among healthcare professionals in intensive care units: A systematic review. PLoS ONE. 2015; 10:618. doi: 10.1371/journal.pone.0136955. [PMC free article]

Venner, M. A. (2024). An exploration of empathy fatigue in counselors and their use of self-care strategies.

Vidal, J., & Soldevilla, J. M. (2023). Effect of compassion-focused therapy on selfcriticism and self-soothing: A meta-analysis. The British journal of clinical psychology, 62(1), 70–81. https://doi.org/10.1111/bjc.12394

What is Compassion Fatigue in social work? Ohio University. (2021, September 13). Retrieved July 22, 2022, from https://onlinemasters.ohio.edu/ blog/what-iscompassion-fatigue/

Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2022). The impact of COVID-19 and experiences of secondary traumatic stress and burnout. Psychological Trauma: Theory, Research, Practice, and Policy, 14(3), 507.

Witarto, B. S., Visuddho, V., Witarto, A. P., Bestari, D., Sawitri, B., Melapi, T. A. S., &

Wungu, C. D. K. (2022). Effectiveness of online mindfulness-based interventions in improving mental health during the COVID-19 pandemic: A systematic review and meta-analysis of randomized controlled trials. PloS one, 17(9), e0274177.

Xie, W., Chen, L., Feng, F., Okoli, C. T., Tang, P., Zeng, L., ... & Wang, J. (2021). The prevalence of compassion satisfaction and compassion fatigue among nurses: A systematic review and meta-analysis. International journal of nursing studies, 120, 103973.

Yavuz Sercekman, M. (2024). Exploring the sustained impact of the Mindfulness-Based Stress Reduction program: a thematic analysis. Frontiers in Psychology, 15, 1347336.

Ye, Z., Li, W., & Zhu, R. (2022). Online psychosocial interventions for improving mental health in people during the COVID-19 pandemic: A systematic review and metaanalysis. Journal of Affective Disorders, 316, 120-131.

Yoder, E.A. (2010). Compassion fatigue in nurses. *Applied Nursing Research*, *23*(4), 191-197.

Zhang, L., Ren, Z., Jiang, G., Hazer-Rau, D., Zhao, C., Shi, C., Lai, L., & Yan, Y. (2021). Self-Oriented Empathy and Compassion Fatigue: The Serial Mediation of Dispositional Mindfulness and Counselor's Self-Efficacy. Frontiers in Psychology, p. 11, 613908. https://doi.org/10.3389/fpsyg.2020.613908