

Lived experiences of Filipino occupational therapists amid the COVID-19 pandemic in the East Coast, USA: compassion fatigue and compassion satisfaction

Cherry Belle V. Dag-um¹ Paolo Miguel P. Bulan^{1,2*}

¹Graduate School, Cebu Doctors' University, Mandaue City, Cebu, Philippines

²Department of Occupational Therapy, Velez College, Cebu City, Cebu, Philippines

ARTICLE INFO

Article history:

Received 6 May 2023

Accepted as revised 1 August 2023

Available online 10 August 2023

Keywords:

COVID-19, mental health, wellness, compassion fatigue, occupational therapy

ABSTRACT

Background: Occupational therapists and other healthcare workers are characterized as having a higher probability of experiencing work-related stress and mental health issues than other professionals. Moreover, occupational therapists utilize mindful, compassionate care and full empathetic engagement in every clientele that draws from a source of wellness, strength, resilience, and presence. Occupational therapists provide client-centered care and highlight the therapeutic use of self by showing empathy and genuine engagement. This approach often exposes occupational therapists to clients' experienced trauma during service delivery, leading to other problems for the healthcare practitioner. However, there is limited literature about burnout, compassion fatigue, and other mental health issues experienced by occupational therapists. More so, as accentuated by the past years of the COVID-19 pandemic.

Objectives: This study addresses the following research objective, to explore the lived experiences of Filipino occupational therapists working in the East Coast, USA, amid the COVID-19 pandemic. Through their lived experiences, we can gain insight into how their experiences shape compassion fatigue and compassion satisfaction, which can then be used to attenuate its adverse effects on the well-being of occupational therapists.

Materials and methods: Ten Filipino occupational therapists who managed COVID-19 cases in the East Coast, USA, served as the participants in individual in-depth interviews centered around their experience of COVID-19 patient care. Transcripts served as qualitative data sets and underwent thematic analysis.

Results: Three themes emerged from the analysis and include: (1) Professional Experience: Waging War against the Pandemic, (2) Compassion Fatigue, and (3) Compassion Satisfaction.

Conclusion: Despite facing conflict, uncertainty, and worry during the height of the COVID-19 pandemic, Filipino occupational therapists find fulfillment in helping their patients recover and achieve optimal performance in affected occupations. Compassion fatigue themes are adverse effects of COVID-19, heavy workload combined with less manpower, and difficulty separating work and personal life. Compassion satisfaction includes participants' view of their work as heroic and support from co-workers. This requires occupational therapists to highlight setting boundaries and doing everyday life routines to take a break from work and motivation to provide for themselves and their families. Moreover, this posits a need for healthcare organizations to re-examine strategies to attenuate compassion fatigue and highlight compassion satisfaction.

* Corresponding contributor.

Author's Address: Graduate School, Cebu Doctors' University, Mandaue City, Cebu, Philippines

E-mail address: paolobulan@me.com

doi: 10.12982/JAMS.2023.062

E-ISSN: 2539-6056

Introduction

Occupational therapists and other healthcare workers are characterized as having a higher probability of experiencing work-related stress and issues with mental health in contrast to other professionals.¹ Occupational therapists utilize mindful, compassionate care and full empathetic engagement in every clientele that draws from a source of wellness, strength, resilience, and presence.² Occupational therapists provide client-centered care and highlight the therapeutic use of self by showing empathy and genuine engagement. This approach often exposes occupational therapists to clients' experienced trauma during service delivery, leading to other problems for the healthcare practitioner.³ However, there is limited literature about burnout, compassion fatigue, and other mental health issues experienced by occupational therapists. More so, given the rising incidence of these problems prompted by the COVID-19 pandemic. The pandemic brought numerous challenges and stressors in healthcare practice, some of which, but are not limited to, continuous stress, fatigue, and exposure to trauma.^{4,5} These stressors can lead to compassion fatigue and may result in burnout if the former is not addressed well.^{6,7}

Based on a systematic review of healthcare workers globally, they experienced high levels of burnout and stress compared to the general population in the first year of the pandemic.⁴ Anxiety and depression were among the factors that were positively related to the level of burnout experienced. The high-stress level was attributed to the lack of support and personal protective equipment. In the same systematic review, burnout positively correlated with compassion fatigue. The experience of compassion fatigue affects the empathy of the healthcare worker and can influence the quality of patient care.¹

In this study, the construct of compassion fatigue can be viewed through the Compassion Stress and Fatigue model, which focuses on the assumption that an individual's capacity for empathy and ability to engage or enter a therapeutic relationship is central to compassion fatigue.⁸ This model describes individuals who display prominent levels of empathy and empathic response to a patient's pain, suffering, or traumatic experience are more vulnerable to experiencing compassion fatigue. This model linked empathy with the caregiver's capability to connect with and help a client. Compassion fatigue is a process that starts with compassion stress, which, if not managed by a sense of satisfaction or disengagement and with continued exposure to stress, develops into compassion fatigue.⁹

Compassion is an awareness of or sensitivity to the pain and suffering of others that results in taking a verbal, nonverbal, or physical action to try to alleviate, remove or reduce the impact of such affliction.¹⁰ In contrast, empathy is recognizing and understanding a person's experience. Still, it does not necessarily involve responding to that experience, though it does not necessarily result in better health care provision. Therefore, compassion influences the provision of occupational therapy and would serve as an ember that keeps the passion of occupational therapists

to provide interventions that optimally fit the client's needs and current functions.^{10,11} However, excessive exposure to a patient's experience may be detrimental to one's own health and mental stability as a professional healthcare provider. It may influence a person's emotions outside of work and may impact a worker's professional quality of life.¹²

Occupational therapists provide "mindful, compassionate care and full empathetic engagement" to patients as a source of wellness, strength, resilience, and presence. Aligned with that, stress, compassion fatigue, and burnout are factors that decrease job satisfaction and influence the attention of patients.² Consequently, there is a need for self-care protocols or programs that carry the goals of increasing positive outcomes to improve the professional quality of life, client-care, wellbeing, burnout, presence, mindfulness, and self-management. To prevent and manage compassion fatigue, healthcare professionals should continuously self-monitor their symptoms and regularly educate on the importance of self-care.

In the USA, Filipino healthcare workers are one of the top on the frontline during the pandemic providing healthcare services, such as home health and many others. They are often labeled as invisible or unseen in the industry which places them more at risk during the pandemic.¹³ The additional risk that Filipino health care workers are subjected to exacerbates existing issues pervading the mental health of Filipinos living in the USA.¹⁴ Specifically for Filipino occupational therapists, the concern for mental health exacerbated by the pandemic further adds to the prevalent struggle concerning burnout.¹⁵

This study aims to address the following research objective, to explore the lived experiences of Filipino occupational therapists working on the East Coast, USA, amid the COVID-19 pandemic. Through their lived experiences, we can gain an insight into how their experiences shape compassion fatigue and compassion satisfaction, which can then be used as a basis to attenuate its adverse effects on the mental health and wellbeing of occupational therapists.

Materials and methods:

Design

This study utilized a qualitative approach, specifically phenomenology,¹⁶ which was appropriate in examining the lived experiences of Filipino OTs and compassion fatigue while working in the East Coast in the United States of America. The interview transcripts served as the data sets for this qualitative study. Moreover, the researchers adopted a constructivist worldview to situate shared themes on the experiences of Filipino OTs, which may reflect the impact of compassion fatigue. Both researchers are Filipino OTs, with one having a master's background in occupational therapy and experience working as an immigrant in the USA. The other researcher has a doctorate and teaching background in occupational therapy.

Participants and Sampling

Participants were 10 Filipino OTs situated in the

East Coast in the United States of America. Purposive sampling was used in this study with the following criteria in selecting the participants: (1) has more than two years of clinical experience, (2) is employed as an occupational therapist working amidst the COVID-19 pandemic, and (3) involved in direct patient care. Participants were recruited through the first author's clinical affiliation. Then the recruited participants were asked to refer other

possible participants from other affiliations that they know of around the East Coast. Specifically, they came from Florida, Maryland, New Jersey, and New York. The East Coast was chosen as the locale as this was where the first author was employed and was deemed convenient to recruit participants based on the set inclusion criteria. A summary of the participants' socio-demographic data is presented in Table 1.

Table 1. Summary of Participants' profiles (N=10)

Variables	Frequency (%)	
Gender	Male	2 (20)
	Female	8 (80)
Age (years)	35-39	6 (60)
	40-45	3 (30)
	46-49	1 (10)
Years of experience	1-5	2 (20)
	6-10	6 (60)
	11-15	2 (20)
Working hours (per day)	10	10 (100)

Recruitment of participants was stopped after data saturation was achieved. The interview with the 8th participant yielded no new information. To confirm data saturation, an interview was conducted with the 9th and then the 10th participant, after which recruitment stopped.

Data Collection

The study utilized individual in-depth interviews to gather data. Using a semi-structured interview with open-ended questions aided in the collection of qualitative data about the experiences of Filipino OTs working in the East Coast and compassion fatigue. Participants were contacted primarily through the first author's workplace and were sent emails informing them about the study and then seeking their consent to participate.

The interview time and place were based on the participants' preference, either in-person or via Zoom Communications. Permission to audio record the interviews was also sought from the participants. The interviews lasted for at least an hour and were then transcribed after completion.

Data Analysis

Data analysis started as soon as the first interview was conducted. For this study, thematic analysis was employed in generating the themes from the narratives of Filipino OTs about their experiences.¹⁷ The following steps were followed during the process of analyzing data: (1) the recorded interviews were transcribed; (2) researcher familiarized the transcribed data through reading and review; (3) researcher isolated phrases, sentences, and paragraphs which presented significant meaning; (4) coded the data; (5) found commonalities and classified them into cluster; (6) generated themes from the clusters; (7) named and defined themes, and lastly (8) presented and summarized the themes generated based from the interviews.

Rigor and Trustworthiness

To ensure rigor and trustworthiness, the researchers followed the principles outlined by Lincoln and Guba.¹⁸ To ensure confirmability, reflexivity was employed by the authors using journaling to minimize projecting any bias toward the participants' responses during the interviews. Credibility was ensured by having the participants review the generated themes and ensure that it was reflective of their experiences. Dependability was ensured by having researchers with a background in qualitative research review the process and findings of the study.

Ethical Considerations

This study complied with the requirements set by the Cebu Doctors' University Institutional Ethics Review Committee and was assigned the code "2022-185-Dag-um-WorkingAmidstCovid-19".

Results

Three themes emerged from the analysis and include (1) Professional Experience: Waging War against the Pandemic, (2) Compassion Fatigue, and (3) Compassion Satisfaction are summarized in Table 2. To aid in illustrating the themes, quotations, translated from the Cebuano language to English, are included.

Professional Experience: Waging War Against the Pandemic

Participants expressed mixed emotions working during the COVID-19 pandemic. However, all of them are uncertain and nervous because of the threats posed by the pandemic. Some of them treated the situation as an opportunity to serve and to achieve fulfillment for the cause of their duty. The following statements exemplify the mixed emotions highlighted by the participants:

I was busy then, so it had the opposite effect on me. It was a blessing ... because I can work

Table 2. Summary of themes and subthemes.

Themes	Subthemes
Professional experience: waging war against the pandemic	Mixed emotions Patient-focused care
Compassion fatigue	Fear and anxiety Challenge of understaffing Finding balance
Compassion satisfaction	True to their oath We are all in this together

here despite COVID. It was also terrifying, but I haven't got sick. (Participant 4)

I was fearful about getting infected. I gave my insurance cards and passwords because I had to work and had no idea what it was back then. (Participant 5)

Participants were all working in nursing homes and described their line of work as focused and intensive. The pandemic accentuated the demand for work. Participants expressed that there was a need for rehabilitation professionals, especially OTs, because of complications due to COVID-19 infection as stated by the participant:

I started in a school, then I followed by covering shifts at a nursing home. I kept covering shifts at a nursing home until January when a facility hired me because of COVID. (Participant 4)

Participants also described the patient load that they experienced. Participants usually handle orthopedic cases, while some handle neurologic cases. They have heavy workloads per week and must reach a certain quota. The spread of COVID-19 has significantly disrupted established patterns of behavior and procedures in the workplace. The participants highlight this:

We accept post-COVID patients. So, we were dealing with low oxygen saturation, and some exercises were not done because they got tired quickly. (Participant 1)

[OTs] usually treat 20-30 patients for our caseload for short-term care patients. Mostly orthopedic cases. (Participant 6)

Compassion Fatigue

Participants were negatively affected by COVID-19 by working with the feeling of fear and anxiety of contracting the disease. Fear of the unknown was common among occupational therapists, and social distancing techniques contributed to feelings of isolation, anxiety, and changes in social behavior. Occupational therapists bring a distinct perspective to the table when it comes to detecting problems with behavioral health and offering support to patients and their peers.

Our caseloads increased, and you get traumatized and hypervigilant with the people you are encountering as you do not know if your patients have encountered someone with COVID. (Participant 1)

The difficulties the participants face are heavy workloads combined with less manpower in their respective workplaces. The role of occupational therapy in establishing safe discharge recommendations became increasingly difficult as the number of post-acute care options available to patients who tested positive for COVID-19 decreased. Transferring patients to post-acute care settings were complex because many post-acute care units refused to accept patients due to the medical complexity of the patients and the possibility of disease transmission.

OTs pulled out from therapy due to short staffing of nurses. OTs need to help for 20-45 minutes and still have to do work. (Participant 6)

Demotivation, pressure, exhaustion, and frustration are the things that give negative feelings to their work. When the COVID-19 pandemic first started, OTs, on average, went through a wide range of emotions. There has been a significant increase in the likelihood of psychological distress among the participants due to the pandemic caused by COVID-19.

There are a lot of stressful patients who complain and act out a lot since they can't adjust to their situation, and they act out on you. (Participant 3)

Compassion Satisfaction

Participants view their work as a heroic act to serve people. The risks posed to medical professionals during the COVID-19 pandemic are noticeably more significant than those present during regular practice. The added expenses include physical and mental exhaustion, the pain of making difficult triage decisions, the grief of losing patience and colleagues, and the chance of catching the infection. It has also been observed that spending extended periods away from vulnerable family members to maintain employment might have an emotional impact.

Of course, when [patients] get to go home, it feels very good knowing that you were part of

the reason why they can walk again, or they are independent again ... All in all, it is adorable to be able to contribute to enriching another person's life and independence. (Participant 3)

When you see progress from your patients, no matter how small it is but you see that they are also progressing and when they appreciate what you are doing for them. (Participant 4)

Co-workers of the participants served as their support system in their duty as OTs. Participants expressed it made them feel better having their colleagues around as a source of support.

... And then, at work, you have your colleagues with you no matter how hard it is. You can vent out to them, and in that way, you can leave your frustrations at work; have people you can vent to. (Participant 6)

Discussion:

Individuals subjected to situations wherein there is uncertainty and transitions may cause negative emotions. The advent of the pandemic placed undue stress on the global healthcare system, and one of those affected by this overwhelming demand were occupational therapists. Healthcare workers already experience high levels of mental and physical stress.^{19,20} However, the increasing mortality of healthcare workers managing COVID-19 cases adds to these existing elevated levels of stress.²¹ Based on the results of this study, it can be inferred that occupational therapists underwent transitions in their work roles given the ever-changing demand of the healthcare landscape. This transition of roles to fit the demands set by COVID-19 exemplifies constructs under occupational adaptation.²² Successful adaptation warrants successful acclimation to the new roles' individuals have in the workplace. However, unsuccessful acclimation can lead to feelings of isolation, anxiety, and stress that may have had an impact on their psychological health and their ability to cope due to the disruption in roles that promoted a sense of belonging and connectedness.^{23,24}

The phenomenon of compassion fatigue and compassion satisfaction is widely experienced among healthcare professionals.¹ In literature, healthcare workers experienced increasing levels of compassion fatigue since 2010.²⁵ Healthcare workers in Asia predominantly experience compassion fatigue. However, the findings of this study support the notion that healthcare workers in the Americas also experience compassion satisfaction. It is essential to note that the participants are Filipino occupational therapists working in the American context. In the bigger picture, it warrants further investigation as to why the cultural context of healthcare practice influences the incidence of compassion fatigue or compassion satisfaction over the other.

Occupational therapists experience work-related stress, which is considered an occupational hazard.

More so under the overwhelming demands of health emergencies such as the pandemic. Under the construct of compassion fatigue, identified risk factors are fewer years of experience, qualifications, and job-related factors.²⁶ This notion is further supported by findings in this study, indicating that higher workload, understaffing, and switching to a new role added to the occupational stress experienced by healthcare workers, which can attenuate their compassion satisfaction. It is essential to highlight compassion satisfaction for occupational therapists since they are helping patients achieve their optimal performance in occupations after being infected with COVID-19 despite exposure to stressful work-related situations. As was highlighted in the themes, occupational therapists find satisfaction in seeing progress in their patients as they recover from the detrimental effects of the COVID-19 infection and slowly recover their optimal function. However, with other job-related factors such as understaffing, occupational therapists are subjected to more stressful situations and fewer opportunities to appreciate their patients' recovery process fully.

The findings of this study further support that compassion fatigue arises from the exposure of healthcare workers to trauma experienced by their patients, their practice of empathy, and intense emotions.¹ Filipino occupational therapist highlighted patient-focused care in their experiences providing services during the pandemic. The patient-focused care led Filipino occupational therapists to practice empathy more, resulting in compassion fatigue that led them to struggle to find balance. Moreover, it was established in the literature that burnout during the pandemic was caused due to overwhelming workloads, which the participants also experienced. The limitations of being understaffed further led to the stress experienced by the participants, which is also evident among other healthcare workers.⁴ In terms of compassion satisfaction, the results of this study may be a basis for further investigation. Literature posits that healthcare workers in Asia exhibit lower levels of compassion satisfaction than those in the Americas.²⁵ However, Filipino occupational therapists in this study, who are Asian, reported experiencing both compassion fatigue and compassion satisfaction, citing that despite the challenge of understaffing, they still hold to their oath of giving patient-focused care. Further investigation may be significant to administrators in addressing compassion fatigue.

As highlighted in this study, compassion fatigue can be detrimental to the healthcare industry. This rising concern over compassion fatigue is not limited only to the period when the COVID-19 pandemic was at its peak but also to other contexts wherein there is unnecessary occupational stress. Healthcare administrators should investigate factors that can affect the incidence of compassion fatigue, such as increased patient load and availability of support which ultimately affects the quality of life of healthcare workers.⁴ In addition, a multi-faceted approach is necessary to manage compassion fatigue, which includes raising awareness of the issue, identifying

current self-care practices, addressing problematic thinking and behavioral patterns, developing skills to cope with stress, identifying barriers, and problem-solving.²⁷ Further implications of this study can be investigating self-care, strategies preventing fatigue, and promoting resilience among healthcare workers in high work-related stress environments. The literature cites that burnout, compassion fatigue, and compassion satisfaction may be affected by various factors, such as the individual's context (workplace and culture). Further investigation may be needed to determine the working conditions of healthcare workers from varying cultural backgrounds vary while working in the USA.⁴

Conclusion:

Despite facing conflict, uncertainty, and worry during the height of the COVID-19 pandemic, Filipino occupational therapists find fulfillment in helping their patients recover and achieve optimal performance in affected occupations. Those affected by the pandemic worked in nursing homes and managed orthopedic or neurological conditions with heavy workloads and weekly quotas. COVID-19 induced fear, anxiety, demotivation, pressure, exhaustion, frustration, and distractions. However, coworkers provided needed social support in the workplace. To cope and build resilience, occupational therapists set boundaries and engage in everyday life routines to provide for themselves and their families. The experiences of Filipino occupational therapists reveal three themes: professional experience, compassion fatigue, and compassion satisfaction. Professional experience includes mixed emotions, working privately in nursing homes, and handling heavy workloads. Compassion fatigue themes are adverse effects of COVID-19, heavy workload combined with less manpower, and difficulty separating work and personal life. Compassion satisfaction includes participants' view of their work as heroic and support from co-workers. This requires occupational therapists to highlight setting boundaries and doing everyday life routines to take a break from work and motivation to provide for themselves and their families. Moreover, this posits a need for healthcare organizations to re-examine strategies to attenuate compassion fatigue and highlight compassion satisfaction.

Conflict of interest:

The authors declare no conflicts of interest.

Funding: Nil

Acknowledgements

The authors would like to express their gratitude to the Filipino occupational therapists who gave their time in participating in this study.

References:

- [1] Cavanagh N, Cockett G, Heinrich C, Doig L, Fiest K, Guichon JR, *et al.* Compassion fatigue in healthcare providers: A systematic review and meta-analysis. *Nurs Ethics.* 2020;27(3):639-65. doi: 10.1177/0969733019889400
- [2] Zeman E, Harvison N. Burnout, stress, and compassion fatigue in occupational therapy practice and education: a call for mindful, self-care protocols. *NAM Perspect.* 2017; 7(3). doi: 10.31478/201703g
- [3] Huang Y hua, Kim H, Le M, Martinez J, Martin J, Maghen E, *et al.* Predictors and risk factors of compassion satisfaction, burnout, and compassion fatigue among OTs. *Am J Occup Ther.* 2019; 73(4_Supplement_1): 7311505161p1. doi: 10.5014/ajot.2019.73S1-PO6010
- [4] Lluch-Sanz C, Galiana L, Doménech-Vañó P, Sansó N. 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. *Healthcare.* 2022; 10(2): 364. doi: 10.3390/healthcare10020364/S1
- [5] Bulan PMP, Lagria MMG. COVID-19 and the local landscape of occupational therapy education: a case report about the voices of Cebuano occupational therapy educators and students. *World Fed Occup Ther Bull.* 2020; 76(2): 108-15. doi: 10.1080/14473828.2020.1805202
- [6] Yeşil A, Polat Ş. Investigation of psychological factors related to compassion fatigue, burnout, and compassion satisfaction among nurses. *BMC Nurs.* 2023; 22(1): 12. doi: 10.1186/s12912-023-01174-3
- [7] Spoorthy MS, Pratapa SK, Mahant S. Mental health problems faced by healthcare workers due to the COVID-19 pandemic-A review. *Asian J Psychiatr.* 2020; 51 102119. doi: 10.1016/j.ajp.2020.102119
- [8] Figley CR. Compassion fatigue: Psychotherapists' chronic lack of self-care. *J Clin Psychol.* 2002; 58(11): 1433-41. doi: 10.1002/jclp.10090
- [9] Coetzee SK, Laschinger HKS. Toward a comprehensive, theoretical model of compassion fatigue: An integrative literature review. *Nurs Health Sci.* 2018; 20(1): 4-15. doi: 10.1111/nhs.12387
- [10] Thomas Y, Menage D. Reclaiming compassion as a core value in occupational therapy. *Br J Occup Ther.* 2016; 79(1): 3-4. doi: 10.1177/0308022615620682
- [11] Ripat J, Wener P, Dobinson K. The development of client-centredness in student occupational therapists. *Br J Occup Ther.* 2013; 76(5): 217-24. doi: 10.4276/030802213X13679275042681
- [12] El-Shafei DA, Abdelsalam AE, Hammam RAM, Elgohary H. Professional quality of life, wellness education, and coping strategies among emergency physicians. *Environ Sci Pollut Res.* 2018; 25(9): 9040-50. doi: 10.1007/s11356-018-1240-y
- [13] Nasol K, Francisco-Menchavez V. Filipino home care workers: invisible frontline workers in the COVID-19 crisis in the United States. *Am Behav Sci.* 2021; 65(10): 1365-83.
- [14] Chan CD, Litam SDA. Mental health equity of Filipino communities in COVID-19: a framework for practice and advocacy. *Prof Couns.* 2021; 11(1): 73-85.

- [15] Delos Reyes RC. Burnout among Filipino occupational therapists: a mixed methods analysis. *Open J Occup Ther.* 2018 Oct 1;6(4).
- [16] Creswell J. Research design: qualitative, quantitative, and mixed methods approaches. 4th Ed. London: SAGE; 2014. SAGE; 2014. pp. 7-8.
- [17] Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006; 3(2):77-101. doi: 10.1191/1478088706qp063oa
- [18] Guba EG, Lincoln YS. Fourth generation evaluation. London: SAGE; 1989. pp. 233-6
- [19] Shanafelt T, Ripp J, Trockel M. Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *JAMA.* 2020; 323(21):2133. doi: 10.1001/jama.2020.5893
- [20] Khalid I, Khalid TJ, Qabajah MR, Barnard AG, Qushmaq IA. Healthcare workers emotions, perceived stressors and coping strategies during a MERS-CoV outbreak. *Clin Med Res.* 2016; 14(1): 7-14. doi: 10.3121/cmr.2016.1303
- [21] Ing EB, Xu QA, Salimi A, Torun N. Physician deaths from corona virus (COVID-19) disease. *Occup Med.* 2020; 70(5): 370-4. doi: 10.1093/occmed/kqaa088
- [22] Grajo L, Boisselle A, DaLomba E. Occupational Adaptation as a Construct: A Scoping Review of Literature. *Open J Occup Ther.* 2018; 6(1). doi: 10.15453/2168-6408.1400
- [23] Hammell KW. Engagement in living during the COVID-19 pandemic and ensuing occupational disruption. *Occup Ther Now.* 2020; 22(4): 7-8.
- [24] Corpuz HMT, Sabordo LS V., Allanic NDE, Bulan PMP. The psychological well-being of emergency response personnel in the province of Cebu. *World Fed Occup Ther Bull.* 2019; 75(2): 105-11. doi: 10.1080/14473828.2019.1649350
- [25] Xie W, Chen L, Feng F, Okoli CTC, Tang P, Zeng L, et al. The prevalence of compassion satisfaction and compassion fatigue among nurses: A systematic review and meta-analysis. *Int J Nurs Stud.* 2021; 120: 103973. doi: 10.1016/J.IJNURSTU.2021.103973
- [26] Sinclair S, Raffin-Bouchal S, Venturato L, Mijovic-Kondejewski J, Smith-MacDonald L. Compassion fatigue: A meta-narrative review of the healthcare literature. *Int J Nurs Stud.* 2017; 69: 9-24. doi: 10.1016/J.IJNURSTU.2017.01.003
- [27] Schwanz KA, Paiva-Salisbury M. Before they crash and burn (out): a compassion fatigue resilience model. *Journal of Wellness.* 2022; 3(3). doi: 10.55504/2578-9333.1100