ORIGINAL ARTICLE

Compassion Fatigue among Nurses Assigned to COVID-19 Facilities: A Constructivist Grounded Theory

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ABSTRACT

Background. The Coronavirus Disease (COVID-19) pandemic significantly disrupted regular health care services, mainly in the hospitals. Nurses soldiering on the battlefront of care of disaster response in the Philippines during the disease outbreak are at high risk of developing rapid-onset compassion fatigue. Notably, research is still needed to investigate the impact of compassion fatigue on various clinical areas and further develop a theory of compassion fatigue within the nursing context.

Objectives. The study explored the concept of compassion as experienced by nurses directly caring for COVID-19 patients. The study further explored the experiences of nurses on compassion fatigue.

Methods. This study employed qualitative methodology, specifically the constructivist grounded theory.

Results. Thirty-four participants were included in the study. The narratives and voices of the nurses unfolded the following themes: (1) Acts of Compassion, (2) COVID-19 Pandemic: Nursing Challenges and Detours, (3) Nurses' Compassion Fatigue, (4) Narratives of Opportunities: Thriving at the outset of COVID-19. All four concepts are linked to the multidimensional concept of compassion fatigue. A substantive theory, "Remon's CF Theory in Nursing," is proposed based on the grounded experiences of nurses caring for COVID-19 patients related to compassion fatigue.

Conclusion. Compassion Fatigue (CF) is a psycho-social phenomenon and occupational hazard affecting nurses directly caring for or in contact with COVID-19 patients. CF is a process that develops over time brought by prolonged enactment of compassion, the experience of empathic distress, and concurrence of organizational, contextual, and psychosocial factors. Nurses' CF can potentially affect safety and lead to poor nursing care, compromised work relations, and burnout. Nurse leaders' organizational and leadership commitment and support through up-to-date policies and continuous research on the topic are necessary to regain compassion among nurses. Likewise, reframing nurse compassion fatigue as an organizational and collective problem provides the larger perspective to further improve clinical practice and nurses' welfare.

Recommendations. Nurse leaders, hospital and COVID-19 facility administrators must ensure specific policies and priorities that address issues causing and fueling nurse compassion fatigue, including frequency of exposure to traumatic events, lack of resources, and inadequate support system. The study further suggests conducting quantitative research to test the proposed theory and explore the relationship between organizational, psychosocial, and environmental context, compassion fatigue, and compassion-driven factors.

Keywords: Compassion Fatigue, Nurses, Coronavirus Disease, Grounded Theory

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INTRODUCTION

Background of the Study

The Coronavirus Disease (COVID-19) pandemic significantly disrupted regular health care services, mainly in the hospitals. Nurses are at the forefront of disaster response in the Philippines during the disease outbreak. As patient advocates, they are also victims of pandemics as they face different kinds of stressors (e.g., repeated exposure to death and trauma), risks of getting the novel virus, and issues about the unknowns (i.e., anxiety of getting COVID-19 disease in the workplace, new COVID-19 viral strain, absence of clinical treatment). The nature of nurses' work renders them at high risk of developing rapid-onset compassion fatigue (CF). Several reports revealed the impact of COVID-19 on the psychological state and well-being of nurses soldiering on the battlefront of care.[1,2] Significantly, CF negatively affected nurses, leading to high turnover, frequent absenteeism, decreased satisfaction, and poor patient outcomes.[3]

Compassion is an unending expression of nursing. Nurses are trained to be empathic and compassionate toward their patients. A recent concept analysis suggests that in order to develop compassion in nursing, the nurse must be holistically prepared, experience a sense of personal and professional development, and be willing to act on the surge to help fulfill the patient's needs.[4] As professionals of the art and science of human caring, nurses are daily exposed to stress and traumatic experiences that could lead to fatigue.[5] When getting entangled with patients' trauma and suffering through nursing care and close contact, nurses trigger the event of compassion fatigue.

Compassion fatigue (CF), also known as vicarious traumatization, is the gradual loss of compassion over time due to being exposed to other people's suffering or knowing about their horrific experiences.[6-8] On the other hand, Coeztzee and Klopper[9] described compassion fatigue as a process that originates as compassion discomfort, progresses to compassion stress, and culminates in fatigue. Jenkins and Warren[10] posited that CF is a phenomenon that is difficult to resolve. It is characterized by complete depletion of compassionate energy and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period.

Balinbin and colleagues[11] described compassion fatigue as unique to the serving and helping professions, where an individual feels a sense of hopelessness and isolation. These professionals include nurses, physicians, disaster responders, social workers, chaplains, and volunteers. CF's concept in nursing is described as a negative response to repeated exposure to patients' suffering.[12] Consequently, there is a significant decline in staff productivity and an increase in staff turnover. Correspondingly, recent studies have demonstrated CF's continued occurrence and have negatively impacted both nurses' professional quality of life and nursing care.[13-15]

The COVID-19 pandemic resulted in changes in nursing and dramatically altered everyday hospital practice. Notably, COVID-19 patients are in psychological distress because they cannot have companions or significant others with them to prevent infection. Nurses are responsible for complying with the hospital's infection prevention and control protocols to cluster interventions and minimize direct contact with COVID-19 infected patients. The strict implementation of the enhanced and general community quarantine and the emergence of COVID-19 facilities and wards have accelerated compassion fatigue among nurses. Undoubtedly, an in-depth understanding of these experiences is essential to apprehending the pandemic crisis and charting a new way of living, work, and interactions with other people.

The exposure to these events and the encounter that nurses had in COVID-19 facilities and wards are associated with both negative[16-20] and positive psychological outcomes,[21] which are observed within the general affected population. The psychological effects of the novel coronavirus disease pandemic have fairly been investigated in the Philippines. Recent arguments[3,17] suggest the need for more extensive studies on compassion fatigue within the context of the continued COVID-19 pandemic. Several authors substantiated this argument and claimed that further research is still needed to investigate study effects on different nursing areas and develop a theory of CF within the nursing practice.[9]

Nursing as a profession exemplifies compassion. The results of the studies as mentioned earlier, lack of existing theory of CF in nursing, limited works of literature on CF, the continued prevalence of compassion fatigue in nursing practice, and the necessity to develop a redesigned program for the promotion of hospital nurses' well-being within the context of the continued COVID-19 pandemic and new normal prompted the researcher to conduct a grounded theory.

Objectives of the Study

The study explored the concept of compassion as experienced by nurses directly caring for COVID-19 patients. The study further explored the compassion fatigue experiences from the lens of nurses assigned in COVID-19 facilities.

Significance of the Study

The theoretical findings presented in the study are significant for nurses in practice and administration. Nursing administrators can develop and implement sustainable interventions to support the psychosocial health and well-being of nurses caring for patients suffering and afflicted with emerging infectious diseases such as Coronavirus Disease. Nurses who develop compassion fulfillment and remain resilient in pandemics can further provide quality and holistic care to patients. Moreover, the proposed substantive theory can represent the phenomenon of interest in real-world settings and can contribute to knowledge generation.

METHODS

Research Design

This study employed qualitative methodology, specifically the constructivist grounded theory (GT), to explore the experiences of nurses assigned in COVID-19 facilities on compassion fatigue. Charmaz and colleagues[21] posit constructivist grounded theory as an approach that emphasizes uncovering contextualized social processes and focuses on what people do and how they do it. Figure 1 provides insight into the process of undertaking this GT research study. This process summarizes the interplay and movement between methods and processes that underpin the generation of a GT. The methods interconnect and inform the recurrent elements in the research process, as shown by the directional flow of the arrows.

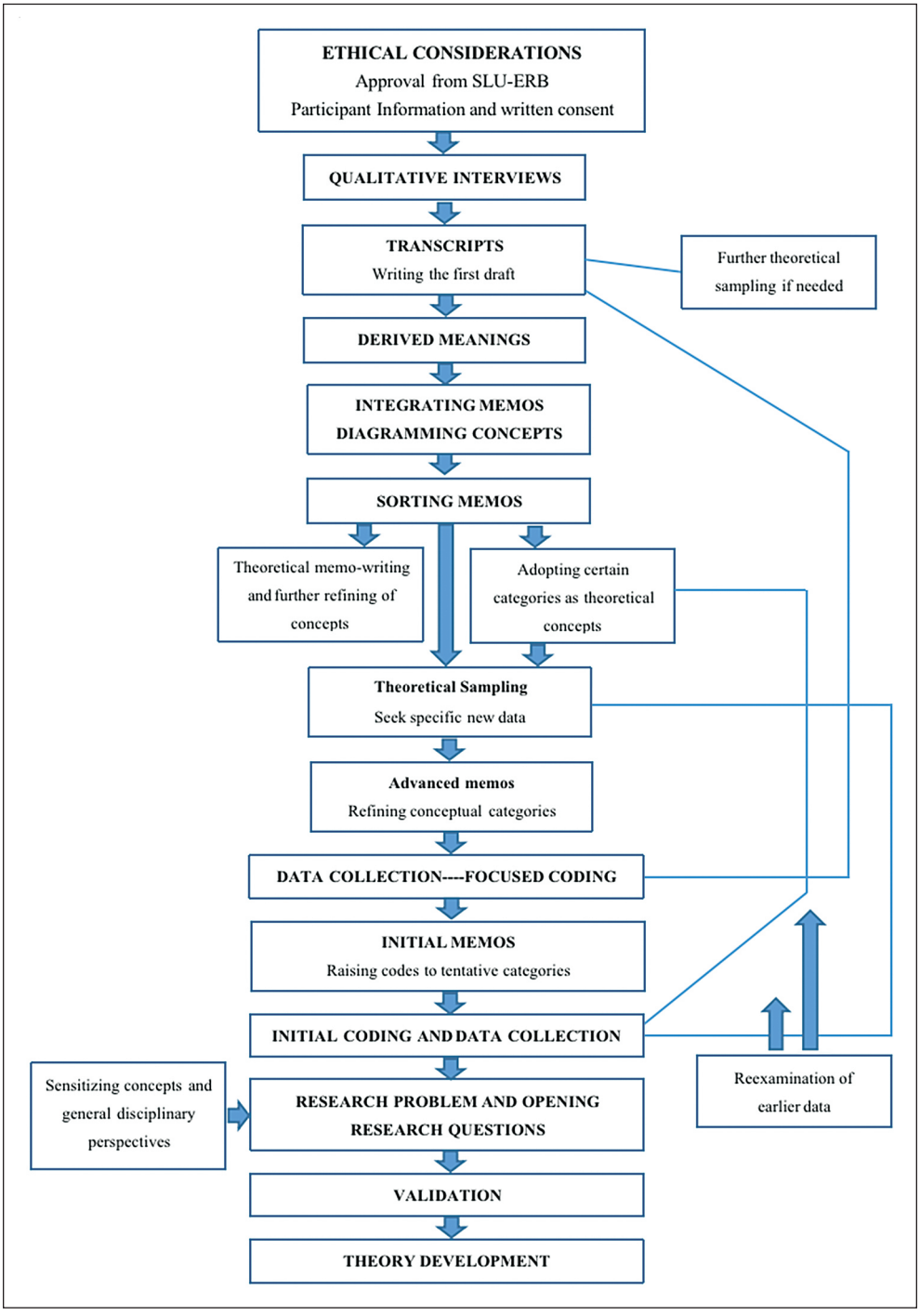

Figure 1. The constructivist grounded theory process.

Settings, Participants, and Sampling Methods

The study was conducted in selected COVID-19 referral hospitals and treatment facilities in Baguio City, Philippines. These hospitals and facilities were certified by the Department of Health to cater to and admit COVID-19 patients directly. The participants of the study were thirty-four (34) registered nurses. These nurses vary in age, sex, job title, and type of facility affiliation. The participants' ages range from 24 to 52 years old. Furthermore, nurses directly catering to COVID-19 include Staff Nurses and Nurses I. In contrast, middle-level informants who also handle COVID-19 patients involved Head Nurses and Nurse II. Among the informants, eight (8) were currently employed in the private hospital, fifteen (15) from the treatment and monitoring facilities of the City Government of Baguio, and eleven (11) from a public hospital. The CF assessment score ranges from four to eight, which indicates that the participants are experiencing CF.

Notably, all participants were able to meet the following inclusion criteria: 1) a registered nurse regardless of age, sex, years of professional nursing experience, and educational attainment, 2) have experienced handling patients diagnosed with Coronavirus Disease in COVID-19 facilities for at least one (1) month, and 3) consented freely and have experienced compassion fatigue. Table 1 shows the control and break characteristics utilized in the study.

Theoretical sampling was systematically applied throughout the research process until the generation of the grounded theory. The researcher developed the properties of the emerging categories and the proposed substantive theory, not to sample randomly selected populations or sample representative population distributions. Theoretical sampling enabled the researcher to discover new categories and elements to detect and further explain interrelationships. Theoretical saturation was achieved by the researcher with the repetition of discovered information and confirmation of previously collected data. The researcher completed five (5) face-to-face focus group discussions and fifteen (15) interviews based on the break (age, sex, type of facility affiliation) and control (compassion fatigue experience) characteristics, eight (8) key informant interviews from theoretical samples.

Table 1. Control and Break Characteristics

	No. of Participants
Control Characteristics	
Compassion Fatigue Score ≥4	34
Break Characteristics	
Age Range	
21-24	7
25-40	21
41-52	6
Sex	
Male	8
Female	26
Rank	
Staff Nurse I / Nurse I	28
Head Nurse / Nurse II	6
Type of Facility	
Public Hospital	11
Private Hospital	8
Temporary Treatment and Monitoring Facility (TTMF / LGU COVID-19 Facility)	15
Length of Experience in Caring for COVID-19 patients	
≤6 months	8
>6 months	26

Legend: Nurse I refers to the entry-level position of nurses employed in the government hospitals. Nurse II refers to second-level position of nurses employed in the government hospitals with the following minimum requirements: Bachelor of Science in Nursing with at least 15 units of Master's Degree in Nursing, 40 hours of relevant training, and 1 year of relevant clinical experience.

Data Gathering Methods

Compassion fatigue is a very diverse concept in nursing. In order to guide the researcher in exploring this phenomenon, methods such as reflective, intensive interviews, and consensual validation were utilized. The study was approved for implementation by Saint Louis University-Research Ethics Committee (SLU-REC) prior to the data gathering process. After approval from the SLU-REC, the researcher brought the letter of permission to the selected COVID-19 facilities and hospitals to determine eligible participants. The names and contact details of potential participants were shared by their facility administrators after they have verbally consented to participate in the study. Each participant was approached individually or contacted by phone or virtual platform by the researcher and research assistant prior to the actual data gathering process. After getting a positive confirmation, the researcher obtained informed consent individually from the participants before interviews. In addition to informing participants about the voluntary nature of the study, the researchers ensured that the participants understood the risks and benefits entailed in the participation. The participants were provided with information on how the interview data will be used, who will have access to the data, and whom they may contact for questions.

At the beginning of the study, the researcher performed a series of Focus Group Discussions (FGD) through face-to-face and virtual platforms to explore the experiences of nurses on compassion fatigue. A semi-structure FGD guide composed of six open-ended questions was used by the researcher to elucidate participants' experiences on compassion fatigue. A total of five (5) FGDs were sequentially conducted; each group discussion consisted of 3 to 8 participants that lasted for an average of forty-five (45) minutes to one (1) hour. The venue of face-to-face FGDs occurred in settings (i.e., nurse's quarters, nurse's lounge) that are accessible, safe, private, quiet, and free from distractions. After the series of FGDs, the study further utilized key informant interviews through face-to-face and virtual platforms. A semi-structured key informant interview guide composed of twenty-one open-ended questions was used by the researcher to explore participants' experiences during

theoretical sampling to look into the negative cases to further enhance new emerging themes.

The potential participants were asked to answer an adopted self-assessment for compassion fatigue questionnaire to determine eligibility for inclusion in the study. The self-assessment for compassion fatigue tool was developed by Dr. John-Henry Pfifferling; it is open for access and use by health care workers. The results can serve as a quick check of health care worker's state of mind (Pfifferling & Gilley, 2000) who may be suffering from CF. The participants who answered "yes" to four (4) or more questions indicate experience of compassion fatigue. The adopted quick self-assessment for compassion fatigue ensured that the participants have suffered or currently experiencing CF. The participants who were identified to be potentially suffering or experiencing CF were further contacted.

The researcher also utilized passive observation, which is limited to facial expressions and gestures documentation during the key informant interviews. The follow-up questions depended on the flow of the conversation, where the participant is in-charge of the flow. The researcher also employed reflexive exercises and assisted them in reflecting on their current and past experiences related to compassion fatigue. The researcher also utilized a digital or virtual platform through Google Meet (a virtual conference application that can facilitate video conference, which allows the researcher and the participant to speak from anywhere with internet access) in the data collection.

Data Analysis Methods

Data analysis is central to grounded theory-building research.[21] In this research, data collection, data ordering, and data analysis coincided. Before the researcher began with analysis, data were transcribed, meaning texts from interviews, observational notes, or memos were typed into word processing documents.

The transcriptions were then analyzed manually and stored through ATLAS.ti Open Version 9 Open Access. ATLAS.ti is open access, fully web-based qualitative data analysis software free of usage. The researcher used the former mode of data management within ATLAS.ti cloud to store and organize the qualitative data, and manage all the study documents in one place for safe and easy access. The researcher further undertook the following methods of analysis: 1) Initial coding and categorization of data and concurrent data collection and analysis, 2) Memo-writing, 3) Theoretical Sampling, 4) In-depth constant comparative analysis using inductive and abductive thinking, 5) Theoretical Sensitivity. The researcher engaged this through theorizing (refers to the phase or moment when the researcher stops the flow of studied experience and takes it apart, such as pondering and rethinking anew), 6) Focused and Theoretical Coding, 7) Theoretical Saturation, and 8) Theoretical Integration. After consensual validation, the themes were clustered and grouped again to come up with a theory.

Establishing Trustworthiness

To ensure the trustworthiness of the data, the researcher incorporated four techniques utilized in qualitative studies to support the rigor of the work: credibility, dependability, confirmability, and transferability.[22] The researcher engaged in a high degree of reflexivity[23] prior to and throughout the overall grounded theory process. It was highlighted in the study through constant reflections and review of theoretical approaches and perspectives and by giving a complete and honest account of the research process, in particular explicating the position of the researcher in relation to the research. The study further addressed the issue of dependability by creating a detailed track record of the data collection process (audit trail) that was stored securely on the researcher's laptop. To further establish the credibility of the data, the researcher employed an appropriate and systematic research method, which is the constructivist grounded theory. The researcher spent sufficient time (i.e., a minimum of one hour during interviews and FGD's; follow-up and validation interviews using the virtual platform) with the participants and utilized an audio recorder and interview notes during the data collection. Moreover, content analysis of the data and peer review of the steps in the analysis were achieved through iterative feedback to ensure confirmability. Lastly, the participants in this study were all classified in the same manner, and each was required to meet strict inclusion criteria; the data gathered were vividly described to capture the real essence of compassion fatigue to ascertain transferability.

Ethical Considerations

This research sought the approval of the Saint Louis University-Research Ethics Committee (Protocol Number: SLU-REC 2021-010). In addition, the researcher also secured approval from administrators of hospitals and facility managers of COVID-19 Facilities in Baguio City. The study meticulously complied with the ethics guidelines for research, especially in this critical time of public health situations such as a pandemic. The following elements of research ethics were ensured prior to and throughout the study process: 1) Social Value, 2) Informed Consent, 3) Vulnerability of Research Participants, 4) Risks, Benefits, and Safety, 5) Privacy and Confidentiality of Information, 6) Justice, and 7) Transparency.

RESULTS

An analysis of the perspectives on compassion fatigue of nurses directly catering to COVID-19 patients revealed the following themes: (1) Acts of Compassion, (2) COVID-19 Pandemic: Nursing Challenges and Detours, (3) Nightingale's Compassion Fatigue, (4) Narratives of Opportunities: Thriving at the outset of COVID-19. At the end of this section, a substantive theory to guide and refine nursing practice shall be proposed.

Theme 1: Acts of Compassion in Nursing

Nursing is founded on the ideas of compassion and care. This theme provides the captured perspectives of nurses on compassion and primarily describes how the participants express their compassion in intentional and meaningful ways to their patients. Specifically, the theme gives a picture of participants' understanding on how compassion is enacted in their nursing practice through the following: going beyond the usual care and showing genuine concern and care.

Going above and beyond the routine

This sub-theme represents the nurses unexpected, extra mile nursing service that goes beyond what is expected. The participants were willing to go beyond their formal role as nurses. For the participants, accepting the responsibility to care for COVID-19 patients is an authentic act of compassion wherein they perform more than what is expected of them as hospital nurses.

> "*Para sa akin if I applied it to the patient, malasakit in terms of going beyond your nursing profession, oo pinagaralan mo sa nursing school, or nag train ka as nurse, na oo alam mo gagawin, pero yung compassion is really going beyond the nursing profession.*" (For me, compassion when applied to the patients, is going beyond your nursing profession. You studied it in a nursing school or trained as a nurse to know what to do but compassion is really going beyond the nursing profession.) (Key Informant GREEN01).

The other participants forwarded their perspective of going beyond the usual nursing care through physical presence. The sub-theme "Being with and Being there" stands for when nurses directly cater to COVID-19 patients at bedside. It means interaction with the patients from a profound depth and quality of physical presence. GREY02, a nurse assigned to care for several mild cases of COVID-19 patients in the City Temporary Treatment and Monitoring Facility (TTMF) shared "Based on my experience, at least I am strong enough to carry the load for them by being physically present".

> *"Siguro yung isa sa mga di ko makalimutan may patient kaming naghahanap ng gamot... That was like around 1 AM, hanggang sa like parang gusto niya lang pala ng kausap. Siguro it was like compassion...Hindi ko namalayan yung time, I stayed with the patient at a longer time. Honestly, hindi ko naramdaman na napagod ako nakatayo, although after I felt cold."* (One thing that I cannot forget is a patient looking for a medicine..I realized that he just wanted to talk to someone. Maybe as part of compassion, I stayed with the patient and I did not notice the time already. Honestly, I did not feel tired while standing although I felt cold after.) (Key Informant GREY03).

Nurses are true jacks-of-all-trades. They are the most adaptable professional in the care of COVID-19 patients. BLUE01, a millennial Staff Nurse, unveiled how he took countless roles outside the scope of practice.

> "*Our duty is to administer medications sa patients namin. Actually, parang ano lahat ng care na possible ibigay sa patient talaga kami ang gumagawa. Sa isolation (referring to COVID-19 unit) parang compact kami, sa isolation lahat ng pwede gawing work, extraction, trabaho ng medtech, radtech, pharmacist, nuon una pa magpalit ng oxygen tank, lahat sa amin nadin."* (First of all, our duty is to administer medications to our patients. Actually, all the care that can possibly be given is done by us. In isolation (referring to the COVID-19 unit), we do all the work we can like blood extraction, work of the Medical Technologist, Radiologic Technologist, and Pharmacists. We also changed oxygen tanks. We did everything.)

Showing genuine concern and care

This sub-theme covers nurses' genuine interest in the welfare of their patients to provide better quality patient care. Nurses' quality to recollect the patient as a priority and leave their own personal problems at home, and strive for the best during patient's uncertainty further describes this concept. This concept is clearly evident through the following:

> "*Once we step in, patients first. Total bedside care talaga, lalo ma'am pag elderly. Ikaw lahat ng assist. Since sa staffing ano tayo, medyo konti, medyo ibabudget ang work para magawa lahat.*" (Once we step in, we prioritize the patients through total bedside care, especially the elderly. I take care of everything since there is understaffing, we budget our time so we can do everything.) (FGD BLUE01)."

Some informants articulated that provision of moral and spiritual support were genuine concern and care for COVID-19 patients.

> *"I pray also with patients, yung para ma handle ko situation...happy ako sa pag care ng patients ko. Nakikipag usap din sa patients para mawala pagod."* (I also pray with my patients, so that I can handle the situation...I am happy when I care for my patients. I also talk to patients to get rid of fatigue.) (Key Informant BLUE04).

Showing genuine concern and care among the participants is further expressed when the nurses respond therapeutically to their patients. Therapeutic communication is an authentic skill among nurses that resonates with compassion. Therapeutic use of self in the presence of one's suffering responses is depicted in actionable interventions in which the nurse listens, responds, or acts appropriately in a way that may provide comfort to the patient. Ledoux[24] argued that in order to understand what compassion fatigue among

nurses is, there is a need to discern first their concept of compassion. Nurses' voices shed light on the unique language of how they portray compassion in their practice through going beyond the usual care, showing genuine concern and care, and giving care without expecting in return.

Theme 2: COVID-19 Pandemic: Nurse's challenges and detours

The Coronavirus Disease pandemic created an unusual environment for nurses and highlighted the challenges of nursing care in their new environment with uncertainties. Nurses' challenges and detours exemplify the COVID-19 impact on nursing practice in terms of direct care capabilities, professional and social issues, and health care system operations. The theme focused on three subthemes: a) Pandemic Aftermaths: Nursing with Uncertainties, b) Organizational Issues and Pressures, and c) Psychosocial Struggles.

Pandemic Aftermaths: Nursing with Uncertainties

This sub-theme reflects how the pandemic created disruptions and uncertainties in nursing practice. The pandemic challenged nurses to provide quality care for COVID-19 patients in a volatile and ambiguous health crisis. The four categories of "Surviving the grueling encounters," "Nurses become the COVID-19 Survivor," "Bearing the heavy workload demands," and "PPE-related problems" comprised this sub-theme.

Surviving the grueling encounters. Nurses encountered grueling experiences related to the COVID-19 pandemic. According to them, the most challenging part of COVID-19 nursing care is related to grief issues, the unbearable patient's suffering, and anxieties brought by Coronavirus Disease. As depicted in Figure 2 below, the co-occurrence of these elements formed this category.

Key Informant RED10, a seasoned Operating Room Nurse, had a grueling encounter when she was assigned to care for a COVID-19 pregnant patient diagnosed with Placenta Accreta. She spoke moments prior to the patient's death and her feelings of peculiar grief.

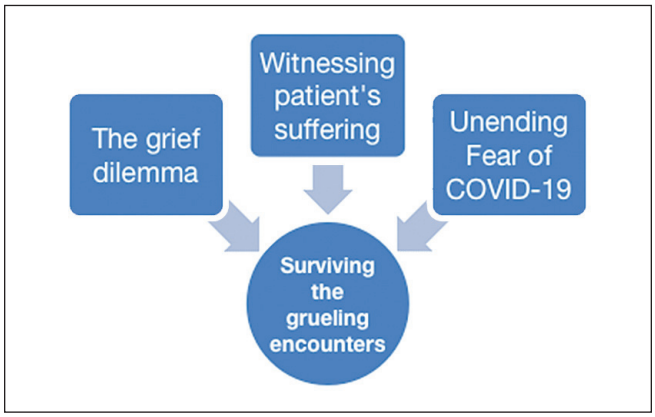

Figure 2. Concepts comprising the category 'Surviving the grueling encounters'.

> *"...nag bebleed yung patient, yun yung time na pagod na pagod ako, and then nung binaba namin yung patient sa Intensive Maternal Unit (IMU), sabi ko sarili ko, pero alam mo sa sarili mo na ginawa mo yung best mo sa patient, tas nasa isip mo na mabubuhay naman siguro itong patient. Kasi kumbaga nag bleed siya, ang dami niyang bleeding like three liters, and pack lang namin na blood was like four. I came to work the next day sabi nga nila na namatay yung patient. Sana kung hindi* COVID *we could comfort the family more, talk to the family, see the baby, follow-up the baby pero since dahil* COVID*, limited lahat ...*" (... the patient was bleeding, that was the time that we were very tired. And then when we brought the patient to the Intensive Maternal Unit (IMU), I told myself, because deep inside you know you did your best for the patient, and in your mind you hope that the patient will likely survive. The patient bled and lost a lot of blood around three liters, and we only have four packs of blood. When I came back to work the following day, they told me that the patient already died. If it is not COVID, we could comfort the family more, talk to the family, see and follow-up the baby, but because of COVID, everything is limited...)

Witnessing a patient's suffering describes a nurse's experience related to beholding COVID-19 patient's suffering. Nurse BLUE01 detailed how he witnessed a COVID-19 patient's deterioration from the time of admission until the last breath.

> "*There is one patient na nagstand out sakin, mild lang, malakas siya. Unti-unti siyang nag deteriorate despite sa lahat ng ginagawa namin, na anitbiotics, unti-unti syang nagdetiorate from sobrang lakas nia then hinang-hina siya sa oxygen niya. Hanggang sa kinailangan siyang maintubate, kasi hindi na kaya isupport ng simpleng facemask na oxygen yung saturation ng katawan niya.*" (There is one patient that stood out to me with only mild symptoms. He gradually deteriorated despite everything we were doing, like antibiotics. He eventually deteriorated from a very strong disposition to a weak state due to oxygen levels. Until he had to be intubated because a simple oxygen face mask could no longer support the oxygen saturation of his body.)

Unending fear of COVID-19 refers to nurses' intensified and round-the-clock anxiety working directly with Coronavirus patients. The added threat of SARS-CoV-2 virus to the nurses' well-being and safety makes the nursing practice extremely tiring and difficult. The participants recounted these moments of fearfulness.

"*May fear na makakahawa ka sa family mo, yun naman yung iniingatan natin hanggang ngaun. Lalo yung anak ko may asthma.*" (There is a fear that you might infect your family, that is what we have to be careful of until now. Especially my son has asthma.) (FGD GREY04)

Nurses are further confronted with various struggles associated with the COVID-19 pandemic, one of them is the struggle of using Personal Protective Equipment (PPE) to comply with strict infection prevention and control. Participant BLUE03 was puzzled and said:

"Iniisip mo kung pano mag susurvive for eight hours or more na nakasuot PPE, naka suot lang." (You are thinking how to survive for eight hours or more wearing the personal protective equipment.)

Organizational Issues and Pressures

COVID-19 hospitals and facilities have faced a myriad of vital management challenges during the disease outbreak. The COVID-19 pandemic specifically posed a number of serious problems for health care providers, including the need for service redesign, financial loss, and limited resources. The nurses on the COVID-19 battlefield felt disarmed by the scarcity of medical supplies and resources, understaffing, and very limited time. According to the nurses, their volatile environment is a central factor for them to having experience compassion fatigue. Many of the nurses talked about the inadequacy of leadership support for them.

"Helpless in a way na pakikingan ba nila ako? Kung sakaling magsalita ako icoconsider ba nila suggestion ko kung sakaling magsuggest ako. Ang naging problem kasi sir since napagiwanan kami parang pag mag suggest kami parang yung suggest namin hindi nabibigyan ng highlight, parang we are not given the opportunity to air, parang to air kung ano dapat gawin, sana tanungin kami, hindi ganun sir. Ang tendency nalang ay mag trabaho nalang ako, may magagawa ba ako? pakikinggan ba nila ako?" (I felt helpless in a way, will they listen to me? If I speak, will they consider the suggestion? The problem was that since we were left behind, when we give a suggestion, it was not highlighted. Like we were not given the opportunity to air our concerns, on what to do. I hope we were also asked, but that was not the case Sir. The tendency is I will just do my job. Do I have a choice? Will they listen to me?) (RED08).

Psychosocial Struggles

The concept "Psychosocial Struggle" refers to a nurse's experience of a variety of psychological distress during the pandemic. The sources of a great deal of psychosocial concerns that nurses endure during the care of patients with COVID-19 were related to the following categories, 'Heroes... but Stigmatized', Episodes of bullying, 'Handling difficult patient's companion', 'Nurses' psychological turmoil', and 'Perils of Social Isolation'.

RED04, a novice nurse, shared a story of the time she experienced stigma from her neighbors,

"Ako emotionally, pero medyo ano yun sir parang every after duty, feeling ko nga'y pinandidirian kami sa amin, pang tsismisan, tapos iiyak ka nalang. Umalis nalang ako sa boarding house namin." (I got emotional after every duty, I felt the neighbors were disgusted, gossiping about me, I just cried. I eventually left our boarding house.).

According to the participants, working in a volatile and complex COVID-19 unit or facility led to social interactions that preceded their compassion fatigue experience. And COVID-19 has changed the way they interact with their patients, colleagues, and the environment. Many nurses talked about their experiences with patients who suffered critically from Coronavirus Disease, saying that they carry these stories every time they recall their COVID-19 duties.

"Siguro yung worst nuon parang normal nalang ngayon, naalala ko yung naadmit sa Room 233 mga ICU patients. Yung pinakafirst na COVID intubated. Parang na shock kami intubated yung patient kelangan ng full support nung patient, as in all out, parang every after duty namin sa patient grabe yung exposure. Iniisip ko baka COVID narin siguro ako." (Maybe the worst back then looks normal now. I remembered the first admissions at Room 233 were ICU patients. The first COVID patient was intubated. We were surprisedthat the patient was in critical condition and required full care support. Like after every duty, there was high risk of exposure. I thought of the possibilities of being infected also with COVID.) (BLUE02)

The prolonged day-to-day presence of Coronavirus Disease (COVID-19) is taking a heavy psychological toll on many nurses around the globe. These contextual and psychosocial factors constitute the nursing challenges and struggles (detours) of nurses who are confronting the daily pandemic demands. Every nursing specialization brings its challenges, but some specialties are naturally more challenging than others. Nursing leaders, administrators, and nurse managers faced the organizational pressures and issues that precipitated CF. Recent findings published by Freitas et al.[25] suggest that majority of nurse administrators and leaders cited three significant challenges: nurse staff safety and infection risk, stress, worry, and anxiety, and work-overload.

Theme 3: Nurse's Compassion Fatigue

According to the participants, Compassion Fatigue refers to a unique experience that is mainly described by the sub-themes "Facets of Compassion Fatigue" that includes the categories "Concepts of Compassion Fatigue" and "State

of Compassion Fatigue". Eventually, the nurse's experience of CF in a COVID-19 Unit led to the following outcomes relevant in nursing: 1) Poor nursing care, 2) Impaired working relations, 3) Burnout.

Participant BLUE03 agreed with Nurse BLUE02 and added,

> "*Parang half-hearted ka sa mga ginagawa mo. Wala na yung drive mo na magbigay ng complete care sa patient. Yan ang compassion fatigue para sa akin. Kasi hindi mo na kaya, kasi masyado kana pagod. Kahit gusto mo gawin, dahil pagod kana, hindi na.*" (You become half-hearted in what you do. You no longer have the drive to provide complete care to the patient. That is compassion fatigue for me. Because you can't do it anymore, because you are too tired. Even if you want to, but because you are tired, you can't do it anymore.)

Nurses also expressed the duty-rest day as a cycle that describes the experience of compassion fatigue. The repeated expressions of another day-another duty reflected how they continue to render nursing care with a half-heart. Several nurses repeatedly verbalized the cycle of "another day-another duty," which comprised routine nursing work that were different from their expectations and what they previously gave.

Nurse BLUE06 said,

> *"Another duty ganyan ako lagi. Kaya pag dating ko sa hospital, okay another duty guys kaya natin to, isa pang duty day off na! Binibigay ko nalang yung routine kasi pagod kana din deep inside. Ganyan lagi iniisip ko, another day, another duty.*" (Another duty, that's my mindset. Whenever I arrive at the hospital, I always say, "this is just another duty and we can do it, one more duty and it's rest day!". I will just perform the routine nursing care because I am tired deep inside. That's how I always think, another day, another duty.) (Key Informant BLUE06).

The acute emotional exhaustion consisted of complex elements that were deeply enmeshed with one another. The emotional experience included an experience of sudden emotional strain, feelings of being tired, helplessness, and powerlessness. Several of the nurses explained,

> "*Emotional exhaustion, nadin. Helpless, nalungkot, naiyak wala nading magawa. Kasi family na nagdecide. Ayun walang magawa parang umoo ka nalang. Medyo masakit pero kelangan mo talaga let go at move on.*" (Also emotional exhaustion. Helpless, sadness, tearful because you cannot do anything. Because it is the decision of the family. There is nothing more to do, and you will just agree. It's a bit painful, but you really need to let go and move on.) (Key Informant BLUE05)

Another category, "poor nursing care," reflects the inability of nurses to meet professional standards in the care of COVID-19 patients. The inadequacy of the quality of nursing care rendered by the participants poses a threat to patient safety. The nurses explicitly identified poor nursing care as an outcome of CF.

> "*Kasi parang sa communication palang parang medyo mababago na kasi instead na parang dapat na tuloy tuloy makipagkwentuhan sa pasyente eh dahil sa pagod mo eh parang limited na yung conversation niyo. Dahil sa pagod kana gusto mo parang ibigay nalang yung gamot.Yung care communication bawasan nalang baka may masabi kasi pagod na.*" (With regards communication, there are changes already. Instead of continuous conversation with the patient, it becomes limited You'll just give the due medicines because you are tired. Perhaps the care communication should be reduced to avoid saying unnecessary words when already tired.) (GREY04)

Nurses spend a lot of time with COVID-19 patients and their colleagues within the unit or facility. The negative impact of CF on nurse's work relations and performance was evident among the participants. According to the nurses, the category compromised work relations corresponds to the possible instances of work issues and impact to work relations and performance as a result of experiencing CF. The informants shared,

> "*I did experience naman compassion fatigue. Kasi working naman, paiba iba schedule, two days duty, two days off, pero nung seven days tas seven days off dun na nag start na parang 3rd day ok pa kami pero parang at the end of the week magsisigawan na kami ng mga kasama namin. kasi parang pagod na pagod na kami parepareho.*" (I did experience compassion fatigue. The schedule often changes, sometimes two days duty and two days off. When the work schedule became seven days duty and seven days off, on the third day, we were still good, but at the end of that week, we were all shouting at each other because we were already tired.) (Key Informant RED08)

Burnout

This category represents a consequence that nurses share after experiencing CF. According to the nurses, the phenomenon is characterized by a reduction in nurses' energy that manifests lack of motivation, and feelings of frustration and reductions in work efficacy. Some nurses who requested transfers decided to leave a current unit or even leave the nursing practice.

> *"After nung araw na tingin ko pagod na pagod at blanko, tapos yung after nuon gusto munang lumipat sa ibang area (non-covid).*" (After that day when I felt very tired and empty, I thought of transferring to another area [non-covid].) (Key Informant RED04)

A validation and follow-up interview revealed burnout as an inevitable consequence of the continuous experience of compassion fatigue for several months up to more than a year. When asked why did Nurse BLUE01 and BLUE02 left their job, they explained:

> "*Parang ano po, ang naiisip ko worth it paba tong job na to para sakin? Kung you give all for the patients mo everyday... I think from simpleng pagod or emotional fatigue lang dahil araw-araw kang ganun, mabuburnout kadin talaga."* (I'm thinking if this job is still worth it. If you have already given everything to your patients every day... I think from simple weariness or emotional fatigue every day, you will definitely get burned out.) (BLUE01)

Compassion Fatigue is not uncommon in nursing. Several publications found that nursing professionals who work in healing and helping capacity are at a high risk of experiencing CF.[26-28] Nurses directly caring for COVID-19 patients represent the nightingales on the front lines of pandemic response. The nature of their work exposes them to many emotionally-charged situations (e.g., suffering and despair) and moral and ethical dilemmas. As front liners sometimes regarded heroes, and slings and arrows as being the very lifeblood of COVID-19 care, they are not spared from experiencing Compassion Fatigue. For these nurses, CF is regarded as nursing with a half-heart, as acute emotional exhaustion, and as an unfamiliar concept. Compassion Fatigue experiences manifest several signs and symptoms affecting the nurse's physical, behavioral, and emotional aspects. According to the participants, the continuous experience of this phenomenon without interventions can lead to poor nursing care, compromised working relations, and even burnout.

Theme 4: Narratives of Opportunities of Pandemic: Thriving at the outset of COVID-19

This theme revealed how nurses proved to be uniquely suited to the COVID-19 crisis and were able to creatively adapt to the pandemic while shedding light on several opportunities for the nurses in the midst of health crisis.

Key Informant BLUE05 shared a story about a COVID-19 patient diagnosed with severe pneumonia who went into distress. The medical team flagged the patient for standby intubation, but eventually recovered through a high-flow nasal cannula.

> *"Since nung nakarecover siya. Nagbibigay siya ng twenty-five kilos na bigas bawat nurse, kinukuha niya names ng staff. Wala siya siguro maisip kung papaano magpasalamat. Yung mga patient bumabalik hindi lang food binibigay, nakikita talaga nila yung pagod ng staff dun."* (Since the patient recovered, he gave twenty-five kilos of rice to each nurse, he got the names of the staff. He did not know how to express his gratitude to the nurses. The patients came back not only to give food because they saw the hard work of the staff.)

Some nurses looked at their COVID-19 experience as opportunities to learn new skills and knowledge in nursing practice. Nurse GOLD03 emphasized the significance of keeping abreast with COVID-19 management. She said,

> "*Continuing education talaga din pag sa COVID ka kasi kelangan siyempre mag tatanong sila guidelines. Tapos yung mga nakakakilala nagtatanong din. Kaya dapat magbasa padin at magtanong tanong din sa mga experts.*" (There is continuing education if you are assigned in the COVID because it is needed when they ask for guidelines. The others also ask us questions. That is why we need to read again and consult the experts.)

Nursing is a vocation that is grounded on professional ethics and ethical values. According to the study informants, these values guide them in the care of patients and are affected, refined, and strengthened by the challenging situations such as COVID-19 outbreak. In a COVID-19 unit, several nurses developed their personal values while directly catering to or in contact with COVID-19 patients.

Key Informant BLUE04 realized the importance of maintaining resiliency when giving care inside the COVID-19 unit. She disclosed,

> "*Siguro I have to increase resilience pa. We need to correct kung saan tayo nagkamali and bumangon kung may malaking challenge. We need to be aware na when caring a COVID patient you have to take care of yourself also, the more na nag vitamins ako. Parang I research how to increase resilience, and how to be strong... at least you learn kahit pumalpak ka*." (I have to increase my resilience. We need to correct our mistakes and recover from the impact of extraordinary challenges. We need to be aware that when caring for COVID-19 patients, we have to take care of ourselves also. I took vitamins and looked for practices on how to increase further my resilience.)

The participants developed their own safe personal space, cultivated self-care practices, and prayers, and engage in social connectedness to cope with the impact of CF and the new norm.

> "*Minsan nagbabasa lang naman ng bible tapos devotion. Minsan attend ng church pero iwas din sa crowd minsan so mag devotion nalang mag basa ng bible, makinig ng sermon online o kaya mag attend ng virtual mass.*" (Sometimes I read the bible then devotion. Sometimes I attend church but need to avoid the crowd so I devote through bible reading. Listen to a sermon through online platform or attend a virtual mass.) (Key Informant GREEN01).

The nurses reported substantial mental health services during their provision of nursing care to COVID-19 patients.

They mentioned free consultations from a psychologist, the experience of group debriefings and follow-ups, and virtual "kumustahan" ("kumusta" refers to a shortened and informal version of the Spanish greeting "como estas" meaning "how are you") sessions. According to the nurses, mental health access provided to them covered emotional, psychological, and social well-being that enabled them to cope with the effects of CF.

The nurses' understanding of their everyday practice and their experience of compassion fatigue in the context of COVID-19 pandemic were exemplified in the above verbatim accounts. Thus, the proposed substantive theory has the potential usefulness in similar contexts in the future (i.e., pandemics or public health emergencies). This finding is vital in forming a foundation for policy and nursing practice applications, contributing to creating new lines of research, as well as revealing pervasive processes and practices.

The nurses' stories further captured most of the informants' experiences on how they survived the first months of the pandemic until the surge of the new COVID variants. The narratives of opportunities in nursing revealed that despite the struggles and difficulties encountered, nurses' passion for continuing COVID-19 care keeps ignited. The nurses thrived in the COVID-19 environment through saving some personal space, maintaining work-life balance, engaging in social connectedness, and building a support system. Many participants disclosed how individual, organizational, and psychosocial factors predispose them to experience compassion fatigue. CF occurs due to the complex interaction between individual, psychosocial, and organizational factors from the participant's perspective.

DISCUSSION

The most fundamental approach to helping others has been rooted in compassion and empathy. Compassion is a critical element in effective and quality nursing practice. It is at the core of most humanistic theoretical orientations within nursing. Correspondingly, a competent nurse must have compassion and empathy skills to ensure a patient-centered approach that facilitates interpersonal effectiveness and improves patient outcomes.

Nurse leaders and health care facility administrators can specifically act on the above-mentioned aspects and factors to mitigate and mediate the risk of developing CF, which could improve the retention of a compassionate and committed nurse workforce. The COVID-19 outbreak necessitated a new approach to modern nursing, and the nurses have risen to the challenge. This health crisis allowed the nurses to emphasize the importance of self-care and self-compassion. As nurses handle this unprecedented pandemic, their experiences and status are likely to change as the pandemic progresses. Therefore, long-term and holistic support for the nurses is required to ensure their well-being.

Proposed Definition of Nurse Compassion Fatigue

Nurse Compassion Fatigue is a psychosocial syndrome emerging from a prolonged response to exposure to suffering (patient or co-nurse) or traumatic event brought by the delivery of nursing care. It is also an occupational phenomenon related to nurses' empathetic response in the delivery of nursing care.

From the participant's perspective, CF is a process that takes time to develop. The phenomenon keeps building gradually, to a point where the nurse starts overusing compassion skills and reserves but no longer have much to provide or find themselves growing numb to their patients' suffering. The nurses manifest the hallmark symptoms of CF in the following dimensions: a) Physical, b) Emotional, and c) Behavioral. These findings support previous findings on the signs and symptoms of Nurses' CF.[5,29] The negative consequences identified were poor nursing care, compromised work relations, and burnout that raises significant safety issues. Nurse burnout can lead to mistakes and concerns in inpatient care, driving more talented nurses out of the profession. Compassion fatigue is a vital concept for nurses and health care due to its professional and financial costs to hospitals and health care facilities.

Proposed Substantive Theory

The interplay of four themes that emerged from the study led to the development of the proposed substantive theory, "Remon's CF Theory in Nursing," which encompasses the interweaving and overlapping relationships of the major themes identified from the lens of nurses directly caring to COVID-19 patients (Figure 3).

Nurse Compassion Fatigue (CF) is an occupational phenomenon in the nursing profession. Compassion means being sensitive to the suffering of patients or colleagues and being moved by a desire to reduce the suffering of another through genuine nursing care and acts of kindness.[30] The proposed substantive theory, Remon's CF Theory in Nursing, is derived from the researcher's name, Aldren Rodriguez Remon. While CF stands for Compassion Fatigue, the phenomenon explored by the researcher among nurses in the context of COVID-19 pandemic.

Remon's CF Theory in Nursing begins with the tenet by explaining the compounding risk factors, progression, and consequences of nurse CF. The development of the proposed theory was more of grassroots, funnel-type approach,[31] grounded in the realities of nurses directly caring for COVID-19 patients, rather than a top-down derivation of academic theory.[31] A nurse's CF results from four key dimensions: individual empathetic distress (compassion-driven factors), psychosocial, contextual, and organizational factors. These factors drive the development of CF among nurses directly caring for COVID-19 patients.

A nurse's ability to place oneself in a patient's situation and look at their condition through their perspectives, emotions, actions, and reactions is expected during the COVID-19 pandemic. This empathetic response (compassion-driven

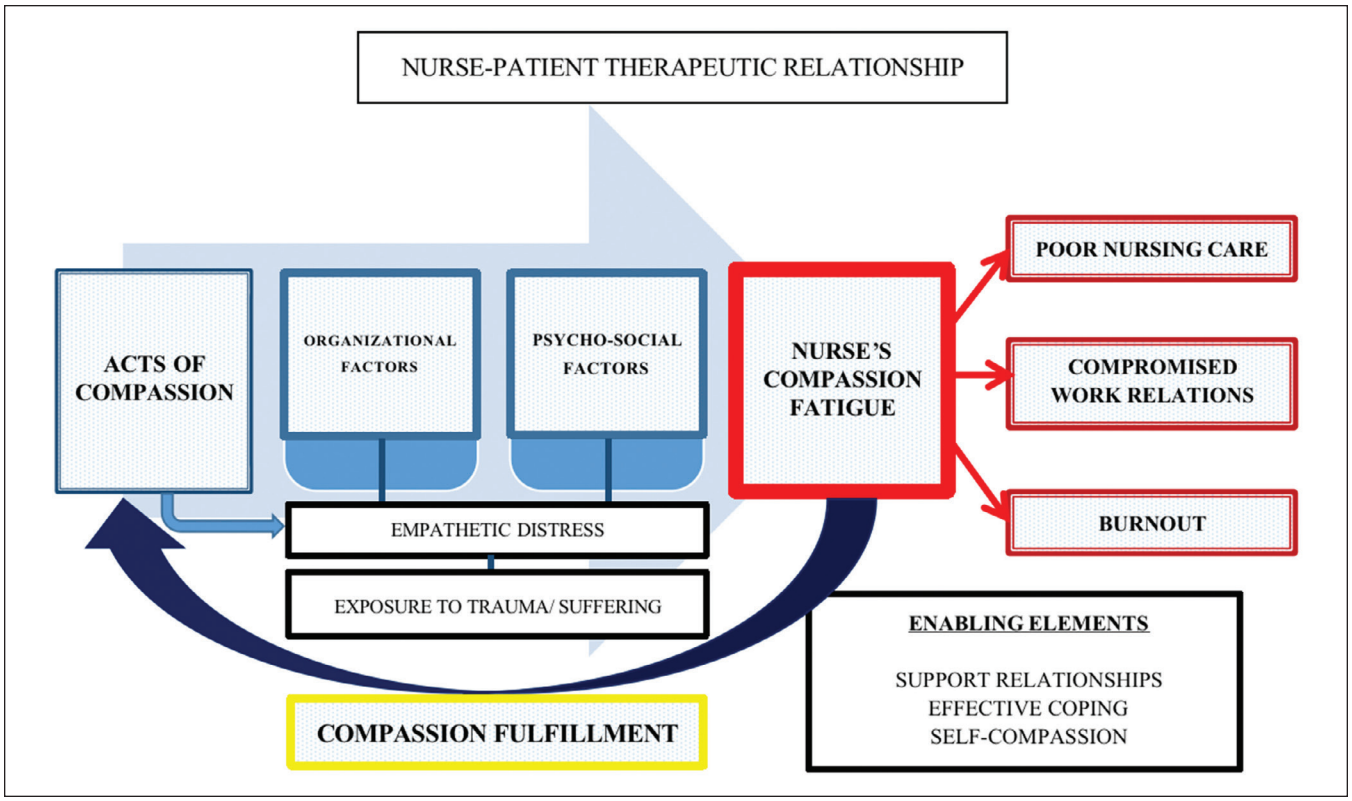

Figure 3. Remon's CF Theory in Nursing.

factor) helps nurses develop a trusting connection with those in their care by focusing on the patient's point of view. Empathetic distress refers to disharmony in nurse expressed empathy as a result of too much recognition and sharing of emotions with the patient to alleviate patient suffering, pain, or discomfort. It inevitably occurs due to prolonged exposure to traumatic events or patient/co-nurse suffering.

The theory further approaches the phenomenon of CF from the vantage points of psychosocial and organizational dimensions. These environments (individual, organizational, psychosocial) are the actual work situation in the nurse-patient therapeutic relationship.[32] This theory suggests that nurses are at high risk for CF when they meet increased psychosocial pressure, nursing work demands (work conflicts, limited resources in the delivery of nursing care) with depleted support, and ineffective coping. Nurse's Compassion Fatigue related to the COVID-19 pandemic (contextual factors) is prevalent in the nursing workforce, potentially affecting nurses' well-being and performance. Further, nurses who experience CF may enter a cycle of dangerous sequelae of poor nursing care, compromised working relations, burnout, and ultimately, leaving the profession.

A nurse's empathetic distress is an unpleasant reaction associated with negative feelings about the suffering of patients or colleagues. This reaction is followed by a desire to leave a situation in order to shield oneself from excessive negative feelings. The experience of empathetic distress can significantly contribute to Compassion Fatigue in congruence with psychosocial, organizational, and contextual factors. Empathetic distress depletes mental resources and harms interpersonal relationships.[32] Moreover, when the nurse withdraws or isolates, it aggravates the psychological and organizational pressure they usually experience in nursing practice due to overwhelming workload, long hours, shift duties, and working in a high-risk environment.

Recent research shows that nurses experience various issues when working in high-pressure and high-risk environments, such as the COVID-19 pandemic. The contextual factors surrounding COVID-19 further catalyzed many health and welfare systems.[33] The circumstances created by the COVID-19 pandemic are a clear threat to the psychological health of nurses and may have affected their levels of compassion fatigue. Lluch et al.[34] articulated that nurses reported high rates of emotional exhaustion, low personal accomplishment, and compassion fatigue.

Wallace et al.[35] substantiated these findings and suggested that CF is high among all health professionals but especially so for those who work in environments where they are confronted daily with large numbers of people for whom the outcome is dire. Nursing practice on a dedicated COVID-19 unit or facility led to unforeseen ramifications. These contextual factors are realities that can result in uncertainties or preoccupations with worrying about life-threatening events on future workdays. The continued

encounter with this anxiousness and the apprehensions could overwhelm nurses, putting them at risk for compassion fatigue's mental and physical depletion. The need for measures to ameliorate this detrimental impact is even more evident in the aftermath of Coronavirus Disease.[36] LoGiudice and Bartos[37] further suggested that understanding the nurses' experiences provides a unique perspective on nursing in the face of a worldwide pandemic.

Remon's CF Theory in Nursing suggests that CF is a process that develops over time. The prolonged enactment of compassion and empathetic distress triggers a nurse to develop CF for a period of time (i.e., weeks, months, years). The over-exposure to trauma and suffering, and the impact of psychological and organizational factors brought by unusual or new situations such as COVID-19 pandemic expedite the development of this state. Nurses CF represents a vicious cycle brought when they fully dedicate themselves to an ethic of exposure and sensitivity to others' pain or involvement and action to alleviate it that results in a numbing of compassion. As this state can lead to worrisome outcomes such as burnout and poor nursing care, nurses can rekindle their compassion through protective factors. Arguably, the findings differ from the assertions made by other studies.[38]

Nonetheless, recently published studies purported that burnout in nursing is rather an outcome of the prolonged experience of compassion fatigue.[38,39] The professional quality of life model developed by Stamm[40] substantiated these findings and added that compassion fatigue experience directly affects levels of burnout.[41] Stamm[41] further suggested that if an individual develops compassion fatigue, the elements of frustration, emotional exhaustion, and repeated exposure to suffering interact with the development of burnout.

The proposed theory offers a feedback loop through the protective or enabling factors. The theory illustrates how compassion fatigue can potentially reignite compassion on the part of the nurse. It is postulated that enabling elements such as support relationships (a caring relationship that brings mutual benefit to the nurse and the family, friend, or colleague helping them to cope with difficult situations), effective coping (strategies nurses use in the face of stress and/or trauma to help manage painful or difficult emotions), self-compassion (nurse's ability to turn understanding, acceptance, and kindness inward), promotes compassion fulfillment which in turn positively reinforce nurse's acts of compassion. These factors appear to buffer the effects of CF on nurses' professional practice and well-being. Furthermore, it can facilitate the nurse to achieve compassion fulfillment (professional satisfaction that comes from exercising compassion and helping others). Through the effective utilization or enactment of the above vital elements, the nurse is expected to regain their compassion.

According to Crawford et al.,[42] compassion is dependent on an individual's capacity to develop a compassionate attitude and mindset that involves an attribute of motivation and fulfillment. A study finding corroborated this idea and posited that in order for an individual to sustain the passion for rendering compassionate care, one must experience compassion fulfillment on a regular basis.[43] The concept of compassion fulfillment involves employing self-care strategies (e.g., self-compassion), effective coping, and supportive relationships that shield an individual from the negative effects of CF. The model suggests that Compassion fulfillment is an essential part of the whole CF process.

Remon's CF Theory in Nursing is grounded on the following assumptions:

1. Compassion fatigue is identified as an occupational phenomenon in nursing. It is described as a "syndrome" that results from "chronic exposure to suffering (patient or co-nurse) or traumatic event related to nursing care process" that has not been mitigated or mediated.
2. Nurses caring for patients suffering, dying, and traumatized by an event such as COVID-19 pandemic will inevitably experience CF in the process of therapeutic or healing relationship or nursing care process.
3. Compassion, empathy, and exposure to suffering are the critical elements required for developing CF among nurses.
4. Nurses' empathetic distress is not the only factor that propels the risk of developing CF, but also organizational like inadequate resources and leadership support, job demands and psychosocial factors such as social isolation, stigma have to be considered.
5. Nursing leadership, organizational, and psychological support mitigates and/or mediates the onset of CF among nurses. These protective factors further facilitate keeping compassion alive among nurses.
6. CF experience can negatively impact the nurse with the following consequences: a) Poor Nursing Care, b) Compromised working relations, and c) Burnout.

Strengths and Limitations of the Study

This study had several clear merits, including acquiring an in-depth emic perspective, providing extensive data, constructing rich and experiential stories, and filling a significant gap in the literature. These participant stories resonated with many other nurses the researcher conversed with when discussing the research, who agreed that these were similar to their experiences, too, adding to the rigor of the analysis. The sample size of thirty-four nurses is a strength in that data saturation occurred during the interviews, with many nurses telling similar stories, pointing to a collective experience. Some limitations were acknowledged in this study such as some participants were too focused with their required duties and personal reasons, thus preferred to minimize the time required for participation. The distribution of demographics could also be a potential limitation.

CONCLUSION AND RECOMMENDATIONS

Compassion Fatigue (CF) is a psychosocial phenomenon and occupational hazard affecting nurses directly catering to COVID-19 patients. It is a process that develops over time brought by prolonged enactment of compassion, the experience of empathetic distress and concurrence of both organizational and psychosocial factors. CF in nursing is a complex, multidimensional phenomenon. The innate compassionate behavior of nurses unearthed empathetic responses that inevitably leads to nurses' compassion fatigue. This study provides a theoretical framework that can guide nurse leaders to understand and recognize CF and develop support mechanisms to allow nurses to cope with its impact when applied in clinical practice.

CF recognition or evaluation and subsequent management need to be routinely carried out by the nurses themselves and through the adequate support given to them by their family, friends, nurse leaders, and the health care facilities they work with. Nurse leaders, hospital and COVID-19 facility administrators, must ensure specific policies and priorities that address issues causing and fueling nurse CF, including frequency of exposure to traumatic events, lack of resources, and an inadequate support system tailored to their specific needs to better understand and reduce the challenges they face. Likewise, there is a need to develop a self-rating tool/questionnaire to assess the degree or extent of CF among nurses and further conduct quantitative research or mixed methods to test the relationship between organizational and environmental context, CF, and compassionate behaviors. Lastly, this study recommends testing the proposed theoretical framework.

Statement of Authorship

ARR contributed in the conceptualization of work; acquisition and analysis of data; drafting and revising; and final approval of the version to be published. MGCL contributed in the conceptualization of work; acquisition, member check, coding, and analysis of data; drafting and revising; and final approval of the version to be published.

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