The Mental Health of Medical Frontliners during the COVID 19 Pandemic

Miguel Den R. Sade, Ave V. Eragan, Dr. Mary Rachelle R. Wapaño

Xavier University – Ateneo de Cagayan, Philippines

Abstract: **In this time of the pandemic where major outbreaks are experienced, health care workers around the globe have been very much exhausted in addressing the needs of those who are infected with COVID-19. Many of which have affected not just their physical state but as well as their mental condition. This exhaustion does not exempt anyone; thus it is very much important to include mental health in combating COVID-19. This study aims to assess the mental health of workers in a medical health facility in Iligan City catering, accepting, and engaging with services in dealing with COVID-19 patients. It aims to assess and determine the levels of anxiety, burnout, compassion fatigue, and compassion satisfaction and to determine the relationship among these variables. The respondents of this study are registered nurses from the Iligan Medical Center Hospital located at San Miguel Village, Pala-o, Iligan City. Findings reveal that nurses have severe levels of anxiety and average for burnout, compassion fatigue, and compassion satisfaction. Most variables do have a relationship except for compassion satisfaction and anxiety.**

The findings highlight the importance of addressing the mental health of the nurses working in IMCH whilst combating COVID-19. Therefore, the management should develop programs, seminars, and relevant policies in addressing mental health in the hospital. With these findings, one of the recommendations is to conduct activities and programs in ensuring that nurses are mentally healthy to continue their services to patients who are infected with COVID-19. Further recommendations are discussed in this research paper.

Key words: **mental health, medical frontline workers, anxiety, burnout, compassion fatigue, compassion satisfaction**

The World Health Organization last March 11, 2020, declared COVID-19 as pandemic Infectious disease outbreaks such as COVID-19, as well as other public health events, can cause emotional distress and anxiety. These feelings of distress and anxiety can occur even in people that are not at high risk of getting sick (WHO, 2020).

It has ravaged the whole world, whatever class or type of country you belong with, no one was exempted. It has disturbed many lives, it has greatly affected the world economy that resulted in lots of companies filing for bankruptcy and many people end up jobless (World Bank, 2020). Hospitals and other health care facilities around the globe are grappling to provide medical care attention to those who were infected. It has even cost the lives of some healthcare workers who are on the frontlines in battling COVID-19 (Rappler, 2021).

In the international arena, a lot of them were infected either moderately or severely which not just affects their physical health but as well as their mental health. Witnessing a lot of people that succumb to death, grappling for air to breathe, hearing the wailing and emotional outbursts of the families and loved ones left behind, to witness the pain and anguish that other people are experiencing are both terrifying and can be a cause of anxiety and an additional stressor to the healthcare workers (Hajure et al., 2021). It divides their attention such that would affect the quality of care that they render or give to their patients. Despite remaining the crisis management personnel, the HCW are not themselves immune to the psychological consequences due to COVID-19.

Among the healthcare workers also, the front-line workers involved directly in handling these patients are at greater risk than others. The reasons for such adverse psychological outcomes in them range from excessive workload/work hours, inadequate personal protective equipment, over-enthusiastic media news, feeling inadequately supported (Spoorthy et al., 2020). According to Cocker and Joss (2016), the compassion and empathy shown by healthcare, emergency, and community service professionals can prove physically, mentally, and economically costly. In short, exposure to patients or clients experiencing trauma or distress can negatively impact professional's mental and physical health, safety, and wellbeing, as well as that of their families, the people they care for, and their employing organizations. According to Sorenson and associates (2016), prolonged contact with these patients predisposes them to emotional and psychological distress such as compassion fatigue. There are various definitions of compassion fatigue documented in the literature.

In the Philippines, particularly in Northern Mindanao, a lot of COVID-19 cases have also been reported. The stress, fatigue, and burnout experienced by the rest of the world have also been experienced by the local health care workers. The government has even placed some major cities in the area into strict quarantine status to curb the rising number of COVID-19 cases. Several hospitals have already declared full capacity due to several reasons, and one of which is the lack of manpower to sustain their operations (Rappler, 2021). Most healthcare workers were already exhausted, tired stressed, and emotionally drained due to the surge of COVID-19 patients that resulted in higher attrition rates in various

hospitals. It is therefore of much importance to determine the current status of their mental health particularly with their level of anxiety and burnout.

Iligan City, being a highly urbanized city, with a large population of 367,634 (World Population Review, 2021), currently situated in Northern Mindanao has very limited health care facilities. It only has one (1) locally-funded government hospital and four (4) private hospitals catering to COVID-19 patients. With the limited resources the city had, it immediately equates with the limited personnel or healthcare workers attending to patients. Assessing the healthcare workers' mental health would provide an idea to the concerned agencies as to how to increase and improve the Healthcare Workers (HCWs) define in earlier sentence, mental state. Having a clear and sound mind would increase the HCWs work productivity and output, thus enables them to cater to more patients. Health and social care workers (HCWs) continue to play a vital role in our response to the COVID-19 pandemic. It is known that HCWs exhibit high rates of pre-existing mental health (MH) disorders which can negatively impact the quality of patient care (De Kock et al, 2021).

This research aims to assess the mental health of workers in a medical health facility in Iligan City catering, accepting and engaged with services in dealing with COVID-19 patients. Also this study shall focus on this area to have actual data on the mental health status of its healthcare workers. The aim of this research is to be able to assess and determine the level of anxiety, burnout, compassion fatigue, and compassion satisfaction.

In a study entitled COVID-19 anxiety among frontline nurses: predictive role of organizational support, personal resilience and social support (Qureshi et al., 2021). Anxiety-related to the COVID-19 pandemic is prevalent in the nursing workforce, potentially affecting nurses' well-being and work performance. Identifying factors that could help maintain mental health and reduce coronavirus-related anxiety among frontline nurses is imperative. In general, this study aims to investigate the mental health status of healthcare workers particular to the nursing work force working in a medical health facility Iligan City. Specifically, it intends to answer the following:

1. What is the present mental health of nurses working in a medical health facility in Iligan Medical Center Hospital?

   a. Level of Anxiety
   b. Level of Burnout
   c. Level of Compassion Fatigue
   d. Level of Compassion Satisfaction

2. What is the relationship between compassion fatigue and anxiety?
3. What is the relationship between compassion fatigue and burnout?

4. What is the relationship between compassion satisfaction and anxiety?
5. What is the relationship between compassion satisfaction and burnout?

The hypotheses tested were the following: Null Hypotheses

The following are the null hypothesis for this study, that:

There is no significant relationship between level of compassion fatigue and anxiety.

There is no significant relationship between level of compassion fatigue and burnout.

There is no significant relationship between level of compassion satisfaction and anxiety.

There is no significant relationship between level of compassion satisfaction and burnout.

In view of the need and urgency to assess the HCWs mental health, the researchers aims to assess their level of anxiety, burnout compassion, fatigue and compassion satisfaction in some of the private hospitals in Iligan City and its neighboring hospitals since due to the surge of COVID patients in the city, most of the people in Iligan infected with COVID has been rushed to other health facilities outside the city. Stress and job burnout among the HCWs are more during a pandemic outbreak of an infectious disease (Maunder et al., 2016).

Emerging psychiatric conditions and mental well-being were identified as the tenth most frequent research topic during the COVID-19 pandemic. A recent systematic review found that relatively high rates of symptoms of anxiety, depression, post-traumatic stress disorder and stress were reported in the general population and health care professionals during the COVID-19 pandemic globally (Lipsitz et al., 2020). In Figure 1 the researcher aims to assess the level of anxiety, burnout, compassion fatigue and compassion satisfaction among healthcare workers in some of the private hospitals in Iligan City and its neighboring hospitals.

In this study, anxiety refers to COVID anxiety which includes some of these symptoms: avoidance, compulsive-symptom checking, apprehension, threat monitoring; avoidance of social situations. COVID anxiety could also involve increased stress, symptoms of post-traumatic stress and suicidal ideation (Nikcevic and Spada, 2020).

Compassion fatigue is defined in this study as the normal, emotional response of an individual who witnessed a traumatizing event experienced by a significant other (Figley, 1995). It is maintained that individuals of with high levels of empathy and display frequent emphatic response to patient's pain, suffering, or traumatic experience are predisposed to experiencing compassion fatigue. One dimension of compassion fatigue is burnout, and in this study is conceptually defined as "state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations (Figley, 1995, p. 11)

Figure 1.1 Schematic Diagram
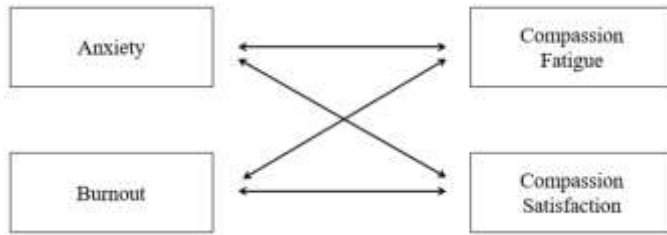
This study aimed to examine the level of anxiety, burnout, compassion fatigue, and compassion satisfaction among frontline Health Care Workers in Northern Mindanao. Specifically, this study shall explore hospitals around Iligan City and some of its neighboring hospitals due to the surge of COVID-19 cases in the city. This chapter presents the selected literature of the variables in this study, as well as, published researches which are very much relevant to the aims of this research.

Mental health among health care workers in this time of the pandemic has oftentimes been neglected, forgotten, and overlooked. It is very much important to analyze their current level of mental health to address certain issues and to establish certain guidelines, programs, and healthy activities. The research shall focus on certain mental health variables such as anxiety, burnout, compassion satisfaction, and compassion fatigue. These variables are observed to be the most dominant in this time of crisis such that several studies have shown that these has affected the work efficacy of the healthcare care workers.

I. ANXIETY

Anxiety refers to COVID anxiety which includes some of these symptoms: avoidance, compulsive-symptom checking, apprehension, threat monitoring; avoidance of social situations. COVID anxiety could also involve increased stress, symptoms of post-traumatic stress and suicidal ideation (Nikcevic and Spada, 2020). This definition of anxiety would help guide the researchers as to how to approach this study that would specifically address the level of specific anxiety that our health care workers are experiencing brought by the environment that they are right now.

In a study of Elkholy and associates (2020), Mental health of frontline healthcare workers exposed to COVID-19 in Egypt: A call for action, it has evaluated mental health outcomes among Egyptian healthcare workers (HCW) treating patients with confirmed or suspected Coronavirus Disease 2019 (COVID-19) to direct the promotion of mental wellbeing, by screening for symptoms of anxiety, insomnia, depression and stress, and analyzing potential risk factors. Among the 502 HCW surveyed; 60.0% were physicians, 16.1% were specialized nurses, and 23.9% were non-specialized nurses. About 35.3% worked in chest hospitals, 17.5% in fever hospitals, and 47.2% in quarantine hospitals. A considerable proportion of HCW had symptoms of anxiety, insomnia, depression, and stress. Females were at higher risk

of experiencing symptoms of severe anxiety (odds ratio [OR], 1.85; 95% CI, 1.12–3.05; $p = .016$), severe depression (OR, 2.013; 95% CI, 1.17–3.4; $p = .011$), and severe stress (OR, 2.68; 95% CI, 1.5–4.6; $p < .001$). Fever hospital workers were at higher risk of severe depression (OR, 1.52; 95% CI, 1.11–2.09; $p < .01$), compared to Quarantine hospital workers. In addition, this study recommends that protecting healthcare workers is an important component of public health measures for addressing the COVID-19 epidemic. Special interventions need to be immediately implemented, to promote mental well-being in healthcare workers exposed to COVID-19 and to mitigate the effects of the pandemic on their current mental health.

In a study done by Qureshi and associates (2021), COVID-19 anxiety among frontline nurses: predictive role of organizational support, personal resilience and social support, it has examined the relative influence of personal resilience, social support and organizational support in reducing COVID-19 anxiety in frontline nurses. Of the 325 nurses in the study, 123 (37.8%) were found to have dysfunctional levels of anxiety. Using multiple linear regression analyses, social support (β = -0.142, p = 0.011), personal resilience (β = -0.151, p = 0.008) and organizational support (β = -0.127, p = 0.023) predicted COVID-19 anxiety. Nurse characteristics were not associated with COVID-19 anxiety. Conclusions: Resilient nurses and those who perceived higher organizational and social support were more likely to report lower anxiety related to COVID-19. Implication for Nursing Management: COVID-19 anxiety may be addressed through organizational interventions, including increasing social support, assuring adequate organizational support, providing psychological and mental support services and providing resilience-promoting and stress management interventions.

In a study of Wang and associates (2021), the impact of COVID-19 pandemic on physical and mental health of Asians: A study of seven middle-income countries in Asia, it has aimed to compare the mental health status during the pandemic in the general population of seven middle income countries (MICs) in Asia (China, Iran, Malaysia, Pakistan, Philippines, Thailand, and Vietnam). All the countries used the Impact of Event Scale–Revised (IES-R) and Depression, Anxiety and Stress Scale (DASS-21) to measure mental health. There were 4479 Asians completed the questionnaire with demographic characteristics, physical symptoms and health service utilization, contact history, knowledge and concern, precautionary measure, and rated their mental health with the IES-R and DASS-21. Descriptive statistics, One-Way analysis of variance (ANOVA), and linear regression were used to identify protective and risk factors associated with mental health parameters. There were significant differences in IES-R and DASS-21 scores between 7 MICs (p<0.05). Thailand had all the highest scores of IES-R, DASS-21 stress, anxiety, and depression scores whereas Vietnam had all the lowest scores. The risk factors for adverse mental health during the COVID-19 pandemic include age <30 years, high education background, single and separated status,

discrimination by other countries and contact with people with COVID-19 (p<0.05). The protective factors for mental health include male gender, staying with children or more than 6 people in the same household, employment, confidence in doctors, high perceived likelihood of survival, and spending less time on health information (p<0.05). This comparative study among 7 MICs enhanced the understanding of metal health in the general population during the COVID-19 pandemic. The findings of this first multinational study have several implications for health and government policies. Firstly, the health authorities should offer psychological interventions to the general population who are at higher risk of developing adverse mental health including women, people younger than 30 years and single and separated status. High education background is a risk factor and online psychological interventions such as cognitive behavior therapy (CBT).

II. BURNOUT

One dimension of compassion fatigue is burnout, and in this study is conceptually defined as "state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations (Figley, 1995, p. 11).

In a study of Arnetz and associates (2020), Nurse Reports of Stressful Situations during the COVID-19 Pandemic: Qualitative Analysis of Survey Responses, it aimed to explore perceptions of the most salient sources of stress in the early stages of the coronavirus pandemic in a sample of U.S. nurses. Content analysis was conducted on nurses' responses (n = 455) to an open-ended question on the most stressful situations they had experienced during the pandemic. Six distinct themes emerged from the analysis: exposure/infection-self; illness/death-others; workplace; personal protective equipment/supplies; unknowns; opinions/politics. Two sub-themes concerned restrictions associated with the pandemic and feelings of inadequacy/helplessness regarding patients and their treatment. More than half of all comments concerned stress related to problems in workplace response to the pandemic. The study through its results recommended that healthcare institutions should provide opportunities for nurses to discuss the stress they are experiencing, support one another, and make suggestions for workplace adaptations during this pandemic.

In a study of Giusti and associates (2020), The Psychological Impact of the COVID-19 Outbreak on Health Professionals: A Cross-Sectional Study, the study aims at assessing the prevalence of burnout and psychopathological conditions in health professionals working in a health institution in the Northern Italy, and to identify socio-demographic, work-related and psychological predictors of burnout. A Cross-Sectional Study Health professionals working in the hospitals of the Istituto Auxologico Italiano were asked to participate to an online anonymous survey investigating socio-demographic data, COVID-19 emergency-related work and psychological factors, state anxiety,

psychological distress, post-traumatic symptoms and burnout. Predictors of the three components of burnout were assessed using elastic net regression models. Three hundred and thirty health professionals participated to the online survey. Two hundred and thirty-five health professionals (71.2%) had scores of state anxiety above the clinical cutoff, 88 (26.8%) had clinical levels of depression, 103 (31.3%) of anxiety, 113 (34.3%) of stress, 121 (36.7%) of post-traumatic stress. Regarding burnout, 107 (35.7%) had moderate and 105 (31.9%) severe levels of emotional exhaustion; 46 (14.0%) had moderate and 40 (12.1%) severe levels of depersonalization; 132 (40.1%) had moderate and 113 (34.3%) severe levels of reduced personal accomplishment. Predictors of all the three components of burnout were work hours, psychological comorbidities, fear of infection and perceived support by friends. Predictors of both emotional exhaustion and depersonalization were female gender, being a nurse, working in the hospital, being in contact with COVID-19 patients. Reduced personal accomplishment was also predicted by age. They have concluded and recommended that health professionals had high levels of burnout and psychological symptoms during the COVID-19 emergency. Monitoring and timely treatment of these conditions is needed.

In a study of Denning and associates (2021), Determinants of burnout and other aspects of psychological well-being in healthcare workers during the Covid-19 pandemic: A multinational cross-sectional study, aims to describe the prevalence and predictors of burnout, anxiety and depression in healthcare workers during the COVID-19 pandemic. From 22nd March 2020 to 18th June 2020, healthcare workers from the United Kingdom, Poland, and Singapore were invited to participate using a self-administered questionnaire comprising the Safety Attitudes Questionnaire (SAQ), Oldenburg Burnout Inventory (OLBI) and Hospital Anxiety and Depression Scale (HADS) to evaluate safety culture, burnout and anxiety/depression. Multivariate logistic regression was used to determine predictors of burnout, anxiety and depression. Of 3,537 healthcare workers who participated in the study, 2,364 (67%) screened positive for burnout, 701 (20%) for anxiety, and 389 (11%) for depression. Significant predictors of burnout included patient-facing roles: doctor (OR 2.10; 95% CI 1.49–2.95), nurse (OR 1.38; 95% CI 1.04–1.84), and 'other clinical' (OR 2.02; 95% CI 1.45–2.82); being redeployed (OR 1.27; 95% CI 1.02–1.58), bottom quartile SAQ score (OR 2.43; 95% CI 1.98–2.99), anxiety (OR 4.87; 95% CI 3.92–6.06) and depression (OR 4.06; 95% CI 3.04–5.42). Significant factors inversely correlated with burnout included being tested for SARS-CoV-2 (OR 0.64; 95% CI 0.51–0.82) and top quartile SAQ score (OR 0.30; 95% CI 0.22–0.40). Significant factors associated with anxiety and depression, included burnout, gender, safety attitudes and job role. The findings demonstrate a significant burden of burnout, anxiety, and depression amongst healthcare workers. A strong association was seen between SARS-CoV-2 testing, safety attitudes, gender, job role,

redeployment and psychological state. These findings highlight the importance of targeted support services for at risk groups and proactive SARS-CoV-2 testing of healthcare workers. It further recommended the use of patient safety teams, for example, can support the integration of human factors principles, such as effective communication, into organizational processes that will improve patient and staff safety. The use of such teams during a time of organizational change can help "design, adapt and reconfigure work systems, maximize individual and team performance under high-risk, high-stakes environments, while minimizing the introduction of new significant safety risks or unintended consequences into the work system". Similarly, institutions should boost and expand learning systems to capture risks and improvement opportunities, and leverage these to protect staff and patients. This is of particular importance given the limited evidence about the effects of Covid-19 on patients, staff and institutions.

III. COMPASSION FATIGUE

Recent researchers who examined compassion fatigue (the term originally coined by Joinson in 1992) has a combination of agreements and disagreements in defining it. On the one hand, Lavigne et al. (2019) agreed that "secondary traumatic stress" is its more user-friendly substitute. Occasionally, it is also known as "compassion stress". Compassion fatigue is labelled as an acute, affective phenomenon that creates high levels of stress for caregivers and in which caregivers' symptoms matches those of the original trauma of the victim such as avoidance, hyperarousal, numbing, sleep disturbances (Figley, 1995). Stamm (2010) viewed compassion fatigue in two dimensions; burnout and secondary traumatic stress, with burnout as a gradual accumulation of emotional exhaustion (Figley, 1995) and secondary traumatic stress as sudden and acute. Whether it is gradual accumulation or acute stress, compassion fatigue may be visible between a sudden exposure to traumatic or distressing event such as seeing a patient or a victim of a trauma showing distress and symptoms and it may also be visible to a person such as a police officer who experienced prolonged exposures to multiple traumas over time like handling reports of child abuse or rape. The Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM 5, 2013) did not specifically define and categorize compassion fatigue and secondary traumatic stress under any section in the manual. However, the researchers of this study took time to review the diagnostic criteria of Post-Traumatic Stress Disorder and Acute Stress Disorder under Section II Trauma- and Stressor- Related Disorder of the DSM 5 (2013) with an aim to examine facts that might support this study.

The difference between compassion fatigue and secondary traumatic stress is not clear. In some research, secondary traumatic stress is conceptualized as synonymous with compassion fatigue (e.g., Figley, 1993), as a sub-component of compassion fatigue (e.g., Stamm, 2010), or as a broader typology of stress that itself includes compassion

fatigue (e.g., Brown et al., 2017). For Newell et al., (2016) compassion fatigue is a divergent construct from secondary traumatic stress, suggesting secondary traumatic stress is a possible result of compassion fatigue. Moreover, some research describes compassion fatigue as cumulative and progressive rather than sudden and acute in nature (Cragun et al. 2016; & Samson et al. 2016).

For the purpose of this study, compassion fatigue is related to Covid-19 and it is defined as the normal, emotional response of an individual who witnessed a traumatizing event (Figley, 1995). It is maintained that individuals of which high levels of empathy and display frequent empathic response to patient's pain, suffering, and traumatic experiences are predisposed to experiencing compassion fatigue.

IV. COMPASSION FATIGUE AMONG NURSES

In a study done by Kim & Yang (2012), stress can be defined as a dynamic interaction between a person and the environment where situations are perceived as taxing, demanding the person's skills and abilities, or risking their well-being. For nurses, occupational stress is common and they are continually exposed to stressful events in their daily work. Also, they are at risk for the negative effects of stress referred to as compassion fatigue or secondary traumatic stress (Sabo, 2006). Since occupational stress is common to nurses, Yang & Kim (2012) categorized their participants into different nursing specialty units such as pediatric unit, emergency room, trauma unit, psychiatric unit, oncology unit, general wards, hospice unit, and so on. They reported that the level of compassion fatigue varies for nurses assigned in different nursing specialty units with Psychiatric and Trauma units reported to have high level or risk of 50-60%. This implies that the more the unit is exposed to stressful situations, the higher the risk of the nurses under that unit to report compassion fatigue. Additionally, factors associated with high compassion fatigue determined in five categories which are personal factors, professional factors, psychological factors, support factors, and coping factors. This study examined the overall research related to level of compassion fatigue, symptoms, and factors of nurses.

Compassion Fatigue among Healthcare, Emergency, and Community Workers

In a study done by Cocker & Joss (2016), professionals repeatedly exposed to the traumatic experiences of the people they service, such as healthcare, emergency and community service workers, are mostly vulnerable to developing compassion fatigue. This can influence standards of patient care, relationships with colleagues, or result to more serious mental health conditions such as posttraumatic stress disorder (PTSD), anxiety or depression. Additionally, it is worth noting that there is a lack of information and evidence about effective workplace based strategies to reduce compassion fatigue in these occupational groups via modifying its recognized individual and organizational risk factors. This study examines the evidence on and effectivity

of interventions to reduce compassion fatigue in healthcare, and emergency and community service professionals.

Compassion Fatigue among Palliative Care Health Providers

Palliative care health providers are professionals such as medical, nursing, and allied health care professionals who are assigned to support people or patients with life-threatening conditions and improve their quality of life. They have specific knowledge, skills, expertise, and competencies in providing care for people living with a life-limiting illness and their families. In a study of Baqeas et al. (2021), prolonged contact with patients under palliative care predisposes palliative care health providers to emotional and psychological distress such as compassion fatigue. The researchers reported that working with dying patients could contribute to compassion fatigue as well as contribute to physical and emotional among palliative care health providers. Additionally, working with dying patients affects many dimensions concerning mental health including feelings of guilt, sadness, crying, thinking of death, remembering personal experiences with death, isolation, and grief. This study reviews the available literature on compassion fatigue and compassion satisfaction among palliative care health providers caring for adult patients.

Compassion Fatigue among Social Work Students

In a study of Brice et al. (2014) that investigated the psychological impact of compassion fatigue and compassion satisfaction on social work students in field placements as compared with employed human service professionals, it was reported that social work students experienced a lower level of compassion fatigue than the professionals. Although the students' "inexperience" at work might contribute to the compassion fatigue that they experienced, the higher level of compassion fatigue experienced by the professionals might be the result of cumulative and ongoing exposure to secondary trauma. Additionally, students with lower levels of compassion fatigue experienced higher levels of compassion satisfaction whereas students with higher levels of compassion fatigue had lower levels of compassion satisfaction. Finally, this study reported that compassion satisfaction can help to mitigate the negative impact of compassion fatigue.

Compassion Satisfaction

The Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM 5, 2013) did not specifically define and categorize compassion satisfaction under any section in the manual. However, the researchers of this study took time to review other factors associated with compassion satisfaction such as compassion fatigue, trauma, burnout, and among others with an aim to examine facts that might support this study. Since compassion fatigue is not also defined and categorized in any section of the the DSM 5 (2013), the researcher of this study took time to verify the definition of trauma which is an event that involves "actual or threatened death, serious injury or an equivalent threat, or extreme helplessness, fear, and terror" and includes vicarious

experiences in the definition of traumatic events. According to the professional quality of life model, professionals engaged in helping others, including trauma nurses, experience compassion satisfaction (positive aspect) and compassion fatigue (negative aspect) due to working with patients who have experienced a traumatic event. Compassion satisfaction refers to emotional satisfaction, such as the joy and pleasure resulting from helping other people based on proficient nursing knowledge, and the positive feeling that one can do well in their social relationships, as well as relationships with colleagues. Moreover, compassion satisfaction can be interpreted as an emotional state that lessens secondary traumatic stress and can reduce and even prevent burnout.

For the purpose of this study, compassion satisfaction is defined as the gratification that an individual gains from the act of helping itself (Stramm, 2012). Compassion satisfaction in this study is then the pleasure and satisfying feeling that is derived from helping others. Many people, such as those in the medical field, enter these types of fields because they have empathetic attitudes for others' pain as well as a strong desire to assist in easing their suffering. The researchers of this study will focus compassion satisfaction in relation to the current pandemic of Covid-19 that medical frontliners are currently experiencing.

Compassion Satisfaction among Nurses Working In Trauma Centers

In a study conducted by Lee, H. et al. (2021) that examined the compassion satisfaction, secondary traumatic stress, and burnout among trauma nurses to identify the predictors of burnout, it was reported due to the nature of their work, trauma nurses are open to traumatic situations and regularly experience burnout. Also, compassion satisfaction and secondary traumatic stress significantly predicted nurses' burnout, with compassion satisfaction being the most potent predictor. Additionally, results reported that nurses with high job satisfaction, high compassion satisfaction, and low secondary traumatic stress tend to experience less burnout than their counterparts. This implies that there is a negative relationship with compassion satisfaction and compassion fatigue as well as secondary traumatic stress and burnout.

Compassion Satisfaction among First Responders

In a study conducted by Lancaster et al. (2020), it was reported that first responders are at higher risk for psychological distress from regular exposure to potentially traumatic events. It was hypothesized that self-compassion may safeguard against the negative impact of these stressors, and the potential emotional challenges of having high levels of compassion for others. Though it was noted that little is known about the psychological impact of compassion in first responders, researchers examined how self-compassion, compassionate love for others, and service role interacted to predict mental health in a diverse group of first responders. Results reported that greater self-compassion and compassionate love both independently predicted less

depersonalization. On one side, greater self-compassion predicted less general psychological distress, post-traumatic stress, secondary traumatic stress, and emotional exhaustion predicted greater resilience and life satisfaction. On the other side, greater compassion love predicted greater personal accomplishment and compassion satisfaction for all first responders. Overall, the researchers concluded that self-compassion and compassionate love play important roles in promoting mental health among first responders. Programs designed to increase compassion could be helpful in this population.

Medical frontliners are more exposed to compassion fatigue, burnout, and anxiety. However, by implementing programs and interventions designed to promote compassion satisfaction lessens the negative impacts of compassion fatigue, burnout, and anxiety.

V. METHOD

Research Design

The research will investigate the levels of anxiety, burnout, compassion satisfaction and compassion fatigue among healthcare workers. This study is a quantitative research. Also this is a descriptive research in assessing the level of anxiety, burnout, compassion fatigue and compassion satisfaction among the health care workers in Northern Mindanao particularly to some hospitals in Iligan City and its neighboring hospitals. This research will also correlate anxiety and compassion fatigue, anxiety and compassion satisfaction, burnout and compassion fatigue, burnout and compassion satisfaction,

Research Environment

The study will be conducted through online tests with the permission from the management of Iligan Medical Center Hospital. The hospital involved in the study caters COVID-19 patients whether suspected, probable or confirmed cases. This hospital is accepting COVID -19 patients since it is a level 2 hospital, which is allowed to accept from mild to critical COVID patients. One of the proponent of this research is presently working at the Human Resource and Management Department of Iligan Medical Center Hospital and has previously served as the Philippine Hospital Association-Iligan Chapter secretary.

Respondents and Sampling Procedure

The respondents will be coming from Iligan Medical Center Hospital. A total of one hundred (100) respondents will be randomly sampled from the total population of HCWs for the hospital. In compliance with all the legal and ethical standards, all HCWs names will no longer be required in the conduct of online test. Random sampling will be used to determine the HCWs who will be participating in the study.

Data Gathering Procedures

In this time of the pandemic, the gathering of date will be through online platforms such as editable google forms wherein participants can easily access the set of questionnaires with different set of variables are included in the study. The researchers will also write letter of communications to the Medical Director of Iligan Medical Center Hospital to seek for approval to conduct an online research among its staff nurses. During the gathering of data, the researchers shall follow all necessary ethical protocols, assuring the participants of confidentiality. This research shall also provide informed consent forms. In the forms, the purpose of the study, procedures followed, duration of the study, possible risks and discomforts, confidentiality clause, and rights of the participants shall be discussedData collected will then be statically treated based on the design of this research and will be incorporated in the results and discussions.

Instruments

Coronavirus Pandemic Anxiety Scale (CPAS-11). COVID anxiety was assessed using Coronavirus Pandemic Anxiety Scale (CPAS-11). CPAS-11 is a screening tool to identify individuals experiencing COVID-19-related anxiety. 11 items indicated one coronavirus-pandemic-anxiety factor and a two-factor model where five items indicated the somatic coronavirus-pandemic-anxiety factor and six items indicated the non-somatic coronavirus-pandemic-anxiety factor.

Professional Quality of Life Scale (ProQOL). Burnout, Compassion Satisfaction and Compassion Fatigue. Burnout, Compassion Satisfaction and Compassion Fatigue was assessed using Professional Quality of Life Scale (ProQOL). The 30 items are rated from 1 or never to 5 or very often. The respondents are asked to select the number which best indicates their feelings about each item. The total rate with its corresponding interpretations are as follows. To find score for compassion satisfaction, compassion fatigue and burnout 22 or less for low, between 23 and 41 for average and 42 or more for high.

Ethical Considerations

Informed Consent. In this study, only legally adult nurses with 18 years old and older, were considered as participants. Participation on this study was purely voluntary. All participants were given informed consent before the study started. They were also informed about the nature of the study and their role in it. In the course of data gathering specifically while answering the tools used in this study may cause the participants to relieve unwanted experiences and the memories and emotions associated with it. Thus, the participants had the option to decline, to withdraw from the study, to stop at any time, and to refuse to answer any question they do not wish to answer. Doing any of the aforementioned actions did not result to demerits to their key performance indicators, loss of benefits, deduction to salary or compensations, or any employee repercussions.

Confidentiality. All raw and any unprocessed data gathered will be kept in locked cabinets and password-protected personal computers of the researchers. No other individual aside from the researchers will gain access on to raw and unprocessed data that shows the identity and personal information of the participants. However, the transformed and processed data, data without names or identification, will be stored for five years to allow comparison on the levels of anxiety, burnout, compassion fatigue, and compassion satisfaction.

VI. RESULTS

The presentation of the results is organized based on the order of the research problems stated in the Introduction.

Problem 1. What is the mental health of nurses working in a medical health facility in Iligan Medical Center Hospital? Based on the scoring, the level of anxiety is severe, the level of burnout is average, the level of compassion fatigue is average and the level of compassion satisfaction is also average.

A Pearson's product-moment correlation was run to assess the relationship among the variables to answer problems 2, 3, 4, and 5. Figures are shown below

Correlations

		ANX	BurnOut	CP	CS
ANX	Pearson Correlation	1	.363**	.570**	.067
	Sig. (2-tailed)		.000	.000	.504
	N	102	102	102	102
BurnOut	Pearson Correlation	.363**	1	.529**	.530**
	Sig. (2-tailed)	.000		.000	.000
	N	102	102	102	102
CP	Pearson Correlation	.570**	.529**	1	.124
	Sig. (2-tailed)	.000	.000		.214
	N	102	102	102	102
CS	Pearson Correlation	.067	.530**	.124	1
	Sig. (2-tailed)	.504	.000	.214	
	N	102	102	102	102

**. Correlation is significant at the 0.01 level (2-tailed).

Problem 2. What is the relationship between compassion fatigue and anxiety?

It can be drawn from the table that there was a statistically significant, positive correlation between compassion fatigue and anxiety, $r(100) = .570, p < .001$, with compassion fatigue explaining 32% of the variation in anxiety. Therefore, null hypothesis 1 is rejected.

Problem 3. What is the relationship between compassion fatigue and burnout?

It can be drawn from the table that there was a statistically significant, positive correlation between compassion fatigue and burnout, $r(100) = .529, p < .001$, with compassion fatigue explaining 28% of the variation in burnout. Therefore, null hypothesis 2 is rejected.

Problem 4. What is the relationship between compassion satisfaction and anxiety?

It can be drawn from the same table that there was no statistically significant and no correlation between compassion satisfaction and anxiety, $r(100) = .067, p < .001$. Therefore, the researchers cannot reject null hypothesis 3.

Problem 5. What is the relationship between compassion satisfaction and burnout?

It can be drawn from the table that there was a statistically significant, positive correlation between compassion fatigue and burnout, $r(100) = .530, p < .001$, with compassion fatigue explaining 28% of the variation in burnout. Therefore, null hypothesis 4 is rejected.

In this time of the pandemic, anxiety (COVID anxiety) among healthcare workers is one of the major concerns that they are facing right now. At some point, it has prevented them from fully functioning as a healthcare worker and as an individual. The fear of getting infected from the virus and as well as infecting their loved ones and some of other underlying causes of their anxiety has caused trouble particularly in the performance of their duty. This research also assessed their levels of compassion fatigue, compassion satisfaction and burnout, thus also establishes significant relationship among variables. Specifically, this study aims to investigate the mental health status of healthcare workers particular to the nursing work force working in a medical health facility Iligan City.

Unanimity among the various literature regarding the levels of anxiety, fatigue, and burnout among healthcare workers were found out in this research. Most of the variables mentioned above were found to be significant, except for compassion satisfaction and anxiety. Compassion fatigue and anxiety were found to be positively correlated. HCWs' normal, emotional response of an individual who witnessed a traumatizing event experienced by a significant other is completely associated with the HCWs COVID anxiety which includes some of these symptoms: avoidance, compulsive-symptom checking, apprehension, threat monitoring; avoidance of social situations – as defined in this research. Compassion fatigue is defined as also positively correlated with burnout – being part of compassion fatigue's dimension. HCWs' state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations has been seen to be associated with the traumatizing or stressful events that they have been facing in their day-to-day work, such as treating COVID patients from mild to critical. Compassion satisfaction and burnout – as defined above, were also found to be positively correlated. HCWs' gratification that an individual gain from the act of helping itself is associated with burnout. Despite the HCWs' pleasure and satisfying feeling in helping their patients recover, the emotional exhaustion that they had also went together with their sense of gratification of serving others in this time of the pandemic. Compassion satisfaction and anxiety do not

correlate. HCWs' sense of gratification cannot be associated with the COVID anxiety that HCWs are experiencing. Despite the impending threats and unknown future as to what might happen to them during their service (whether they might be infected or not), their sense of duty towards others is still present among them.

VII. RECOMMENDATIONS

On the basis of the findings and conclusions. The following recommendations are advanced: For the Nursing Service Department, to conduct webinars, or information drive among its staff on the effects and ways to cope up with anxiety, burnout, and fatigue; facilitate mental health activities within hospital premises or along duty hours to give the nurses an opportunity to relax, and to vent out whatever may be stressing them during their shifts; and organize support groups within the hospital by conducting focus group discussions. For the Human Resource and Management Department: to establish specific hospital policies and procedures in addressing the mental health of its employees; to provide psychological assessments to its health care workers either by outsourcing competent professionals or through its resident health care professionals; to do monitoring on the mental health status of its employees by conducting online survey and assessments. For Future Researchers: to conduct comparative research using similar variables between public and private hospitals; to conduct in-depth research by using another method such as qualitative data gathering; to Explore other variables and other participants that may be added particularly in this time of pandemic which rarely happens in a century; to explore other instruments in measuring anxiety, burnout and fatigue among health care workers.

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