

PERCEPTIONS AND EXPERIENCES OF CRITICAL CARE NURSES ON COMPASSION FATIGUE IN THE COVID-19 PANDEMIC: A QUALITATIVE STUDY

COVID-19 PANDEMİSİNDE YOĞUN BAKIM HEMŞİRELERİNİN MERHAMET YORGUNLUĞUNA İLİŞKİN ALGI VE DENEYİMLERİ: NİTEL BİR ÇALIŞMA

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ABSTRACT

Purpose: The aim of the qualitative study of the phenomenological type; is to determine the perceptions and experiences of critical care nurses regarding compassion fatigue in the COVID-19 pandemic.

Methods: The study was conducted with 9 nurses working in the adult intensive care units of a hospital caring for COVID-19 patients in Istanbul in May 2021. Data were collected using a semi-structured interview form and by conducting focus group interviews with nurses. Content analysis was used to evaluate the data. Three main themes and twelve sub-themes were determined as administrative problems in the COVID-19 pandemic and the positive and negative effects of the COVID-19 pandemic on critical care nurses.

Results: The difficulties experienced by critical care nurses in teamwork, managerial problems, motivating patients and colleagues, improvement in empathy skills, asocial and isolated life, fears, ethical dilemmas, unknowns, burnout, and compassion fatigue that developed against themselves and their feelings about their struggle during the pandemic process and expressed their experiences.

Conclusion: It was seen that the COVID-19 pandemic has caused physical, psychosocial, and politico-economic effects, especially burnout in critical care nurses. It is recommended that these effects be noticed, and necessary improvements should be made in employee personal rights and psychological support should be provided.

Keywords: COVID-19, compassion fatigue, critical care nursing

ÖZET

Amaç: Fenomenolojik tipteki nitel çalışmanın amacı; COVID-19 pandemisinde yoğun bakım hemşirelerinin merhamet yorgunluğuna ilişkin algı ve deneyimlerini belirlemektir.

Yöntem: Araştırma, İstanbul'da COVID-19 hastalarına bakım yapan bir hastanenin yetişkin yoğun bakım ünitelerinde çalışan 9 hemşireleriyle Mayıs 2021 tarihinde gerçekleştirildi. Veriler yarı yapılandırılmış görüşme formu kullanılarak ve hemşirelerle odak grup görüşmesi yapılarak toplandı. Verilerin değerlendirilmesinde içerik analizi kullanıldı. COVID-19 pandemisinde yönetsel sorunlar, COVID-19 pandemisinin yoğun bakım hemşireleri üzerindeki olumlu etkileri ve COVID-19 pandemisinin yoğun bakım hemşireleri üzerindeki olumsuz etkileri olmak üzere üç ana tema ve on iki alt tema belirlendi.

Bulgular: Yoğun bakım hemşireleri ekip çalışmasında yaşadıkları zorluklar, yönetsel sorunlar, hastaları ve meslektaşlarını motive etme, empati becerilerinde gelişme, asosyal ve izole hayat, korkular, etik ikilemler, bilinmezlikler, tükenmişlik, kendilerine karşı gelişen merhamet yorgunluğu ve pandemi sürecinde vermiş oldukları mücadeleye ilişkin duygu ve deneyimlerini ifade ettiler.

Sonuç: COVID-19 pandemisinin yoğun bakım hemşirelerinde tükenmişlik başta olmak üzere fiziksel, psikososyal ve politiko-ekonomik etkilere yol açtığı görülmektedir. Bu etkilerin fark edilerek özlük haklarında gerekli iyileştirmelerin yapılması ve psikolojik desteğin sağlanması önerilmektedir.

Anahtar Kelimeler: COVID-19, merhamet yorgunluğu, yoğun bakım hemşireliği

INTRODUCTION

The concept of compassion fatigue (CF) was explained as "a state of tension and anxiety related to individual or cumulative trauma narratives, including the effects of cumulative stress/burnout, which manifests itself in one or more ways such as reexperiencing traumatic events, avoiding reminders of traumatic events, or sustained arousal" by Figley (Figley, 2002a). The concept of CF was first discussed by Joinson (1992) in the field of nursing in a study to determine the burnout levels of nurses working in the emergency room. In the research, it is stated that the nurses internalize the trauma they have experienced in the individuals they care for and as a result they experience burnout.

Although CF is a common problem in all disciplines helping traumatized individuals (Injeyan et al., 2011; Stamm, 2002; Wee and Myers, 2003) it was expressed as "the cost of nursing care" in the nursing profession (Figley, 2002b). Since nurses working in emergency departments, intensive care units, oncology clinics and nursing homes are exposed to long-term and repetitive stressors, CF is more common (Hooper et al., 2010; Yoder, 2010). The situation causes physical and emotional exhaustion in nurses, it also causes loss of empathy and depersonalization (Coetzee and Klopper, 2010). Nurses, who become with CF have difficulty in connecting to their jobs and it is not possible to establish a strong bond or maintain quality of patient care. This needs to state that 'compassion fatigue may create difficulties' people with CF may still be able to give to their patients and work though it is at a high cost to self (Maiden et al., 2011; Romano et al., 2013).

Coronavirus 2019 (COVID-19) has been a global problem that has seriously threatened public health and causes psychosocial and economic disruptions that lead to deaths (Fernandez et al., 2020). At the beginning of the pandemic, healthcare professionals were inadequate and unprotected due to their little knowledge of the disease, the faster-than-expected spread of COVID-19, the increase in the number of cases and workload, and the problems in the supply of personal protective equipment (Ng et al., 2020; Schwartz et al., 2020; Zhu et al., 2020).

Critical care nurses are responsible for the physical cares and psychological support of the patients (Kıraner and Terzi, 2020). They are near patients and have the most communication. They have continued to work closely during all public health crises including COVID-19, SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome) seen in recent years (Catton, 2020; Kıraner and Terzi, 2020; Lai et al., 2020; Mason et al., 2020; TNA, 2021).

The COVID-19 pandemic process has physical, psychosocial, and politico-economic effects, especially burnout, on critical care nurses (Jiang et al., 2020; Kıraner and Terzi, 2020). There is a relationship between rates of burnout and increased workload and long durations of time in personal protective equipment (PPE). Literature has also shown that critical care nurses are worried and afraid of infection their families and others (Kıraner and Terzi, 2020).

Purpose of The Study

The aim of the qualitative study of the phenomenological type; is to determine the perceptions and experiences of critical care

nurses regarding compassion fatigue in the COVID-19 pandemic.

Research Questions

1. What are the perceptions and experiences of critical care nurses regarding compassion fatigue in the COVID-19 pandemic?

MATERIAL AND METHOD

Study Design and Sample

The phenomenological method was used in the study. It was carried out to determine the perceptions and experiences of critical care nurses regarding compassion fatigue during the COVID-19 pandemic. It was conducted in the adult intensive care units of a hospital in Istanbul that was caring for COVID-19 patients in May 2021. The population of the study consisted of critical care nurses (N=363) working in the hospital that was caring for COVID-19 patients. There are no specific rules regarding the determination of sample size in qualitative studies (Polit and Beck, 2004). For this reason, the purposive sampling method was used in sample selection. The nurses who met the inclusion criteria and voluntarily agreed to participate in the study constituted the sample of the study (n=9). The focus group interview was concluded with 9 nurses because of the repetition of the data in the study, the absence of new findings and the attainment of data saturation.

Inclusion and Exclusion Criteria

The critical care nurses who were 18 years of age and older, had no communication and perception problems, and voluntarily agreed to participate in the study were included in the study. Participants who did not meet these criteria were excluded from the study.

Data Collection Tools

Data were collected using the “Socio-Demographic Characteristics Questionnaire” and “Semi-Structured Interview Form”.

Socio-Demographic Characteristics Questionnaire

The questionnaire which was prepared by the researchers in line with the literature (Dinç and Ekinçi, 2019; Şeremet and Ekinçi, 2021) to define the socio-demographic characteristics of the critical care nurses participating in the study, consists of 5 questions (gender, age, educational status, professional experience, infected with COVID-19).

Semi-Structured Interview Form

The "Semi-Structured Interview Form", which includes 4 main questions developed by the researchers, was used to be used in focus group interviews. Opinions were received from five experts on the questions.

The questions in the semi-structured interview form;

1. How has your professional and daily life been affected during the pandemic process? Could you tell us a little bit?
2. Were there times when you felt exhausted, helpless, and tired with the pandemic? Could you share how you felt?
3. What were the negative experiences you remember/had with patients during the pandemic process? How did it affect your professional and daily life?
4. What were the positive experiences you remember/had with patients during the pandemic process? How has it affected your professional and daily life?

Follow up questions were asked to reassure the participants and deepen the interview. Interview

techniques such as summarizing, reflecting emotions, and making explanations were used during the interview.

Data Collection

The nurses working in intensive care units were listed and invited to the study. Written and verbal consent was obtained from them. The “Socio-Demographic Characteristics Questionnaire” was administered face-to-face during the interview. Due to the pandemic, the meeting was held online. To prevent data loss, the focus group discussion was started after the participants were informed that audio and video recording would be taken.

During the interview, the data were collected using the "Semi-Structured Interview Form". An environment was provided for the participants to express themselves freely without interfering or making comments. Apart from the researcher who conducted the interview (moderator), one of the researchers took note of the answers of the participants, while the other researcher observed the reactions and expressions of the participants. 110 minutes were allocated for the focus group discussion. After the interview, the images, audio recordings, answers of the participants and observer notes were kept by the researchers. After listening to the interview recordings, they were transcribed, and 26 pages of written documents were obtained.

Ethical Dimension

Ethical permission for research from the Ministry of Health Scientific Bakırköy Dr Sadi Konuk Training and Research Hospital Clinical Research Ethics Committee (Date: 05.04.2021 and 2021-07-40), work permit from the Ministry of Health Scientific Research Platform (2021-06-19T23_39_30), institution from the institution where the study was conducted. Permission to use the scale was obtained from

the authors, and verbal and written consent were obtained from the nurses participating in the study. Participants were advised they could withdraw from the research at any time. To ensure confidentiality the names of participants were not written, and participants were named according to the chronological number they were engaged.

Data Analysis

The content analysis method developed by Colaizzi was used in the analysis of the data obtained from the focus group discussion with the participants (Abalos et al., 2016).

Reliability and Validity of The Study

The nature of qualitative studies, the results cannot be generalized since they present the depth, intensity and subjective processes related to the cases, and they are conducted with small samples or small study groups (Baltacı, 2018; Baltacı, 2019; Teddlie and Yu, 2007).

Internal validity was provided to the critical care nurses who participated in the study voluntarily about the purpose of the study and research questions, and external validity was ensured by including the participants in the study in accordance with the purpose with the purposive sampling method.

To increase the credibility in explaining the concepts and themes that emerged from the data, quotations were made from the statements of the participants. The participants of the study were contacted again and asked about the suitability of the themes created.

Limitations of The Study

The results obtained from the study cannot be generalized because it is a qualitative study.

RESULTS

The socio-demographical characteristics of the participants were of the participants are presented in Table 1.

Table 1. Socio-Demographical Characteristics of The Participants (n=9)

Participant	Gender	Age (Year)	Educational Status	Professional Experience	Infected with COVID-19
Participant 1	Female	30	Graduate	11 years +	Yes
Participant 2	Female	27	Undergraduate	6-10 years	Yes
Participant 3	Male	27	Graduate	6-10 years	Yes
Participant 4	Female	24	Undergraduate	1-2 years	Yes
Participant 5	Male	26	Undergraduate	3-5 years	No
Participant 6	Female	23	Undergraduate	1-2 years	Yes
Participant 7	Female	27	Undergraduate	3-5 years	No
Participant 8	Female	27	Graduate	6-10 years	Yes
Participant 9	Female	30	Undergraduate	3-5 years	Yes

Themes and Sub-Themes

The study focused on the administrative problems in the COVID-19 pandemic, the positive effects of the COVID-19 pandemic on critical care nurses, and the impact of the

COVID-19 pandemic on critical care nurses. Three main themes and twelve sub-themes were identified as negative effects (Table 2).

The opinions of the participants on the themes are given in Figure 1, Figure 2 and Figure 3.

Table 2. Themes and Sub-Themes Obtained From The Focus Group Interview (n=9)

Themes	Sub-themes	Discourse numbers
1.Administravite problems in COVID-19 pandemic	The challenges of redeployment and not knowing other staff	4
	Lack of remuneration and feeling exploited	11
2. Positive effects of the COVID-19 pandemic on critical care nurses	Motivating teammates and patients	12
	Empathy-Sympathy	16
3. Negative effects of the COVID-19 pandemic on critical care nurses	Feeling Dirty/Infected	2
	Fear	17
	Humanity Needs Us	4
	Ethical Dilemmas	6
	Antisocial Life	8
	Self Compassions Fatigue	7
	Obscurity	8
	Burnout	8

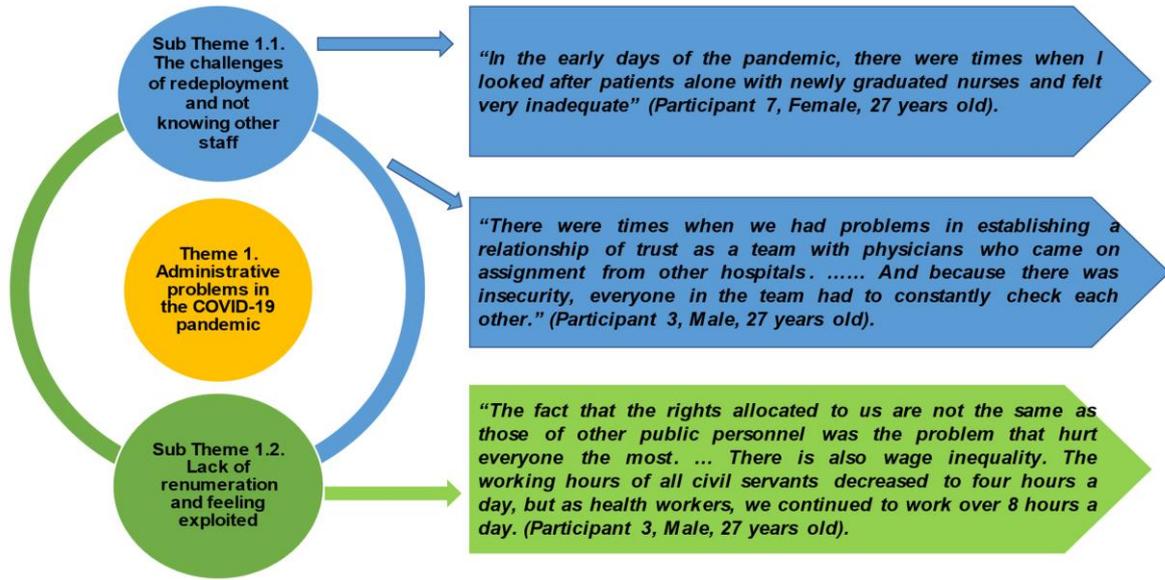


Figure 1. The opinions of the participants on the theme "Administrative problems in the COVID-19 pandemic"

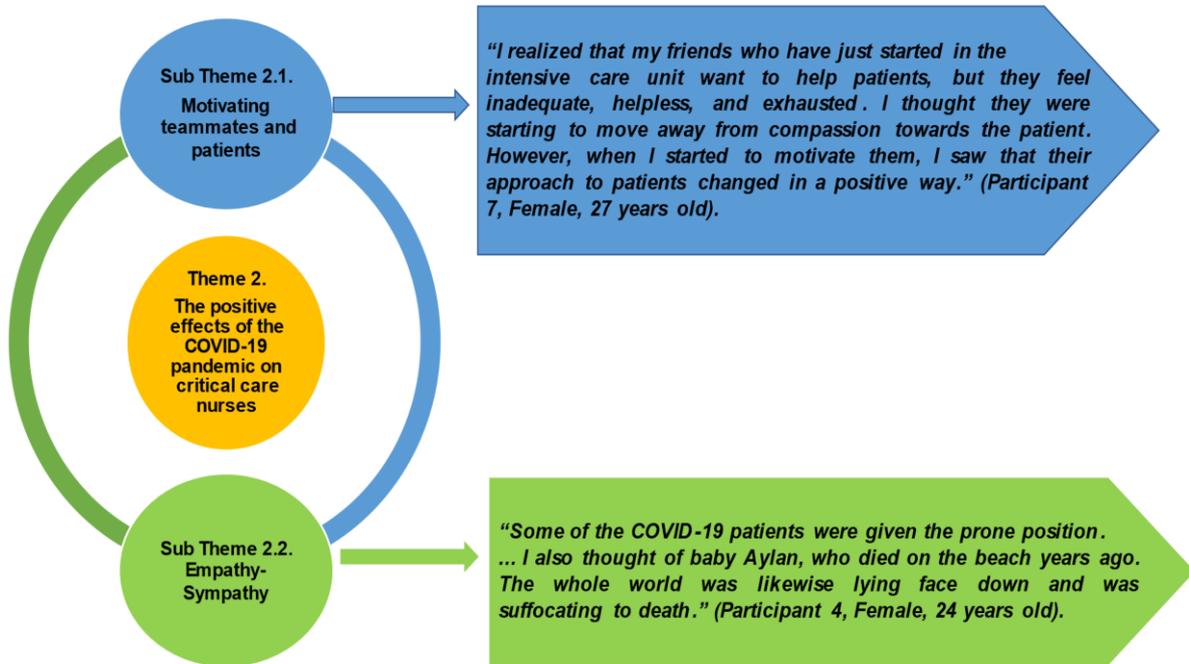


Figure 2. The opinions of the participants on the theme "The positive effects of the COVID-19 pandemic on critical care nurses"

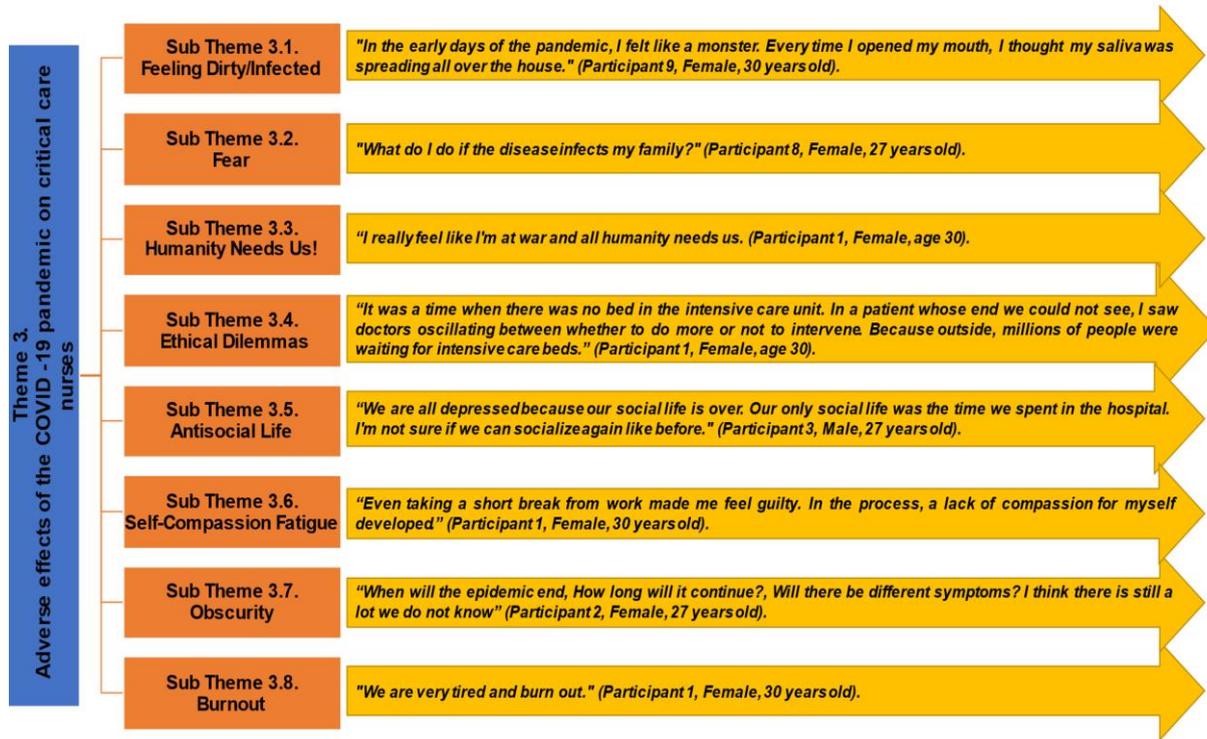


Figure 3. The opinions of the participants on the theme “Adverse effects of the COVID-19 pandemic on critical care nurses”

Theme 1. Administrative Problems in The COVID-19 Pandemic

Administrative experiences and problems of intensive care nurses during the pandemic were discussed.

Sub Theme 1.1. The challenges of redeployment and not knowing other staff

Critical care nurses stated that their workload increased during the pandemic process, and they had to work with nurses and physicians who had just graduated and/or had no critical care experience. They reported the problems that experienced in teamwork.

Sub Theme 1.2. Lack of remuneration and feeling exploited

Critical care nurses stated that they could not get enough support from the management during

the pandemic process that they were alone in this process, and that the lack of improvement in employee personal rights such as overtime, working hours and wages reduced their motivation and felt worthless.

Theme 2. The Positive Effects of The COVID-19 Pandemic on Critical Care Nurses

The positive experiences of critical care nurses with patients and colleagues during the pandemic were discussed.

Sub Theme 2.1. Motivating teammates and patients

Critical care nurses stated that tried to encourage their newly graduated colleagues, to communicate more with patients who could not meet with their families / relatives due to the

pandemic, and to provide psychological support.

Sub Theme 2.2. Empathy-Sympathy

Critical care nurses reported that they and their family/relatives had COVID-19. They stated that this situation led them to realize the importance of communication with their patients, to know themselves better spiritually, to develop their empathy skills and to show more compassion towards their patients.

Theme 3. Adverse Effects of The COVID-19 Pandemic on Critical Care Nurses

The negative experiences of critical care nurses with themselves, their patients and colleagues during the pandemic were discussed.

Sub Theme 3.1. Feeling Dirty/Infected

Critical care nurses reported that they felt dirty and infected, especially at the beginning of the pandemic, so they gave more importance to cleaning.

Sub Theme 3.2. Fear

The emotion most frequently repeated (17 times) by the critical care nurses was fear. They stated that they were afraid of catching the disease again, of infecting their families, friends, and relatives, and of not being with their families at the time of the disease. In addition, while saying that everything is returning to normal during the pandemic process, the critical care nurses also expressed their fear that the pandemic will never end, due to the increase in the number of cases and the ever-changing processes.

Sub Theme 3.3. Humanity needs us!

Critical care nurses compared the experiences during the pandemic process as if they were

involved in a war and stated that they felt that they needed to help everyone, and that humanity needed them.

Sub Theme 3.4. Ethical dilemmas

It was stated that due to the increasing number of cases during the pandemic process, it was sometimes difficult to find a place in the intensive care units, and therefore there was hesitation about whether to intervene in the patients.

Sub Theme 3.5. Antisocial life

Due to the restrictions taken due to the pandemic and the fear of contracting the disease, critical care nurses stated that their social lives were restricted, and they even isolated themselves and tried to prevent the disease from infecting their families.

Sub Theme 3.6. Self-compassion fatigue

While the participants stated that they were more compassionate towards their patients and worked selflessly during the pandemic period, they neglected themselves more and postponed even their basic needs during their shifts.

Sub Theme 3.7. Obscurity

Participants stated that they were involved in a pandemic for the first time in their lives, that they did not know who and how to cope with, that they knew the disease over time, but there were still unknowns about this disease.

Sub Theme 3.8. Burnout

Another issue that the participants mentioned the most (8 times) after fear was burnout.

DISCUSSION

The COVID-19 pandemic had negative effects on health professionals as well as the society. One of the health professionals most affected by these negative effects is critical care nurses. While critical care nurses were managing the treatment and care of an epidemic disease for which they had little knowledge about the mode of transmission, its effect, treatment and how to combat it, they became the one-to-one practitioners of high-risk interventions in terms of the risk of transmission (Kıraner and Terzi, 2020; Yüncü and Yılan, 2020). During the pandemic, while critical care nurses were trying to maintain their patients' treatment and care with a compassionate approach, they were also exposed to traumatic processes such as breathing difficulties, pain and suffering, and death. Long-term and repeated exposure to traumatic processes creates an emotional burden on nurses and causes compassion fatigue (Durmuş, 2018; Şirin and Yurttaş, 2015).

During the pandemic process, more critical care nurses were needed due to the increase in the number of patients followed in the critical care unit in our country as well as all over the world. For this reason, it has been tried to increase the number of critical care nurses by employing nurses with or without critical care experience from other clinics to work in the critical care unit in our country, with new appointments. Due to the pandemic conditions, the nurses had to be assigned one-on-one to urgently continue the treatment and care of the patients before they could be orientated to the critical care units. Experienced critical care nurses, on the other hand, experienced burnout because they were working with newly graduated/inexperienced colleagues during this process and could not fully perform the

treatment and care of the patients they followed (Kıraner and Terzi, 2020).

The pandemic has had positive as well as negative effects on nurses. It was reported in the literature for the first time that during the pandemic, nurses were strongly interlocked and supported each other in the fight against the epidemic (Okuyan et al., 2020; Yüncü and Yılan, 2020). In the study, nurses reported that they had to work with nurses who had no previous critical care experience or had recently graduated. Nurses stated that while they were taking care and follow-up of their own patients, they had difficulties in orienting newly graduated or inexperienced nurses to the intensive care unit. The results of the research support the literature.

Okuyan et al. (2020) in their study, critical care nurse states that applauding is not enough as a response to their struggle during the pandemic process and that their problems regarding employee personal rights continue. In the study of Karasu and Çopur (2020) reported that there are differences in the employee personal rights of critical care nurses in their study and that those with chronic diseases are allowed in other institutions. In the study of Yüncü and Yılan (2020), nurses stated that there were changes in working conditions (intensity, flexible working hours, shift system, cancellation of leave and emergency call) during the pandemic process. They report that they do not receive any payment or reward despite the increasing workload and that their work is not noticed by their managers. In the research, critical care nurses stated that they could not receive sufficient administrative support during the pandemic process, that they were alone in this process, and that the lack of improvement in their employees' personal rights (overtime, wage, etc.) lowered their motivation and made

them feel worthless. The results of the research are consistent with the studies (Karasu and Çopur, 2020; Okuyan et al., 2020; Yüncü and Yılan, 2020) reported in the literature.

Okuyan et al. (2020) in their study, critical care nurses stated that they were with their patients as nurses during the pandemic process because they could not meet with their families/relatives, and they shared the happiness of the recovered patients together. Karasu and Çopur (2020) in their study, they reported that during the pandemic period, nurses were with the patients even at the time of death and did not leave the patients alone (Karasu and Çopur, 2020). The vast majority (n=7) of the critical care nurses participating in the study stated that at least one of their family and/or relatives had COVID-19 disease. Nurses reported that they empathized more with patients because they or their family/relatives had the disease, and they tried to provide psychological support by being with their patients who could not meet with their families/relatives. Although the results of the research are like the literature, it can be said that nurses approach their patients with more empathy during the pandemic process.

Karasu and Çopur (2020) in their study, they state that health professionals are treated like the plague and avoided during the pandemic process. According to Yüncü and Yılan (2020), nurses report that their friends who are not healthcare professionals' distance themselves from them. The nurses stated that in the early days of the pandemic, their friends outside the hospital avoided meeting them, and therefore they felt dirty and like the plague. The results of the research support the literature.

Okuyan et al. (2020) according to their study the critical care nurse stated that she was more afraid of infecting her family than infecting

herself. It has been reported that the fear of contamination added to the increasing workload causes nurses to experience burnout.

In the light of Karasu and Çopur (2020) in their study, the critical care nurse states that in addition to similar fears, she also experiences fear of death because her colleagues have lost their lives due to illness. Although the results of the research are in line with the literature, fears such as getting the disease again, not being with one of the family members when they are sick, and not being able to see the end of the pandemic were also expressed by the nurses. Inbound of Yüncü and Yılan's (2020) research, nurses report that they isolate themselves from their families in order not to infect their families with the disease. The results of the research are also in line with the literature, and the nurses stated that they restricted their social lives due to the restrictions applied due to the pandemic and their fear of transmitting the disease to their families/relatives.

In the studies where the experiences of critical care nurses regarding the pandemic are shared, it is stated that the pandemic process is likened to war and that nurses are at the forefront of this war (Karasu and Çopur, 2020; Okuyan et al., 2020). Karasu and Çopur (2020) in their study, "I believe that the nurse's duty is to provide quality care to their patients and not to abandon them no matter what. I wish myself "luck" in fulfilling this task." expressed their sentences. The results of the research were like the literature, and the nurses compared the pandemic process to war and reported that they were at the forefront of this war and that humanity needed them.

During the pandemic, healthcare professionals faced ethical dilemmas while trying to maintain the treatment and care of patients with limited resources. Despite the increase in the patient

and workload, the number of beds in the critical care unit and the number of experienced critical care nurses remained insufficient. To solve these problems, practices such as transferring patients with stable general conditions to services and giving more work to inexperienced nurses were included.

In addition, the patient and/or relatives' refusal of treatment and their demand for discharge despite the risk of life have caused many ethical problems. Due to their duties, authorities and responsibilities, nurses should consider ethical principles to make the right decision in ethically complex situations (Leblebicioğlu and Aktaş, 2020). While the number of countries where the decision regarding the withdrawal of respiratory support and not the resuscitation of the patient who has no chance of recovery is increasing day by day, there is no legal regulation on this issue in our country (Leblebicioğlu and Aktaş, 2020). In parallel with the literature, the nurses participating in the research stated that they sometimes had difficulties in finding an empty bed in the critical care unit during the pandemic process, and therefore, as health professionals, they had ethical dilemmas about whether to intervene in some patients.

Okuyan's (2020) study stated that the critical care nurse stated that she could not even drink water and could not meet her physical needs most of the time. Karasu and Çopur (2020) in their study the critical care nurse reports that she can't drink enough water while on personal protective equipment, cannot go to the toilet whenever she wants, and does not even have time to wipe her sweat when she sweats. Similar to the studies in the literature (Karasu and Çopur, 2020; Okuyan et al., 2020) while the nurses reported that they had to postpone even their basic needs during the pandemic period,

they also stated that they developed compassion fatigue towards themselves.

The pandemic process is defined as obscurity by the critical care nurse (Okuyan et al., 2020). Nurses, who are in a pandemic for the first time in their lives, state that there are still unknowns about the disease and that they do not know how to fight it, which is like the literature.

“Newly graduated nurses and nurses who have not experienced critical care before are faced with a great psychological crisis during the pandemic process” is stated that in the literature (Kıraner and Terzi, 2020). Nurses experience burnout due to reasons such as increased workload, not being noticed and appreciated by managers, and changes in relationships with colleagues (Yüncü and Yılan, 2020). In the study, nurses stated that they experienced burnout the most (8 times) after fear, and the result is like the literature.

CONCLUSION and RECOMMENDATIONS

Increased patient and workload, problems related to employee personal rights, lack of adequate support from the management, having to work with inexperienced and/or newly graduated colleagues, uncertainty about the disease and the course of the pandemic, fear of re-infecting the disease and infecting family/relatives are the results of the study. It is seen that critical care nurses experience burnout. Despite all these negative situations, the nurses stated that they approached their patients more compassionately and spent more time with their patients by reducing the time they set aside for themselves to meet their physical needs. It is observed that nurses develop compassion satisfaction towards their patients and compassion fatigue towards themselves. The most important gains brought

by the pandemic process in the name of the profession are the visibility of the profession and the closer interlocking of nurses in this process. It is recommended to be aware of the physical and psychological effects of the pandemic process on critical care nurses, to make improvements in their employee personal rights, to provide the necessary time and conditions for them to rest during and outside working hours, and to provide individual and face-to-face psychological support.

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Conflict of Interest

None

Availability of Data and Material

Available

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REFERENCES

- Abalos, E. E., Rivera, R. Y., Loecin, R. C., Schoenhofer, S. O. (2016). Husserlian phenomenology and Colaizzi's method of data analysis: Exemplar in qualitative nursing inquiry using nursing as caring theory. *International Journal of Human Caring*, 20(1): 19-23.
- Baltacı A. (2018). Nitel araştırmalarda örnekleme yöntemleri ve örnek hacmi sorunsalı üzerine kavramsal bir inceleme. *Bitlis Eren Üniversitesi Sosyal Bilimler Dergisi*, 7(1): 231-274.
- Baltacı, A. (2019). Nitel araştırma süreci: Nitel bir araştırma nasıl yapılır?. *Ahi Evran Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 5(2): 368-388. DOI: 10.31592/aeusbed.598299.
- Catton, H. (2020). Global challenges in health and health care for nurses and midwives everywhere. *International Nursing Review*, 67(1): 4-6.
- Coetzee, S. K., Klopper, H. C. (2010). Compassion fatigue within nursing practice: A concept analysis. *Nursing & Health Sciences*, 12(2): 235-243.
- Dinç, S., Ekinci, M. (2019). Merhamet Yorgunluğu Kısa Ölçeği'nin Türkçe'ye uyarlanması, geçerlilik ve güvenilirliği. *Psikiyatride Güncel Yaklaşımlar*, 11:192-202.
- Durmuş, İ. M. (2018). Futile treatment and effects on intensive care nursing. *Van Medical Journal*, 25(3): 437-440.
- Fernandez, R., Lord, H., Halcomb, E., Moxham, L., Middleton, R., Alananzeh, I., & Ellwood, L. (2020). Implications for COVID-19: A systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. *International Journal of Nursing Studies*, 111: 103637.
- Figley, C. R. (2002a). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, 58(11): 1433-1441.
- Figley, C. R. (2002b). *Treating compassion fatigue*. New York, NY: Brunner-Routledge.
- Hooper, C., Craig, J., Janvrin, D. R., Wetsel, M. A., Reimels, E. (2010). Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. *Journal of Emergency Nursing*, 36(5): 420-427.
- Injeyan, M. C., Shuman, C., Shugar, A., Chitayat, D., Atenafu, E. G., Kaiser, A. (2011). Personality traits associated with genetic counselor compassion fatigue: the roles of dispositional optimism and locus of control. *Journal of Genetic Counseling*, 20(5): 526-540.
- Jiang, L., Broome, M. E., Ning, C. (2020). The performance and professionalism of nurses in the fight against the new outbreak of COVID-19 epidemic is laudable. *International Journal of Nursing Studies*, 107, 103578.
- Joinson, C. (1992). Coping with compassion fatigue. *Nursing*, 22(4): 116-120.
- Karasu, F., Çopur E. Ö. (2020). Koronavirüs (COVID-19) vakaları artarken salgının ön safındaki bir yoğun bakım hemşiresi: "Cephede Duran Kahramanlar". *Yoğun Bakım Hemşireliği Dergisi*, 24(1): 11-14.
- Kıraner, E., Terzi, B. (2020). Covid-19 pandemi sürecinde yoğun bakım hemşireliği. *Yoğun Bakım Hemşireliği Dergisi*, 24(EK-1): 83-88.
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., ... & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA network open*, 3(3): e203976-e203976.
- Leblebicioğlu, H., Aktaş, F. N. (2020). COVID-19 salgınıyla mücadele: Yoğun bakım hemşireliği meslek etiği perspektifi. *Yoğun Bakım Hemşireliği Dergisi*: 24(EK-1), 73-80.
- Maiden, J., Georges, J. M., Connelly, C. D. (2011). Moral distress, compassion fatigue, and perceptions about medication errors in certified critical care nurses. *Dimensions of Critical Care Nursing*, 30(6): 339-345.
- Marshall, C., Rossman, G. B. (2014). *Designing qualitative research*. Sage publications.
- Mason, D. J., Friese, C. R. (2020). Protecting health care workers against COVID-19 and being prepared for future pandemics. *JAMA Health Forum*, 1(3): e200353.
- Negash, S., Sahin, S. (2011). Compassion fatigue in marriage and family therapy: Implications for therapists and clients. *Journal of Marital and Family Therapy*, 37(1): 1-13.

- Ng, K., Poon, B. H., Kiat Puar, T. H., Shan Quah, J. L., Loh, W. J., Wong, Y. J., ... & Raghuram, J. (2020). COVID-19 and the risk to health care workers: a case report. *Annals of Internal Medicine*, 172(11): 766-767.
- Okuyan, C. B., Güneş, E., & Yeşilyurt, E. (2020). COVID-19 Pozitif Hastaya Hemşirelik Bakımı Veren Bir Hemşirenin Deneyimleri: Olgu Sunumu. *Online Türk Sağlık Bilimleri Dergisi*, 5(4): 705-708.
- Polit, D. F., Beck, C. T. (2004). *Nursing research: Principles and methods*. 7th ed. Lippincott Williams & Wilkins.
- Romano, J., Trotta, R., Rich, V. L. (2013). Combating compassion fatigue: An exemplar of an approach to nursing renewal. *Nursing Administration Quarterly*, 37(4): 333-336.
- Schwartz, J., King, C. C., Yen, M. Y. (2020). Protecting healthcare workers during the coronavirus disease 2019 (COVID-19) outbreak: lessons from Taiwan's severe acute respiratory syndrome response. *Clinical Infectious Diseases*, 71(15): 858-860.
- Şeremet, G. G., Ekinci, N. (2021). Sağlık çalışanlarında merhamet yorgunluğu, merhamet memnuniyeti ve merhamet korkusu. *Visionary E-Journal/Vizyoner Dergisi*, 12(29): 330-344.
- Şirin, M., Yurttaş, A. (2015). Hemşirelik bakımının bedeli: merhamet yorgunluğu. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi*, 8(2): 123-130.
- Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test. *Treating Compassion Fatigue*, 1: 107-119.
- Teddlie, C., Yu, F. (2007). Mixed methods sampling: A typology with examples. *Journal of Mixed Methods Research*, 1(1): 77-100.
- Turkish Nurses Association (TNA) 2021. Accessed 26.07.2021. Accessed 26.07.2021. <http://www.thder.org.tr/uploads/files/kride-yoneticilere-ve-hemsirelere-mesajlar.pdf>.
- Wee, D., Myers, D. (2003). Compassion satisfaction, compassion fatigue, and critical incident stress management. *International Journal of Emergency Mental Health*, 5(1): 33-37.
- Yoder, E. A. (2010). Compassion fatigue in nurses. *Applied Nursing Research*, 23(4): 191-197.
- Yüncü, V., Yılan, Y. (2020). COVID-19 pandemisinin sağlık çalışanlarına etkilerinin incelenmesi: Bir durum analizi. *Iğdir University Journal of Social Sciences*, Ek Sayı:, 373-401.
- Zhu, N., Zhang, D., Wang, W., Li, X., Yang, B., Song, J., ... & Tan, W. (2020). A novel coronavirus from patients with pneumonia in China, 2019. *New England Journal of Medicine*, 382: 727-733.