A Phenomenological Study of Compassion Fatigue, Burnout, and Secondary Traumatic Among Welfare Workers, Educators, and Nurses on Grand Bahama Island After Hurricane Dorian and During the COVID-19 Pandemic

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A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

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Abstract

Hurricanes have become a normative event in the Bahamian diaspora. Over the past twenty years at least five major storms have hit The Bahamas destroying vital infrastructure such as schools, health care facilities, airports, utilities, and homes, leaving portions of several islands uninhabitable. Frontline workers, also referred to as essential workers who do the work of interacting directly to service the needs of the people most affected, are often overlooked. Working extended hours, witnessing, experiencing, and hearing the stories of sufferers, coupled with one's own loss causes psychological distress and diminished capacity to function effectively. This qualitative phenomenological study was conducted to understand and describe the impact of compassion fatigue, burnout, and secondary traumatic stress on the psychological wellbeing of essential workers working on Grand Bahama Island during Hurricane Dorian and COVID-19 Pandemic. The Copenhagen Burnout Inventory was used to select the convenience sample of seven participants who suffered moderate burnout in at least one dimension of the instrument. The theory that guided this study is based on Figley's Compassion Stress and Fatigue Model. Data was collected via interview using semi-structured open-ended questions. A modified version of Tesch's eight step model was used to analyze data, yielding six themes and codes. The findings support the theoretical perspective of compassion fatigue as a sociological problem rather than an individual issue. Recommendations for future research related to essential workers, education, and organizational factors related to the phenomena are made.

Keywords: *compassion fatigue, burnout, secondary traumatic stress, vicarious trauma, essential workers*

Copyright

Dedication

To my mother, your drive and determination was a force to be reckoned with. Thanks for pushing me to do more. To Edith Gibson, library assistant extraordinaire, you are a true ride or die, your support never wavered. For J'urnee and Saige, you were not here when this journey started, but I hope this inspires you to strive to achieve your full potential. Grandma did it!

Acknowledgement

Dr. Richard Green, you were the first professor who made this dissertation process feel less daunting and that I possessed the intellect to meet the challenge and emerge victorious. You broke it down into bite size pieces that made it easily digestible. Dr. Mollie Boyd, the best dissertation chair in the universe. God placed you on earth, to be my north star. I could not have done this without your gentle guidance and endless grace.

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List of Abbreviations

COR- Conservation of Resources

CSTD- Constructivist Self-Development Theory

PTSD- posttraumatic stress disorder

UNESCO- United Nations Educational Scientific and Cultural Organization

VUCA- Volatile Uncertain Complex Ambiguous

CHAPTER ONE: INTRODUCTION

Overview

Healthcare professionals, social workers, and teachers are no strangers to human suffering and trauma. The constant contact with the fragility of human existence can have a profound effect on their social, psychological, and physical wellbeing. During major disasters and health crises these essential workers are mandated by the ethics of their professions to work at the frontlines to relieve the pain of loss, hurt, and devastation, as their clients, patients, and students the struggle to restore personal and societal normalcy (DuBois & Krogsrud Miley, 2019). The duty of care and the response to such critical incidents exact a toll on the emotional, social, and physical health of many of these workers. It is next to impossible to remain untouched by the loss, psychological distress, and devastation visited upon patients and clients. Preoccupation with the needs of others and the compulsion to be that soothing balm, cause a considerable number of essential workers to push harder, at their own peril. Left unchecked compassion fatigue, burnout, secondary traumatic stress, and vicarious trauma may be the result, particularly in workplaces where organizational support is not a priority or unavailable.

Background

A review of the literature provides ample evidence that confirms the negative impact of critical incidents and the COVID-19 pandemic on the psychological wellbeing of essential frontline workers that must continue to work. The need for essential workers and first responders to work extended hours, with increased caseloads, contributes to increased levels of compassion fatigue, with a strong correlation between psychological distress and burnout (Ben-Porat & Itzhaky, 2015; Sanchez-Moreno et al., 2014). Furthermore, a significant amount of research was produced during the coronavirus pandemic. However, they were mostly quantitative and focused

predominantly on Asian and European populations (Campo-Arias et al. 2021; Chow et al., 2020; Sumner & Kinsella, 2021). This presents several limitations as these studies reflect much homogeneity from both ecocultural and geopolitical frameworks, in addition to racial, gender, and work structure. As such the findings cannot be generalized to The Bahamas, a developing nation located on the other side of the world with a majority population of the negro race.

Historical

The Bahamas has been hit by several major hurricanes that has resulted in massive destruction throughout the archipelago. The island of Grand Bahama in particular, has been repeatedly pummeled by this cyclonic event, with each successive storm more intense. Beginning with two hurricanes Frances and Jeanne, that made landfall three weeks apart on September 2, 2004, and September 25, 2004, at categories 4 and 5 respectively, a new era of catastrophic cyclones was ushered in. Every storm since that time have proven more devastating and left more trauma to the environment, economy, society, and people in the second most populated island of The Bahamas. Two lives were lost in Hurricane Frances compared to 74 (22 from Grand Bahama) and 245 are still missing from Hurricane Dorian which made landfall as a category five storm (PAHO, 2004; Mercy Corp, 2020). Furthermore approximately 29,500 persons were displaced due to homelessness and/or joblessness in the aftermath of Hurricane Dorian (PAHO, 2004; Mercy Corp, 2020). While there are other named storms that made landfall on Grand Bahama Island over the past forty-five years, none brought as much destruction as the above-named storm.

Social

The constant threat of catastrophic cyclonic weather occurrences on the doorstep every hurricane season, the northernmost island of the Bahamas remains under constant extreme threat

of economic, social, environmental, and psychological trauma. This creates an environment for increased health and social ills, thereby placing even greater strain on both health and welfare systems that are already burdened. Grand Bahama's economy has not recovered. Hotels were destroyed by hurricanes Frances and Jeanne in 2004, resulting in massive unemployment which remained at fourteen eleven percent. Following Hurricane Dorian unemployment was reported to be fifty percent based on a report from the Department of Social Services (Scott, 2019). However, this claim was refuted by a spokesperson for the National Insurance Board, who reported that though there has been a significant increase in unemployment claims, the actual numbers are no way near the cited figure, with the official unemployment rate of 10.1% in May 2019 (Russell, 2019). Many individuals migrated the Nassau (capital of the Bahamas) Canada, and the United States. Numerous businesses closed permanently, and employment remains high to this day.

Five months following a category storm that flooded more than seventy percent of Grand Bahama Island, that cut of residents East Grand Bahama off from the mainland, contaminated drinking water for months, and caused an island power outage that lasted approximately one month, the coronavirus pandemic became a reality. According to the Bahamas Nurses Union, one hundred sixteen nurses were infected with the coronavirus and five died during the pandemic, causing a severe shortage for an already stressed health care system (Smith, 2021; Smith, 2022). Because of this, fifty nurses were contracted from Cuba to compensate for the shortfall during this health crisis (Smith, 2022). The country went into complete lockdown and only those designated as essential workers (healthcare workers, welfare workers, armed forces, utility, construction workers, and grocery store workers) were permitted to leave their homes for work purposes only. Curfews were strictly enforced, and police officers conducted roadblocks,

and traversed the streets randomly interrogating motorists. This continued for several months. The mask mandate was officially lifted for the public on October 1, 2022, notwithstanding that it remained in effect for schools, elder care facilities, hospitals, and other healthcare facilities (Rolle, 2022). These efforts seemed extreme, nevertheless they were necessary and beneficial in mitigating further psychosocial devastation and distress to the populous of the Northern Bahamas.

Theoretical Conceptualization

When critical incidents occur whether human-caused, natural, or health related there is an associated psychological impact. Mental disorders increase significantly in the immediate aftermath and rates of post-traumatic stress disorder (PTSD), anxiety, depression, substance abuse, and suicide over the long haul (Restauri et al., 2020). This reality includes increased rates of psychological dysfunction among healthcare professionals, welfare workers, and educators who are expected to perform their duties and meet increasing demands of the current situation, despite having been personally impacted. Brooks and colleagues (2019) discovered both positive and negative outcomes among essential workers; a significant percentage had little to no training in disaster work, were reluctant to seek counselling therapy due to the fear associated with stigmatization and tended to be reactive versus proactive in social situations. Nonetheless, those with positive workplace relationships and organizational support reported positive outcomes.

My research was guided by Figley's Compassion Stress and Fatigue model, which emphasized that contact with others during critical events frequently involves unanticipated and impactful emotional investment, thus empathy (patients, clients, and students), exposure to trauma and stress, environmental factors, poor working conditions and limited resources, compromised personal cognitive and emotional capabilities can contribute to the development of

compassion fatigue, burnout, and secondary traumatic stress in essential workers (Coetzee & Laschinger, 2017). This approach is based on the work of Figley (1995) and Stamm (2011) who found that individuals who help people, such as helping professionals and essentials workers, that are exposed to traumatic stressors are predisposed to the risks of compassion fatigue, burnout, and vicarious trauma. This predisposition is further compounded by excessive workloads, extended work hours, limited resources, and the lack of social and workplace support (Hunt et al., 2019). Compassion fatigue is usually characterized as an individual problem. For those employed as frontline workers particularly in the fields of healthcare and welfare work, the term *helper syndrome* is applicable. Jankowski (2012) defines it as a necessary component of helping professions, an unwritten but routine aspect of the job description. He identified four concepts that plague human services workers for which they often seek help and haven: countertransference, compassion fatigue, secondary trauma, and burnout.

Vaccaro et al. (2020) conceptualized compassion fatigue from a sociological perspective. They pointed out that the phenomenon of compassion fatigue had been studied extensively, focusing on individual experiences, and was based primarily on psychometric outcomes. These researchers posit that individuals do not live in a vacuum and caring professionals work within an organizational structure that impacts their psychological functioning. The concept of compassion fatigue is assessed through the interplay between emotion-work and emotional labor, in which positional status, job expectations, organizational and environmental inequalities impact individual wellbeing. Vaccaro et al. (2020) concluded that caring professionals have engaged in victim blaming rather than perceiving compassion fatigue as a public health issue, with multiple contributing factors such as social context, organizational culture, power differential, and status expectations.

Okafor (2021) stated that the COVID-19 pandemic presents a challenge to the social work profession, especially in developing countries where racial, ethnic, and gender discrimination, along with stigmatization are overt, and access to and knowledge of health care are limited. According to Okafor (2021) in these circumstances social workers must function in roles of educator, advocate, and educator. Since social workers must place themselves at the forefront in helping the marginalized, poor, homeless, and exploited in navigating the not only the social but psychological aspects of critical incidents and health pandemics, it is imperative that their overall health is protected.

Situation to Self

I am currently employed at the premier tertiary educational institution in The Bahamas, as the only university counselor with the responsibility for providing services across six major portfolios (personal counseling, learning support services, career counselling, testing and assessment, first year transition instruction, and crisis intervention), for a small campus of less than five hundred students on Grand Bahama Island. I also work as an adjunct assistant professor teaching social science courses. As the sole counsellor in a department of one, I work in isolation shouldering many responsibilities, which includes psychological first aid, crisis intervention, and psychological debriefing.

I have experienced a considerable number of cyclonic events over the past forty years, which caused personal loss ranging from destruction of property, the death of my father, and having to live without electricity and running water for extended periods. My personal troubles had to be contained to meet the responsibilities of my job. Having to hear the stories of loss, near death experiences, acute traumatic stress, and PTSD from students and colleagues was emotionally and physically burdensome at times. Throughout these times no one asked how I

was coping, thus my feelings of stress, frustration, compassion fatigue, and trauma were mine alone to manage. I was expected to perform my duties as normal. However, these emotions brought a deeper awareness, understanding, and compassion for my counterparts working in helping professions in Grand Bahama. I often ruminated about their work situations and individual experiences of compassion fatigue, burnout, and vicarious trauma.

I conducted this study with the bias of having been impacted by these critical incidents and having worked by virtue of my profession as a university counsellor responding to the psychological distress of students and colleagues. Nevertheless, I am confident that I was able to put aside my feelings, thoughts, and interpretations of Hurricane Dorian and COVID-19 to provide an objective narrative of the participants that were interviewed for this phenomenological study. The philosophical assumption on which I based my study is ontological. I firmly believe that compassion fatigue, burnout out, and secondary traumatic stress are real and a significant percentage of professional helpers, essential workers, and first responders experience one or more of these mental health issues at some point in their career, particularly in the aftermath of a critical event or natural disaster, each with their own unique way. Though the emotional and psychological pain may not be visible or directly observable, it exists and is of no less importance than the physical injury brought on by the occurrence of natural disasters and health pandemics. The goal of my study was to embrace and capture the individual subjective realities and constructed worlds of the seven essential workers. I am confident that I was capable of being fully present to accomplish this mandate. I approached this study from a constructivist paradigm believing that individuals seek to understand and construct the meaning of their world, touching on all facets of their lives- personal, social, and professional (Creswell & Creswell, 2018). Creswell & Creswell (2018) state that researchers understand that

meaning is socially constructed, and that cultural heritage and historical context influence peoples their interpretation of phenomena.

Problem Statement

The problem is that there was no published research conducted exploring the experiences and impact of natural disasters and pandemics on the psychological wellbeing of healthcare and welfare workers in the Commonwealth of The Bahamas. The research gap exists in the inequities in helping professionals working in developing countries where types of services and access to resources are frequently limited, unavailable, or inaccessible. In addition to limited resources, questionable working conditions and inequities of social workers, teachers, and nurses in international jurisdictions, coupled with the reality that they may be experiencing personal and environmental hardships themselves present additional challenges that serve to compound psychological distress and impair functioning (Ortega-Galan et al., 2020; Wullur & Werang, 2020). Furthermore, no research had been conducted on the psychological wellbeing of essential workers in The Bahamas. This was concerning as The Bahamas has been devastated by five major storms in the past fifteen years. The infrastructure, environment, economy, and residents have all been trauma exposed. The impact of these natural disasters on the psychological wellbeing of frontline workers often goes unnoticed.

In the aftermath of non-normative events, emotional wellbeing, and cognitive functioning are often compromised. Natural disasters such as hurricanes, pandemics, and other critical incidents not only cause catastrophic damage but leave individuals broken and traumatized. Those charged with delivering aid (material and psychological) and medical care to those directly impacted, do not remain unscathed, and are subjected to, and suffer the same psychological, physical, and social dysregulation. Findings from a study conducted by Holmes et

al. (2021) revealed that posttraumatic stress disorder (PTSD) among social workers increased five hundred percent during the first wave of the coronavirus pandemic. Additionally, a significant percentage met the criteria to be diagnosed with a mental health disorder. Liu et al. (2020) conducted a study focusing on pediatric nurses in China during the height of the pandemic and found significantly higher rates of anxiety and depression. Ledoux (2015) exploring the concept of compassion fatigue as defined from a nursing perspective, acknowledged that it is a construct borrowed from the counselling profession that is viewed by many as being synonymous with vicarious trauma, secondary trauma, and burnout. A review of literature reflects that minimal research has been conducted on African American and Afro-Caribbean populations and nations.

Purpose Statement

The purpose of this qualitative phenomenological study is to understand and describe the impact of compassion fatigue, burnout, and vicarious trauma among human service professionals employed on Grand Bahama Island in the aftermath of Hurricane Dorian and during the COVID-19 pandemic. The constant exposure to the pain, horror, and atrocities of life predisposes nurses and social workers to suffer from compassion stress. The greater the emotional engagement the more vulnerable the worker becomes to compassion fatigue (Coetzee & Laschinger, 2017). Based on findings from previous studies the researcher believed that nursing professionals, welfare/social workers, and educators who worked during hurricane Dorian and COVID-19 would have significantly higher levels of compassion fatigue, burnout, and secondary trauma than those who did not work during these events.

Significance of the Study

Despite the dearth of empirical research on the psychological impact of COVID-19 on psychological wellbeing on medical professionals, and other essential workers, very little was found focusing on human services professionals of color. Most of the studies have centered on European, Asia, and American Anglo-Saxon populations (Hugelius et al., 2017; Parathasrathy et al., 2021; Que et al., 2020; Smallwood et al., 2020). In addition to this, research directed towards the impact of the COVID-19 pandemic on the wellbeing of welfare workers and teachers was limited. Welfare workers and educators are constantly on the frontline of the battle against human suffering; however, they are consistently overlooked or remain unnoticed.

Empirical

It must be highlighted that essential workers of color, particularly Blacks, are the least studied, but their plight remains significant. A qualitative study of the experiences of 16 social workers in New York City, the epicenter of the COVID-19 pandemic included only two African American participants (Senreich et al., 2021). Island nations in the Caribbean have a unique experience. Being surrounded by ocean, Grand Bahama is under constant threat of catastrophic proportions due to tropical cyclones. Coupled with the COVID-19 pandemic, the vulnerabilities to healthcare and welfare professionals, and other frontline workers became even more apparent in The Bahamas.

The significance of the study is that it addressed the research gap about compassion fatigue, burnout, and secondary traumatic stress among essential workers of color in a developing island nation. No published works were found studying the psychological impact of hurricanes and pandemics on the mental health of Bahamian citizens. This study addressed the research gap about the psychological wellbeing of essential workers working on Grand Bahama

Island. As previously stated, Grand Bahama has suffered more hurricanes than any other island in The Bahamas Archipelago.

Theoretical

This study expanded knowledge of the impact of traumatic events on the psychological wellbeing of human services professionals in the Caribbean and specifically The Commonwealth of The Bahamas. As predominantly Black nations, these countries have unique specific institutional, structural, and cultural differences that are prominent and inform daily living and reactions to catastrophic events. Furthermore, this study can shed light on psychological, behavioral, and spiritual responses of essential workers in Grand Bahama, which can only be understood and explained based on environmental realities, socialization, and societal norms. Additionally, it is possible that the findings serve to provide direction in program development and implementation, planning and policy making in healthcare, welfare, and educational institutions specific to meet the demands and needs of small island communities, where the availability and access to resources and technology are limited or nonexistent.

Practical Significance

A review of the University of The Bahamas Academic Catalogue 2021-2022 program requirements for the Bachelor of Nursing, Bachelor of Social Work, Bachelor of Psychology, and Bachelor of Education revealed that no self-care courses aimed at ensuring the wellbeing of these professionals are not included. This study can provide impetus for the development of new courses, training modules, and certifications in the field of nursing, social work, and counsellor education, which meets the specific cultural needs of Bahamian human services professionals.

Empirical evidence confirms the benefits of organizational support for employee wellbeing; therefore healthcare, education, and welfare institutions can use the findings of this

study to create guidelines that govern the maximum work hours, require downtime, and to design dynamic employee assistance programs that make it mandatory for essential workers to undergo counselling and debriefing sessions particularly after a personal crisis or catastrophic event (Acker, 2018; Coleman et al., 2016; McMakin-Ballin & Fullerton, 2023). Other developing nations in the Caribbean such as Haiti, Jamaica, and Puerto Rico that have experienced the devastating effects of hurricane, earthquakes, and the coronavirus pandemic could benefit as well. These islands could use the methods to conduct similar studies of their own or use the findings to develop training programs and employee assistance programs.

Research Questions

Given the objective of this qualitative phenomenological study, three broad questions directed this research:

RQ1. What are the experiences of essential workers of compassion fatigue and burnout, in the aftermath of Hurricane Dorian and during COVID-19 pandemic on Grand Bahama Island?

Most studies reviewed on the phenomena of compassion fatigue, burnout and vicarious trauma among essential workers focus on the experiences of healthcare workers of white Eurocentric descent. The experiences of essential workers of color in the United States and those working in Caribbean jurisdictions have been largely overlooked. With Grand Bahama's history of catastrophic critical events, it is imperative that the psychological impact of helping professionals be highlighted. Abrahim and Holman (2023) focusing on the mental health of nurses of color during the coronavirus pandemic, conducted a review of literature and found that only seven met the criteria for their study. They concluded that while minority nurses were disproportionately impacted by the pandemic, this group of essential workers are understudied, significant gaps remain, and much more research is needed to ensure a diverse workforce.

RQ2. What are the experiences of essential workers of secondary traumatic stress and vicarious trauma in the aftermath of hurricane Dorian and during COVID-19 pandemic?

The experience of compassion fatigue, burnout, and secondary traumatic stress among essential workers is not uncommon. However, most of the published works found are concentrated on the experiences of healthcare professionals. Attention to the impact on social workers and educators is limited. Furthermore, helping professionals of color are understudied. This question was designed to elicit the emotions directly related to the phenomena under study and to create an opportunity for these professionals working in a developing nation to share their stories and for others to gain an awareness of what these participants encounter. Teachers had to quickly transition to an online instructional method with no prior training and limited to no technological infrastructure in place. Teacher self-efficacy is significantly correlated with their ability to deliver quality instruction, effectively classroom management and affect the student teacher relationship (Eddy et al., 2019). Subsequently teachers' wellbeing impact academic students' academic outcomes (Herman et al., 2017).

RQ3. What are the perceptions of essential workers of organizational support for their wellbeing?

This question helped the researcher understand the participants perceptions of their organizations either as a contributing factor or mitigating source to experience of the phenomena. A review of the literature reveals that organizational concern and support for employees' wellbeing contribute to improved job satisfaction and reduced levels of compassion fatigue and burnout. A study by Martin et al. (2020) report that a working environment that prioritized care for workers' psychosocial wellbeing is associated with reduced levels of psychological distress.

When work demands are constantly excessive and communication channels are dysfunctional, it contributes to low morale and a sense of powerlessness (Ravalier et al., 2021).

Definitions

1. *Burnout* – A syndrome of emotional exhaustion, depersonalization, and reduced personal and professional productivity due to unmanaged chronic stress, directly linked to the workplace tasks and environment (Maslach & Leiter, 2016; ICD-11).
2. *Compassion fatigue* (CT)– The experience of extreme mental, physical, and emotional exhaustion among human services professionals as a direct consequence of concern and caring for others who have suffered and/or traumatized (Schupp, 2015).
3. *Compassion satisfaction* – A sense of fulfillment experienced as a direct result of caring for others who are suffering and or are victims of trauma (Sacco & Copel, 2018).
4. *Essential workers*-Individuals employed in helping and or caring professions who serve the public by tending to their welfare, health, and or educational needs. The term will be used interchangeably with frontline workers (Blau et al. 2021).
5. *Secondary traumatic stress (STS)* – Characterized by symptoms that mirror post-traumatic stress disorder (PTSD), which include intrusion, avoidance, and arousal because of repeated exposure to the trauma of others, either by listening to the aversive events of their narratives, caring for their needs, and or witnessing the event. Symptoms frequently exhibited seem as if they were victims or survivors of trauma themselves (Sanderson, 2013). This term will be used interchangeably with vicarious trauma.
6. *Vicarious Trauma (VT)* – The negative change in the personality of the helping professional because of empathic responsiveness to victims and survivors of traumatic incidences accompanied by a duty or commitment to serve (Sanderson, 2013).

Summary

In post disaster and health pandemic events whether naturally occurring or human-caused, the level of mental health disorders among the general population escalates. Essential workers who are called to render aid and administer medical care do not remain unaffected; the levels of compassion fatigue, burnout, vicarious trauma, and traumatic stress increase exponentially as they render aid and care to victims and survivors. While the levels of psychological dysfunction have been widely studied among healthcare professionals (nurses, physicians, and other medical personnel), this has not been the reality for social/welfare workers, who predominantly serve the poor, exploited, and marginalized. Past studies conducted on compassion fatigue, burnout, and secondary trauma during COVID-19 pandemic center on Caucasian, European, and Asian experiences. No specific study targeted essential healthcare workers, social welfare professionals and educators of color. A significant number of published works have been authored since the occurrence of COVID-19 pandemic. Despite this being a world occurrence, the mental health impact on health care professionals, educators, and welfare workers have been ignored. This study aimed to describe the level of compassion fatigue, burnout, vicarious trauma, and secondary traumatic stress among Bahamian nurses, social workers, and teachers on Grand Bahama Island, who continued to work on the frontlines during the coronavirus pandemic, which reached The Bahamas, a short six months following the worse hurricane in Bahamian history.

CHAPTER TWO: LITERATURE REVIEW

Overview

The Bahamas has a documented history of severe hurricanes going back to the late 1700s, but none as devastating as the tropical cyclone that made landfall in the Northwest Bahamas in 2019 (Winkler et al., 2020). On September 1, 2019, The Bahamas experienced its worst natural disaster in recorded history (Mercy Corp, 2020). Hurricane Dorian slammed across the Northern Bahama islands of Abaco and Grand Bahama, leaving hundreds of its population dead (many bodies have not been recovered). In its wake the land laid bare, and numerous commercial and residential structures were swept from their foundations. For a time, the majority of Abaco was not fit for human habitation and the residents were airlifted to Nassau, capitol city of The Bahamas. According to news reports more than seventy percent of Grand Bahama was submerged under ocean water.

During the storm which pounded Grand Bahama non-stop for two days, safety shelters proved to be no match for Hurricane Dorian. Specialty shelters for the infirm became flooded and nurses tended to the sick and elderly in near waist deep water. One shelter had to be completely evacuated during the storm. In the aftermath of the storm the entire downtown area (primary business zone) was flooded, and utility services were unavailable. Dorian destroyed the water table and for more than a year residents collected drinking water from temporary depots that were established throughout the island. Banks were destroyed and many small businesses closed permanently.

According to Mercy Corp (2020) post storm events saw a rise in unemployment to fifty percent, as more than fifty percent of small businesses on Grand Bahama were destroyed, the majority of which were uninsured. The Department of Social Welfare Services was overrun with

requests for assistance, as evidenced by the long lines at the entrance. Numerous people sought help daily leading to long lines of people standing in the blazing sun as they waited to be assessed. Some welfare workers had suffered losses of their own (family member and property); nevertheless, they reported to work as expected. Healthcare workers and teachers also experienced great personal and material losses and had to report to work.

Grand Bahama's economy having not yet achieved significant recovery from Hurricane Dorian, was dealt another catastrophic blow by the coronavirus (COVID-19) pandemic. Again, nurses, social workers, educators, and other essential workers were thrust into the fray of another critical event, having to care for those in dire need of vital services, while simultaneously managing personal safety, social and mental needs. The physical, cognitive, and psychological stressors of consecutive traumatic events can compromise the wellbeing of the most resolute. To date no research has been conducted investigating the social and psychological impact of hurricanes and or pandemics on social workers, nurses, and teachers in The Bahamas. These are the essential workers along with police and defense force officers who are called upon when the country experience critical incidents.

The literature review explored the psychosocial wellbeing of frontline workers in the aftermath of a critical incident and health pandemic. This study addressed the connection between compassion fatigue, burnout, secondary traumatic stress, and mental health. To date no studies have been completed on the psychological and physical functioning of essential before, during and after major catastrophic occurrences. These three groups are the most vital to the maintenance of the social fabric of Bahamian society and their psychological, social, and professional wellbeing deserves attention.

The researcher's study hypothesized that helping professionals in Grand Bahama are at great risk of suffering from compassion fatigue, burnout, secondary trauma, and vicarious trauma precipitated and compounded by natural disaster and the COVID-19 pandemic. Over the past twenty years several major tropical cyclones have made landfall on The Bahamas; Dorian 2019, Irma 2017, Mathew 2016, Joaquin 2015, and Jean and Frances 2004 occurring two weeks apart. Each successive hurricane was more destructive than the previous.

The uncertainty of the COVID-19 pandemic is a dynamic entity with new strains being discovered on a continuous basis. Infection and death were in constant flux, rates fluctuated daily; combined with politization of this outbreak and the contention surrounding vaccines only serve to compound and extend mental and social distress. There was no clear end in sight and despite the advances of modern medicine more people have died from the coronavirus than all other pandemic combined.

Theoretical Framework

Social workers, nurses, educators, and other frontline workers are predisposed to suffer from compassion fatigue, burnout, and vicarious trauma due to the nature of their profession, the inherent nature of their work, putting them in constant direct contact with clients, patients, and students (Pugnerova et al., 2019). The duties and responsibilities for caring for the psychosocial and physical wellbeing of the marginalized, exploited, abused, and medically afflicted often have a profound effect leaving a mark on the soul and psyche. Those charged with their care must manage and somehow thrive with all that they see, hear, and witness. According to Senreich et al. (2019) social workers experience high levels of workplace stress. To meet the needs of the students, clients, and patients they serve, these helping professionals can become overwhelmed, resulting in personal psychological, and physical distress, which often goes unnoticed until it

becomes counterproductive. Non-normative events such as health crises and natural disasters are associated with increased psychological distress among frontline workers.

During critical incidents, such as pandemics and tropical cyclones, psychological dysfunction increases exponentially. Vaccaro et al. (2020) completed a literature exploring the definition of compassion fatigue. They found that historically compassion fatigue was primarily defined as an individual problem often psychometrically determined without consideration of the social or environmental factors that precipitated the condition. It is frequently seen as a precursor to stress, fatigue, and burnout. Research findings by Holmes et al. (2021) showed that posttraumatic stress disorder (PTSD) among social workers increased five hundred percent (500%) during the first wave of the coronavirus pandemic. Additionally, a significant percentage met the criteria to be diagnosed with a mental disorder. Liu et al. (2020) focusing on pediatric nurses in China during the height of pandemic found significantly higher rates of anxiety and depression.

These changes affect, impact, and influence every facet of society and life as we know it. Recognizing the changing landscape of education in which critical incidents and catastrophic weather and health outbreaks are becoming the norm, Hadar et al. (2020) carried out a qualitative study of fifty-four student-teachers and twenty-four certified educators during COVID-19 using the policies created by the United Nations Educational Scientific and Cultural Organization (UNESCO) and the Organization of Economic Co-operation and Development term VUCA (volatile, uncertain, complex, ambiguous) world, which focuses on social-emotional competencies. These researchers' primary objective was to determine if student teachers, both from their own perspective and from that of trained teachers, were able to manage the drastic changes brought on by COVID-19. Findings revealed that shifting to a virtual format was

disastrous as many of the students experienced extreme difficulty coping in the areas of self-management, self-awareness, coping with teaching responsibilities, and concern over students' wellbeing and needs. The acronym VUCA was first used as a war reference recognizing the dynamic and rapidly changing world, we live in, has since been used across many disciplines to recognize the constant need for innovation, change management, disaster prevention and mitigation and to create models to address potential crises and disasters (Mack & Khare, 2016).

Educators at the university level are not immune to the psychological stress of non-gradient events. LeBlanc (2018) posited that the field tertiary education is ill equipped to meet the challenges of providing quality educational experience created by the VUCA world. According to LeBlanc VUCA can be viewed from the perspective of the fourth Industrial revolution in which technology is transforming human society thereby creating significant political turmoil, widening the wealth gap leading to greater poverty, and making it almost impossible for highly inflexible educational systems to pivot and or restructure in the face of a rapidly changing global society. The fallout from this phenomenon contributes to the high rates of compassion fatigue and burnout witnessed among faculty (LeBlanc, 2018).

Pérez-Chacón et al. (2021) investigated burnout, compassion fatigue, and compassion satisfaction among Spanish healthcare workers and educators at the beginning of the COVID-19 pandemic. Rates of burnout and compassion fatigue, although high for both groups, were more pronounced among healthcare workers. Additionally, rates of depersonalization and derealization were also higher among healthcare workers. Results of research by Ray et al. (2013) revealed that working extended hours contributed to increased mental distress and was predictive of compassion fatigue and burnout.

In the aftermath of catastrophic events and during a pandemic, suicide rates increase exponentially across the general population and particularly among frontline workers. Mamun et al. (2020) conducted research in Bangladesh and were surprised to find that suicidal behaviors were more common among female health care workers, but like rates found in the general population. One explanation for this phenomenon is that most helping professions are populated by females, who are often parented and socialized as the more nurturing gender. Data collected from the -hour suicide hotline-Crisis Text Line (CTL) 24 consisting of anonymized text conversations from 4,835 frontline workers,7749 children of frontline workers, and 12720 conversations from those that did not identify as frontline workers or children of frontline workers Sugg et al. (2021). Using a binary question response format, the conversations were flagged for depression, anxiety, and suicide ideations. It was revealed that active rescues by emergency services occurred more frequently among frontline workers than their children. Female workers were 200% more likely to self-harm and abuse but less likely to abuse alcohol and drugs than their male counterparts. Burnout, heavy caseloads, and stress contributed to the increased risk of suicidal behaviors.

The concept of compassion fatigue as a psychological phenomenon emerged in the 1990s; though the term was first publicly used by Joinson as stated by Coetzee and Laschinger (2017) during his investigation with emergency care nurses. However, it was the work of Figley that furthered the development, and understanding of compassion fatigue (Stamm, 2010). During this period only three books were published attempting to define and describe this condition and the symptoms experienced by helping professionals (Stamm, 2010). Coetzee and Laschinger (2017) stated that Figley and Pearlman pioneered the work upon which these theories and models are based. Despite the profusion of studies, compassion fatigue continues to be an enigma

(Adams et al., 2006; Coetzee & Laschinger, 2017; Stamm, 2010). However, the literature points to the similarities between secondary traumatic stress, vicarious trauma, and compassion fatigue (Stamm, 2010). Figley (1995) purports that compassion stress, compassion fatigue, and secondary traumatic stress are synonymous.

Figley (1995) states that "there is a cost of caring" (p.24). Adams et al. (2006) surmise that frequent emotional involvement is a precursor to compassion fatigue. Figley (1995) theorizes that a lack of self-care, prior unresolved trauma, dissatisfaction with work, and poor work stress management are the primary causal four factors of compassion fatigue and secondary traumatic stress. Social workers and nurses are often confronted with the suffering of others which can difficult not to personally affected. The emotional burden saps energy and psychological resources causing wariness which can result in secondary trauma. Figley (1995) notes that trauma can develop directly or indirectly and classifies this condition into four categories: 1) simultaneous trauma which is precipitated by events such as natural disaster and pandemics which impact systems and populations, 2) intrafamilial trauma which includes all types of domestic abuse, 3) vicarious trauma based on witnessing and hearing about the trauma of others who may not be directly connected to us, and 4) chiasmal or secondary trauma which impacts the entire system after one member has been impacted.

Ledoux (2015) reviewed the concept of compassion fatigue as defined from a nursing perspective. Pointing out that it is viewed by some as being synonymous with vicarious trauma, secondary trauma, and burnout. Ledoux acknowledged that the concept of compassion fatigue was borrowed from the counselling profession. In contrast this researcher frames compassion as an archetype of nursing, serving as a motivational factor mandating nurturing among this professional group. Because of the multiple constructs of compassion fatigue. Ledoux (2015)

identified several implications for the nursing profession, with each requiring different strategies and programs.

Figley's Compassion Stress and Fatigue model is based on the supposition that empathy and emotional energy connects professional helpers to their clients and serve as the catalyst for the development of compassion fatigue (Coetzee & Laschinger, 2017). According to Figley (1995) empathy and vulnerability to compassion fatigue are at the core of caring and should be expected as a natural outcome. The greater the emotional engagement the more vulnerable the professional becomes compassion fatigue (Coetzee & Laschinger, 2017). The constant exposure to the pain, horror, and atrocities of life, predisposes nurses and social workers to suffer from compassion stress. Jankowski (2012) reports that Figley conceptualizes trauma as an emotional response, caused by memories of horrific incidents, and exposure to the shattered lives of survivors. Jankowski (2012) further adds that vicarious trauma causes a transformation in the helping professional's personality because of empathic engagement with patients and clients.

McCann and Pearlman's theory of vicarious trauma was founded on constructivist self-development theory (CSDT) which focuses on the impact of trauma on psychological development, adaptation, and identity (Jankowski, 2012). This interactive perspective aids in the framing and understanding of how trauma impacts caring professionals. The central tenet of CSDT is that human beings construct their own realities based on their personal dynamic cognitive schemas which are used to interpret events and interact with others and the environment (Jankowski, 2012). CDST consists of five categories that allow helping professionals to hold onto their identity and self-esteem while continuing to serve.

- Self-reference functions- regulates self- esteem, the ability to tolerate strong emotions, being alone without being lonely, and being able to self-soothe,

- Ego resources- intelligence, introspection, willpower, initiative, empathy, self-awareness, and personal growth,
- Psychological needs- esteem, autonomy, power, and intimacy
- Cognitive schemas- characteristics that shape ones' beliefs and worldview,
- Memory and perception- sensory, affective, and behavioral actions. This capacity is designated as disconcerting because it causes the helper to seek treatment (Jankowski, 2012, pp. 545-546).

Coetzee and Laschinger (2017) propose a more recent model of compassion fatigue. Their Compassion Fatigue Model (CFM) is based on the premise that the conservation of resources theory (COR). COR postulates that human beings value resources, work to obtain the resources they do not have, hold onto the resources they do have, protect threatened resources, and take steps to effectively utilize current resources they do possess (Coetzee & Laschinger, 2017). The two main principles of COR are 1) resource loss is more profoundly experienced than resource gain and 2) individuals must invest to acquire new resources, protect against resource loss, and recover from resource loss (Coetzee & Laschinger, 2017). Coetzee and Laschinger (2017) proposed four corollaries of COR are:

- people with more resources have a greater capacity to acquire more resources,
- those without resources are more vulnerable to resource loss, and the initial loss precipitates further loss,
- those with more resources are poised to gain more, as gain begets gain, and
- those who lack resources take a defensive stance to protect the limited resources (Jankowski, 2020, pp.545-546).

These resources include tangibles (possessions, property, and money), and intangibles (spirituality, personality traits, status, education, personal skills, etc.). In theory nurses and social workers who are well resourced should have more empathy and energy while those who are resource deficient are more likely to experience compassion fatigue, secondary traumatic stress, and burnout; in other words, it is not compassion fatigue, secondary traumatic, nor burnout that causes diminished capacity among nurses and social workers but the lack of personal, professional, and social resources (Coetzee & Laschinger, 2017).

Adams et al. (2006) postulate that burnout and secondary traumatic stress are the central hallmarks of compassion fatigue. They add that though related these two concepts function independently of each other. Radey and Figley (2007) posit that the goal of the social workers should not be to avoid compassion stress but to allow it to empower them towards compassion satisfaction. Radey and Figley (2007) believe that compassion stress when positively perceived can lead to flourishing, thereby instilling a sense of joy in helping others, rather than increasing burnout.

Related Literature

Ondrejková and Halamová (2022) provide a comprehensive overview of compassion fatigue, burnout, secondary traumatic stress, and compassion satisfaction among categories of helping professionals. The researchers' purpose in conducting this exploratory study was to investigate the prevalence of compassion fatigue, evaluate the differences in the experience of compassion fatigue among distinct types of helping professionals in Central Europe. A second goal was to analyze the association between compassion fatigue and compassion for others, self-compassion and self-criticism, compassion satisfaction, burnout, length of employment in the field, and number of hours worked per week (Ondrejková & Halamová, 2022).

Ondrejková and Halamová (2022) sample consisted of 607 first responders and essential workers in the healthcare and social welfare professions (477 women and 133 men) representing seven Central European countries, solicited from professional groups, organizations, websites, and social networking targeting helping professionals, families, and friends. Professional characteristics of the sample are 240 healthcare workers (doctors, nurses, and paramedics), sixty-six teachers, thirty-nine clerics, forty-one police officers, and two hundred nineteen mental health professionals (social workers, psychologists, psychotherapists, and coaches). Ondrejková and Halamová (2022) collected from July 2020 to October 2020, during a crucial period of the COVID-19 pandemic, via survey method using four questionnaires- the Professional Quality of Life Scale (PROQOL) version 5 to measure compassion fatigue and compassion satisfaction, Sussex-Oxford Compassion for the Self Scale (SOCS-S), Sussex-Oxford Compassion for Others Scale (SOCS-O), and Forms of Self-Criticizing/Attacking and Self-Reassuring Scale (FSCRS). Findings revealed that helping professionals that interacted more frequently with clients/patients and were exposed to traumatic incidents, experienced higher levels of compassion fatigue.

The highest levels of compassion fatigue, secondary traumatic stress, and burnout were reported among doctors, nurses, educators, and psychologists compared to coaches, and psychotherapists with the lowest levels. However, priests, psychotherapists, nurses, paramedics, and coaches reported significantly higher rates of compassion satisfaction, compared to doctors had the lowest levels. An implication of this study is that the results can be used to inform the development of intervention programs to combat workplace stress, psychological stress, and coping strategies in healthcare and education settings following a traumatic event. In addition, it can inform new innovations for designing workload systems, to minimize fatigue, burnout, and emotional exhaustion.

Teachers have a hard enough time functioning under ever increasing policies and guidelines set by government and school systems, meeting the demands of teaching and student outcomes, managing classroom environment and student behavior, and coping with individuals. emotional and social needs of individual students. In addition to these challenges the impact of health pandemics, natural disasters and traumatic world (McCarthy et al., 2016). events could further influence educators' ability to perform with excellence. Robin et al. (2023) using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses conducted two phenomenological studies (52 and 42 respondents) on compassion fatigue and secondary traumatic stress among elementary school teachers during the coronavirus pandemic, concentrating on three areas, individual experiences, classroom experiences, and leadership expectations. Findings showed that teaching demands, concerns about students' academic achievement and behavior, remote learning challenges, lack of support from leadership, and the requirements of governmental guidelines, have all contributed to excessive stress and burnout (Robin et al., 2023).

A quantitative study by Wullur and Werang (2020) further confirmed the effect of increased teacher responsibilities on emotional wellbeing. Their investigation consisted of a sample population of 243 primary school teachers in Merauke, Indonesia. Spurred by high teacher absenteeism, found a significant negative correlation between emotional exhaustion and organizational commitment. Wullur and Werang (2020) pointed out that these findings can help school administrators develop strategies to promote teachers' emotional wellbeing which in turn will result in greater commitment not only to the organization but also enhance student learning outcomes and achievement levels in core subject areas. Koenig et al. (2018) conducted similar research focused on the psychological cost of 'emotional labor' on educators in Ontario, Canada.

Sixty-four educators participated in a two-hour professional development workshop designed to increase knowledge, skills, and awareness of compassion fatigue, burnout, and self-care. The results revealed a significant connection between compassion fatigue, emotional exhaustion, and depersonalization. Furthermore, approximately seventy percent admitted to experiencing secondary traumatic stress related to caring for their students.

Sakib et al. (2021) conducted extensive groundbreaking comparative research in Bangladesh assessing levels of fear of contracting the coronavirus disease and depression among the public and healthcare workers. Three thousand three hundred eighty-eight individuals participated; seventy-five percent (2,541) were from the public. More than two thirds of healthcare workers expressed anxiety when examining patients with flu-like symptoms, approximately ninety percent felt they were unprepared to work during the COVID-19 pandemic. Sakib et al. (2021) revealed that more than ninety-one percent of healthcare professionals believed that psychological intervention would help mental functioning. The level of depression was equivalent among the two groups, with significantly higher rates among female participants. Chatzittofis et al. (2021) conducted their research in Cyprus during the peak of the first wave of the COVID-19 pandemic, using a sample of four hundred twenty-four health care workers, employed mostly in public inpatient settings, with a minimum of 10 years of experience. They found that significant rates of clinical depression and PTSD, with suicide ideations was notably higher among health care workers than in the general population during the SARS outbreak.

Results from a quantitative study by Young et al. (2021) concluded that individuals with psychological disorders pre-pandemic were more likely to experience suicide ideations compared to their counterparts without histories of mental illness. Trumello et al. (2020) investigated

psychological adjustment among Italian nurses during the peak of the COVID-19 pandemic. The study sample was recruited from areas in Italy with high rates of transmission and spread. They also evaluated attitudes towards counselling intervention. One surprising result was that most of the respondents did not consider seeking counselling support.

Wellbeing and Self-Care

Rudick (2012) cited common misconceptions about helping professionals. First is the belief that they can continue working to service the needs of others without being affected. The second false assumption is that counselors who acknowledge personal struggles endanger the counselor/client dynamic. It is also believed by many that if they admit that one is experiencing psychological distress, they are flawed and incapable of helping others. A third myth is that supervision is no longer needed once licensure is obtained.

Dijkstra and Homan (2016) using a sample of five hundred forty-three participants conducted a cross sectional study in the Netherlands posited a divergent perspective on coping with stress, depression, anxiety, and stressful work environments. They postulated that individuals who employ direct confrontation and active engagement with the stressors they encounter tend to experience greater levels of control of their psychological wellbeing in comparison to their counterparts who employ disengagement, palliative approaches, avoidance, and denial as coping mechanisms to manage psychological distress in the workplace. Dijkstra and Homan (2016) further argue that the individuals' perception of the situation is a determining factor of the nature and severity of the impact, along with coping techniques used. They noted that strategies such as expressing emotions and seeking social support were beneficial.

When frontline and other essential workers prioritize their psychological and physical health, they are better equipped to meet the challenges in the work environment. Frontline

workers who engage in self-care have better mental health outcomes. Although studies have proven that self-care is linked to self-compassion, many human services and education professionals fail to recognize the need or minimize its importance. Aljohani and Al-Zalabani (2016) using the Quality of Life (QoL) assessment studied quality of life among physicians in Saudi Arabia. This population is considered at elevated risk for poor quality of life. Findings show that low quality of life was associated with poor lifestyle choices associated with poor food choices.

Educators' wellbeing sets the atmospheric gauge of the classroom. When teachers fail to engage in wellness practices and are oblivious to their emotional states and how it impacts their lives and their work, the student teacher student dynamic suffers as well as the quality of instruction and academic achievement. Jeon et al. (2019) concluded from research findings that teachers who are stressed and emotionally exhausted are less sensitive to the needs of their pupils and evaluated student behavior and social competence more negatively. Jeon et al. (2018) investigated predictors of teachers' mental health, self-perceived depression stress, and emotional exhaustion. Using a sample of 1,129 preschool educators, results revealed a negative correlation between depression and stress, self-efficacy, and professional competence. Furthermore, Jeon et al. (2018) found that workplace conditions were significantly connected with emotional fatigue, depressive symptoms, and stress, that is, those who viewed their workplace more favorably exhibited loss burnout, job-related stress, classroom behavioral problems, and perceived their students more positively.

Litam-Aranez et al. (2021) concluded that counseling professionals typically fail to extend the same compassion and care to themselves that they provide for their clients. This contributes to significant levels of burnout and compassion fatigue which negatively impact

resilience. Quevillion et al. (2016) found that helping professionals and psychological first aid responders need assistance in recognizing signs of mental distress so that they better engage in self-compassion and self-care, which is crucial to emotional wellbeing. In comparison Miller et al. (2019) cited that helping professionals that engaged in self-nurturing activities and accepted their shortcomings and treated themselves with kindness were better able to manage psychological distress. In contrast Brooks et al. (2019) revealed that participants in their study who attempted to maintain the façade of wellness struggled with diminished mental capacity, experienced shame, and embarrassment. They feared being viewed as weak.

Ben-Ezra, and Mamama-Raz, (2020) stated that utilizing innovative strategies helps prevent and minimize the impact of psychological distress experienced by healthcare workers during a pandemic. Schreiber et al. (2019) propose conducting continued mental health self-assessments every few days to gather real time data, which allows for timely psychological intervention. Cuartero and Campos-Vidal (2019) conducted a quantitative study measuring compassion fatigue, self-compassion, and self-care among fulltime social workers in Mallorca, Spain using a sample of 270 predominantly female and married respondents. This demographic was expected, as the profession of social work is feminized, like nursing and education, the other helping professions. The primary objective of the study was to investigate the effectiveness of self- care practices in improving wellbeing and as it relates to the impact of the worker client dynamic. Results revealed that socializing with friends and family, using humor, and having a nutritious diet were the most frequent practices, compared with spiritual activities (mindfulness meditation and yoga) as the least cited. Social workers who engaged in these activities an average of two to three times per week showed moderate levels of compassion fatigue and compassion-satisfaction. Implications of this study point to the need of prioritizing self-care

training and practice to combat trauma, burnout, and compassion fatigue. The researchers suggest providing self-care in the workplace.

Dombo and Gray (2013) discussed the importance of social workers' wellbeing, as they are mandated to advocate for the vulnerable, marginalized, and exploited individuals and groups in society. The researchers focused on spirituality and faith as integral components of self-care, as being predictive of better outcomes for the clients they serve. They proposed a self-care model that includes spiritual practices was proposed to attenuate trauma, minimize compassion fatigue and burnout, and improve compassion satisfaction. Dombo and Gray proposed a tri-level self-care model for organizations to support workers. It was also recommended that workplaces provide sacred spaces for prayer, meditation, and reflection.

Prior to the domestic terrorist attack in Oklahoma City on September 11, 2001, mental health, social welfare, and religious workers, were not recognized as first responders neither credited as frontline workers (Naturale, 2015). The widespread occurrence of weather related (fires, hurricanes, earthquakes) and human-caused disasters (oil spills, water, and air pollution), and health epidemics and pandemics (Ebola, COVID-19) have warranted the need for and deployment of such professional workers. Disasters are innately traumatic for victims, survivors, and witnesses. Furthermore, professional helpers are not immune to the trauma they treat. Teachers too are frontline workers. Teaching demands that the professional be fully self-aware, fully present in every moment, with the ability to always engage in emotion regulation to maintain order and model right behavior. Because of the intimacy of the classroom, caring is inevitable. Teachers are charged not only with educating the world's children, but with creating an environment that provides fertile ground for the positive and wholesome development of self-concept, competence, and self-agency. O'Toole (2018) engaged in qualitative research of

emotional exhaustion that focused on the experiences of five teachers who worked a first responders caring for students in the aftermath of an earthquake in Christchurch, New Zealand. Using the Copenhagen Burnout Inventory: Adapted for Teachers (CBI:AT) and the Positive and Negative Affect Schedule (PANAS), Participants were interviewed for 90 minutes and were asked to describe their true emotions shortly after, 18 months later, and in the here and now. Four of the five teachers (80%) reported significant levels of emotional fatigue in the early days following the incident. However, over time the emotional impact varied according to the proximity to the epicenter, personal impact such as death of a loved one, and professional upheaval due to destruction of their workplace resulting in relocations. Furthermore, in instances where teachers felt they were receiving administrative support emotional exhaustion was lower.

Ziaian-Ghafari and Berg (2019) employed a qualitative phenomenological approach of the general experiences of five educators ages 25 to 40 years, in Canada. Results of the 90 minutes interviews found that teachers experienced compassion fatigue around meeting students' emotional needs, creating an inclusive environment that integrate individual personalities and abilities of all students, and lack of resources and support in the workplace. Furthermore, these issues contributed to feelings of isolation and thoughts of leaving the profession. This was supported by research carried out by Baker et al. (2023).

Baker et al. (2021) utilized the internet and social media to disseminate their questionnaires explored the psychological impact of COVID-19 on 454 teachers in 41 schools in New Orleans, one of the first cities in the United States to experience high coronavirus infections and deaths rates. The respondents were predominantly female (81%) and African American (55%). Baker et al. (2021) found inequitable access to online learning particularly among long income, impoverished, special needs, students of color. Furthermore, teachers cited the lack of

direct human contact (43%) and not being able to have face-to-face contact with their students as the most difficult aspects of the pandemic, followed by the lack of resources for students and families (unavailability of technology, parents and guardians not collecting assignments), and the negative effect the work was having on their emotional wellbeing.

Although secondary traumatic stress and or vicarious trauma usually develops over time, Naturale (2015) adds that the potential exists for the frontline workers to succumb to traumatic these psychological conditions are present at point during the helping process. Naturale (2015) further stated that a significant percentage of essential workers experience compassion satisfaction from the meaningful interaction with and positive outcomes with clients, and progress of the community as rebuilds and moves to normalcy.

Williamson et al. (2020) defined and discussed the causes of moral injury including those that are perpetrated against frontline workers by their organizations. They identified five risk factors:

- loss of life to a vulnerable person,
- failure of leadership to accept responsibility or being unsupportive about staff needs,
- absence of social support for the for the emotional wellbeing of essential workers during and or following a critical event emotional,
- workers feeling unprepared for the psychological impact particularly during or after potentially distressing events, and
- concurrent exposure to other traumatic events such as death of a loved one, loss of resources during a natural disaster (p.318).

Ray et al. (2013) theorized that frontline mental health professionals with higher levels of compassion satisfaction, lower levels of compassion fatigue, with positive work experiences, and

felt that their organization was a good fit were less likely to experience pronounced levels of mental impairment. Results showed that working extended hours contributed to increased mental distress and was predictive of compassion fatigue and burnout.

Those who felt supported by the organization, and were kept informed experienced less anxiety, despite the extended work hours. However, job-life congruence was associated with lower levels of compassion fatigue and burnout.

Self-care is linked to self-compassion. Miller et al. (2019) cited that helping professionals that engaged in self-nurturing activities and accepted their shortcomings and treated themselves with kindness were better able to manage psychological distress. Brooks et al. (2019) revealed that participants in their study who attempted to maintain the façade of wellness but struggled with diminished mental capacity, experienced shame, and embarrassment. They feared being viewed as weak. Sakib et al. (2021) pointed that the stigma attached to mental health in Bangladesh might prevent many essential workers from seeking the help they need. While Quevillion et al. (2016) concluded that helping professionals and first responders need assistance in recognizing signs of mental distress so that they better engage in self-compassion and self-care practices, which are crucial to emotional wellbeing.

Aljohani and Al-Zalabani (2016) using the Quality of Life (QoL) assessment studied quality of life among health care providers in Saudi Arabia. This population is considered high risk for poor quality of life. Findings show that low quality of life was predominantly associated with poor lifestyle choices and with poor food choices.

Tartakovsky (2015) conducted an empirical study focusing on the paradigm of personal and social work values as it relates to burnout among Israeli social workers. Using the Maslach Burnout Inventory and the Portrait Values Questionnaire, findings revealed that social workers

whose personal values were congruent with the values of the social work profession as identified by the Social Work Code of Ethics suffered lower levels of burnout. One surprising revelation was the positive connection between personal accomplishment and professional achievement values. Tartakovsky (2015) cited several limitations of the study, one being the causal connection between personal values and burnout. Also, the values of the employing organizations were not measured and can have a confounding effect on results.

Wagaman et al. (2015) using a survey method explored the connection between social workers' empathy and burnout, secondary traumatic stress, and compassion satisfaction. They hypothesized that social workers with higher levels of empathy had lower levels of burnout, secondary traumatic stress, and greater levels of compassion satisfaction. The sample consisted of 173 community-based social work field instructors with a master's degree or higher. Results of this study point to the opportunity to include empathy training as part of their academic program. Two components of empathy-self- other awareness and emotion regulation appeared to be linked to compassion fatigue, in contrast to physiological responses (affective components) which are linked to compassion satisfaction. Limitations of the study include homogeneity of the sample composed of mostly Caucasian females. Implications for practice were also identified including making continued empathy training as a requirement for maintaining licensure. This perspective was shared by Walter-McCabe (2020) who discusses the roles of social work in the pandemic at the micro, mezzo, and macro levels. She postulates that by virtue of the Social Work Code of Ethics social work professionals are mandated to play an integral role in alleviating the suffering of clients during times of uncertainty. Some of the disparities that exist among clients and workers at different socioeconomic levels and work environments that have also been seen among the clergy. The results ranged from low to moderate. However, they recommended that

the clergy could benefit from using self-care practices, such as self-reflection, supervision, and work-life balance that enhances healthy living. Social workers supporting clergy was also advocated. Compassion-satisfaction served as a protective factor for both groups. Pérez-Chacón et. al. (2021) found that compassion satisfaction served as a protective factor for both groups.

Lee et al. (2021) using a cross-sectional design, studied compassion satisfaction, burnout, and secondary traumatic stress among 219 nurses directly caring for patients, for a minimum of six months, in the four trauma care units in South Korea. Data was collected using the Professional Quality of Life scale version 5 and the thirteen-item Traumatic Event Inventory. The mean age of the sample population was 27.5 years with approximately eighty-three percent (82.7%) of the participants younger than 30 years. This is noteworthy since these nurses with the least number of years in the profession experienced the highest level of burnout. Burnout was also prevalent among those who were dissatisfied with their current work facility and intended to leave the trauma units. However, most of this group (75.3%) wanted to continue working as trauma nurses (Lee et al., 2021). This points to the imperative of support systems and programs to undergird the psychological wellbeing for human services professionals, frontline workers, and first responders.

Lee et al. (2021) found a prevalence of traumatic event experiences and secondary traumatic stress with scores of 52.6 and 52.0 respectively more than half of the nurse she traumatic event experience score was 52.6 and the secondary traumatic stress score was 52.0 on a 100-point scale, showing that traumatic events are a prevalent phenomenon among trauma nurses. In contrast a positive correlation was confirmed between compassion satisfaction and burnout. No remarkable association was found between compassion-satisfaction, secondary

traumatic stress, and burnout. In contrast compassion satisfaction was confirmed to be connected to the present work environment (Lee et al., 2021).

Religious Coping

Hodges (2018) focused on the difference between spirituality and religion and the intersection with social work, from an international contemporary perspective. He purported that social work has undertones of religion reflecting similar views. However, social workers must be competent in their understanding of religion and spirituality to effectively integrate spirituality into their practice. Hodges named three advantages of a contemporary approach which include a new way of perceiving religion and spirituality, flexibility in understanding, and the provision of a framework for clients who practice spirituality but do not espouse religion. Two of the seven limitations listed include the religious inflexibility and racial bias steeped in the history of colonialism. One major strength is the association of religious and spiritual belief with hope and wellbeing.

The Bahamian culture is infused with religiosity. Children are reared to revere the Judeo-Christian God who is acknowledged at all official government functions. Each school day begins with scripture reading, and or song in all public institutions. A significant percentage of the populous attend church regularly and to admit that you do not participate in this religious norm is considered sacrilegious. Fielding (2021) carried out secondary research investigating religious beliefs in The Bahamas discovered that 63.7% and 22.4% (86.1%) of 3380 respondents view religion as very important or rather important in their lives. According to Boehme et al. (2018) in the Bahamas, 90% of the Bahamian population profess religion, further citing that the “writing, publication, and or sale of any material adjudged as blasphemous is punishable by up to two years imprisonment”, however this law is not enforced. Religion is woven into the tapestry of

Bahamian culture. In addition, there is no separation of Church and State, and all official state ceremonies include an invited clergy to offer prayers of thanksgiving and blessing.

Spirituality and faith serve as protective factors among people of color, particularly among women of negro descent. Historically, it was the only hope they had to cling to freedom and opportunities for a better life. It is therefore no surprise that in times of disaster and health pandemics spirituality and faith serve as a protective buffer against psychological distress. Cox and Diamant (2018) report that 80% of African American women and 69% of African American men, view faith as significant to their lives in comparison to white counterparts with rates of 55% among white women and 43% among white men. However, research conducted in The Bahamas Fielding (2021) contradicted this perspective discovering that the importance of religious faith was similar among females and males, 65.8% and 61.6% respectively, a mere 4.2% difference.

Using the Flourishing Index to measure wellbeing, to assess trait hope, the Adult Dispositional Hope Scale to assess trait hope, and the Brief RHOPE to quantify religious coping Counted et al. (2020) was able to affirm their hypothesis, that religious practices provided a positive buffer in managing the impact of anxiety and stress in times of crisis.

Chow et al. (2020) using a convenience sample of healthcare workers at the University of Malaya Medical Center, studied the intersection of the COVID-19 pandemic and religion in Kuala Lumpur, Malaysia, the epicenter of the virus spread. Using the Brief RCOPE it was confirmed that spirituality and faith mediated levels of anxiety and depression. Prayer, church attendance, and religious rituals helped with stress management and psychological coping.

Oxhandler et al. (2021) explored the integration of religion, spirituality, and faith with social work practice among Christian social workers. The sample consisted of 486 of the 2,116

members Association of Social Workers (NACSW). The Social Worker's Integration of Their Faith-Christian (SWIF-C) scale was used to answer the hypotheses. Results revealed that more than seventy percent of social workers found it difficult to separate their beliefs from their work ethic and theoretical approach. Less than fifty percent experienced work faith conflicts. This study provides substantial support for the perspective that it is difficult for individuals to separate who they are from what they do. A major limitation of the study was that the results cannot be generalized to other Christian social workers. An implication for practice is to include religious based courses in academic programs.

For many the experience of multiple traumatic incidents contributes to a crisis of faith. Abu-Raiya et al. (2015) addressed three main assumptions about crises of faith and spirituality-intrapersonal struggles, interpersonal struggles, and supernatural struggles. They postulate that when individuals live through catastrophic live altering events, the foundation of their lives are fractured and sometimes shattered. The religion of a loving and protective God is called into question.

Prazeres et. al. (2021) utilized several questionnaires namely the Duke University Religion Index (DUREL), Spirituality Scale (SS), Fear of Covid-19 Scale (FCV-19S), and Coronavirus Anxiety Scale (CAS) to provide a descriptive of the connection between the attitudes, fear, and religion as it relates to both the psychological and religious response the coronavirus pandemic among the Portuguese healthcare professionals. Results reflect that being female was predictive of higher rates of anxiety and fear. Respondents with a more positive disposition and a greater sense of hope had lower levels of fear and anxiety. Nevertheless, many are left confused and bewildered by what they deem God's failure to intervene and prevent the the devastation and suffering, that contributes negative mental health issues.

Zhang et al. (2021) researched the connection between religious/spiritual experiences moderated by spiritual fortitude. Using a predominantly white (76.1%) online convenience sample, their findings reveal that those who have a crisis of faith in the aftermath of a traumatic event are more likely to develop mental health issues that impair normal psychological functioning. Furthermore, they were able to confirm a relationship between spiritual fortitude and psychological symptoms.

For many religious and spiritual copying can have negative consequences. When faith is used as an avoidance mechanism it may delay persons seeking much needed therapeutic intervention. They may engage in spiritual bypass. Picciotto et al. (2017) defined spiritual bypass as the process of using religious beliefs to manage or avoid dealing with psychological distress and complicated emotions. Picciotto et al. (2017) phenomenological study consisted of a sample of eight persons (all Caucasians) who self-identified as spiritual by-passers after participating in a seminar defining the phenomena and describing the symptoms. A total of seventy-three individuals participated. Their research was divided into two broad themes- development of spiritual bypass consisting of and the effects of spiritual bypass, which were further subdivided. Results revealed that some of the participants went in search of religion to overcome psychological pain after a traumatic experience related to family life and personal relationships, to overcome a mundane existence, and as an escape from reality. However, as time passed their reliance solely on religion as a coping mechanism led to anxiety which affected their relationships, thereby becoming noticeable by their loved ones. Some of the findings included the manifestation of symptoms was the loss of self-love, isolation from others and the world to as a method of avoiding conflict, confrontation, and disappointment, spiritual narcissism, described

as having a sense of spiritual superiority, exaggerated optimism, emotional dissociation, and intellectualization as a tactic to avoid feeling.

Organizational Support

During a disaster or health crisis essential frontline workers and psychological first aid (PFA) responders who feel supported by their organizations experience lower levels of psychological dysfunction. Wang et al. (2021) investigated the efficacy of PFA as an evidence-based intervention, focusing on the application and outcomes. Using the findings of previous studies and training models of developed by the World Health Organization support the effective of psychological first aid for first responders and essential workers, although it was not consistently implemented and applied in the same manner across all studies. Studies show that organizational support systems are beneficial in mediating the impact of increased work demands on effective coping during crisis events.

Smallwood et al. (2021) investigated the impact of the coronavirus pandemic among frontline healthcare workers in Australia over an extended period. Those who felt supported by the organization, and were kept informed experienced less anxiety, despite the extended work hours. When human service organizations and healthcare institutions invest in the wellbeing of their employees there is a reciprocal occurrence which translates into a positive transaction. When workers feel cared for it serves as a buffer against increased physical, cognitive, and mental demands in the face of catastrophic incidents events.

Williamson et al. (2020) focused on the causes of moral injury, including those instances perpetrated against frontline workers by their organizations. They identified five risk factors such as leadership being unsupportive about staff needs and emotional wellbeing particularly during or after potentially distressing events:

- loss of life of a vulnerable individual,
- leaders failing to take responsibility for an event and or being unsupportive of staff,
- workers being or feeling unaware of the emotional and psychological consequences of their decisions,
- moral injury occurring concurrently with a traumatic event, and
- failure to provide support following event 4.

Recommendations made to address the needs of all frontline workers included awareness of the impact of primary moral injury events, providing psychological and social support for frontline workers, making referrals, when necessary, supervisors conducting check-ins, and conducting psychological screenings and debriefings following critical incidents and traumatic events.

Organizational support systems are beneficial in mediating the impact of increased work demands on effective coping during crisis events. Organizational support and pre-event training are essential for effective psychological coping. Brooks et al. (2019) found that organizational support and emergency focused training was essential in mitigating traumatic symptoms.

Hennein et al. (2021) discovered in their study in Wuhan, China that having interventions and good group cohesiveness was conducive to minimizing negative outcomes of major depression, anxiety, substance abuse, and posttraumatic stress disorder. During times of crisis teamwork contributes to reduced workplace distress. Rine (2021) confirmed that social workers need psychological care too. COVID-19 has caused an increase and expansion in the number of cases and types of issues that must be addressed with their clients. The importance of maintaining boundaries, seeking consultation, and engaging in mindful self-awareness was restated. For social workers to be cognitively present with their clients, their own psychological

functioning must be healthy. Social workers need to lobby and be advocates for their own self-care, as they are for their clients and communities they serve.

Martin et al. (2020) quantitative research focused on three ideas, 1) wellness practices in the workplace, 2) obstacles to self-care, and 3) stress management techniques utilized by social workers and field supervisors. The study was small consisting of 146 predominantly white participants. As such the study cannot be generalized to any population outside the study sample. Findings revealed that all respondents identified at least one self-care practice. This points to the realization of awareness of the need to protect their own mental health as a prerequisite to helping their clients. Additionally, a working environment that prioritized care the workers' psychosocial wellbeing cited. As expected, heavy caseloads and other work demands were reported. One interesting implication for practice stated that can be quite impactful on the profession of social work is for students to be taught, trained, and indoctrinated on how to integrate self-care into their professional routine, such that it becomes second nature.

Fleury et al. (2017) using the Input-Mediator-Output-Input (IMOI) Model and the Job Satisfaction Survey compared team effectiveness with job satisfaction among nurses, psychologists/psychotherapist, and social workers. Results of the Job Satisfaction Survey revealed that participation and inclusion in the decision-making process led to less team conflict among nurses and social workers. Fleury et al. (2017) concluded that supervisors need to provide opportunities for collaboration and inclusion of subordinate staff in daily activities which could translate into fewer team conflicts.

Implications of a study by Ravalier (2021) point to the need for incorporating wellness modules into social work degree programs. Social work is a highly stressful profession, which serves the most vulnerable populations in all societies and are often bombarded by worst

atrocities that humans experience. It is imperative that welfare workers incorporate well care into their daily routines. Ravalier et al. (2021) using a mixed design studied explored working conditions and employee wellbeing of social workers in the United Kingdom, all of whom were employees of the government. Results revealed that work demands consisting of excessive paperwork, heavy caseloads, and the working environment contributed to high levels of stress. Additionally, the organizational structure and communication channels led to a sense of powerlessness. One major implication of this research is that social workers should be included in the decision-making process surrounding issues that impact their responsibilities and duties. However, a limitation of this study is the small sample (19) that participated in the interview portion of the study.

Research focused on the effectiveness of programs to enhance teachers' wellness and further reinforce their relevance, benefit, and need. Lang et al. (2020) piloted an online five-week course design to teach stress management and resilience strategies. Pre and post self-surveys were administered to 63 teachers in a large midwestern city in the United States assess knowledge of self-care techniques, levels of emotional dysregulation, stress, and positive responsiveness to children. Post test results showed a marked increase in mindfulness, self-awareness, and engagement in wellness activities. Nevertheless, teachers also reported increased levels of perceived stress. Lang et al. (2020) explained that this is most likely due to an increased awareness, understanding, and the ability to identify stress. Implications of this research demonstrate the importance of incorporating stress management into education curricula as an integral part of teacher certification.

Calitz et al. (2014) explored employment satisfaction and performance of duties and the issues concerning burnout among social workers and the exodus from the

profession. Using a sample of 90 social workers in the Northwest Province, South Africa, several problems were named; including unmanageable caseloads, insufficient time to complete work tasks, poor compensation, difficult/challenging clients, long work hours, ambiguous work expectations, and limited resources. Approximately 50% of the participants contemplated leaving the profession, while 30% were disengaged from their jobs. One of the recommendations were made was the establishment of empowerment support programs to enhance wellbeing among social workers.

Althungy et. al (2022) using the Professional Quality of Life fourth 4th Version (Beck Depression Inventory 11-Spanish Short Version (BD-11), and the Beck Anxiety-Fast Screen-Spanish Version (BAI-FS), engaged in exploratory research to examine the level of compassion fatigue, burnout, anxiety, depression, and job satisfaction among social care workers, working in a homeless shelter, in Madrid, Spain at the beginning of the first lockdown during COVID-19 pandemic. The convenience sample consisted of forty-four of the sixty-three workers. Approximately 80% of the sample consisted of women. Additionally, a significant percentage were new graduates in their twenties. The questionnaires were completed four times during a two-month period. Results revealed no significant differences between job satisfaction, depression, and anxiety symptoms. Psychological well-being remained constant during the eight weeks. The researchers highlighted that when work demands are shared and well organized, and employees work as a team, job satisfaction is increased, and psychological distress is contained.

Senreich et al. (2020) using a sample of 6,112 licensed social workers across thirteen states in North America, studied the factors that contribute to compassion satisfaction and general workplace stress. More than eighty percent of respondents reported being happy they chose the social work profession, with more than fifty-five percent answering that they felt

valued by society for the work they do. More than fifty percent experienced moderate to severe levels of stress, thirty-one and twenty percent experienced moderate levels respectively. This was higher than the general population. However, approximately sixty percent of the participants scored high in compassion satisfaction. Results further revealed an inverse correlation between compassion-satisfaction and workplace stress, pointing to the possibility that compassion satisfaction functions as a buffer against workplace stress. Senreich et al. (2020) highlighted that the workplace environment was the most significant predictive factor for compassion-satisfaction, but social workers' personal mental and physical health problems negatively affected compassion satisfaction. A notable finding by Senreich et al. (2020) was the influence of race on the level of high levels workplace stress, and mental issues. It was discovered that social workers of color suffered higher levels of workplace stress, which the researchers believed can be attributed to bias.

Walton et al. (2020) in their article focused on what organizations can do to support the psychological and physical wellbeing its essential workers during the coronavirus health crisis. They proposed drop-in counseling sessions, peer support, and telephone and skype calls for remote workers. For those who are in quarantine, additional support is needed to alleviate fear and isolation. Walton et al. (2020) also highlighted individual responsibility for their mental health as the pandemic does not have a clear end in sight. Missouridou et al. (2021) using a mixed method design evaluated compassion fatigue and compassion satisfaction among 105 nurses working in two COVID 19 public hospital units in Greece during the first wave of the pandemic. One of the issues that has been brought to the forefront because of this health crisis is the importance of health and social care workers tending to the needs of the infected and the social and psychological welfare of others. Three dimensions (meaning, peace, and faith) of

nurses' spiritual wellbeing were measured using the 12-item Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale-12 non-illness (FACIT-Sp-12) over the past seven days. Results revealed that more than seventy-five percent experienced high levels of compassion satisfaction, which was partly attributed to the positive organizational environment characterized by collaboration, respect, and teamwork. This implies that organizations that include their workers in the decision-making process and keep them abreast of changes create a climate of togetherness and cohesion.

Vaccaro et al. (2020) believes that compassion fatigue should be redefined as a public concern, which will garner attention at the macro level of policy. This perspective was shared by Ortega-Galan et al. (2020). Utilizing a hermeneutic approach, they employed a qualitative design to explore compassion and empathy among 423 social workers working in community settings. These researchers believed that conceptualizing compassion and empathy as a public issue will lead to greater understanding and protection for frontline social workers. Limitations cited are the working conditions and inequities of social workers in international jurisdictions coupled with the reality that they may experiencing personal and environmental hardships themselves (Ortega-Galan et al. 2020).

Pollock et al. (2020) conducted a meta-analysis exploring the intervention strategies and support systems put in place to support the psychological wellbeing and resilience of health and social care workers. Barriers too and facilitators of interventions were also explored. Findings revealed a lack of both qualitative and quantitative evidence reflecting the availability of mental health support systems before, during, and after a disease outbreak or natural disaster. They conclude the COVID-19 pandemic is an opportunity to design, implement and evaluate support services and programs to meet the psychological and emotional needs of these frontline workers.

Summary

Despite the plethora of research done on compassion fatigue, secondary trauma, and burnout mental health functioning of frontline workers, tremendous gaps remain. For the most part, research on compassion fatigue, burnout, and secondary traumatic are viewed as negative events rather than motivators toward self-fulfillment and the value of helping others, which in turn serves to energize workers to find pleasure in their vocation.

Another gap is the predominance of sample populations representative of Caucasian and Asian realities, coupled with the fact that most of the research was mostly conducted in Europe, Asia (China, Japan, and India), and Israel. No studies were found exploring the impact of natural disasters and the coronavirus pandemic on the mental health of Caribbean peoples. Research investigating the experiences of social workers, counselors, healthcare, and other essential workers of African American and Caribbean descent proved difficult to obtain. The Bahamian population is composed of eighty-five percent (85%) Negroid population. Ninety percent of Bahamian social nurses are black, with those of other races being foreign nationals. One hundred percent of Bahamian social workers are black. This presents an ideal research opportunity. This study seeks to address this issue by studying the impact hurricanes and the COVID-19 pandemic on psychological wellbeing of nurses and social workers on Grand Bahama, the hurricane capital of The Bahamas.

CHAPTER THREE: METHODS

Overview

`The purpose of this study was to describe and bring awareness to the psychological and social experiences of compassion fatigue, burnout and compassion satisfaction among welfare/social workers, educators, and nurses on Grand Bahama Island, in the aftermath of hurricane Dorian and during the coronavirus pandemic. A review of literature reflected that very little research has been carried out focusing on African American and Caribbean populations who are mostly of the negro race. Lastly, no research had been conducted on the psychological wellbeing on social workers and nurses in The Bahamas. This remains concerning as The Bahamas has been devastated by five major storms in the past ten years. The land, economy, and the people have all been traumatized. The impact of these natural disasters on the psychological wellbeing of frontline workers often goes unnoticed.

Research Design

A qualitative transcendental phenomenological approach was utilized to conduct this study. Vagle (2018) posited that this approach allows people to recognize and understand the possibility of restoring a seemingly lost world. German philosopher, Edmund Husserl is credited with the development of phenomenology as a method of studying human experiences. He believed that the true essence of research should go beyond sensory perceptions to the core of emotion, imagination, and memory (Neubauer et al. 2019). The lived experiences of people of color their existence, perspective, and interpretation of the world can provide information that serves as a roadmap in designing services and programs that meet their diverse ethnocultural needs. Thus, a phenomenological approach was well suited to the description of their lived experiences. Neubauer (2019) states that the experiences of others can provide a guidepost and

answers for individuals, organizations, and society. Permission to conduct this study was granted by the Institutional Review Board at Liberty University. This study employed a qualitative design. I acknowledge that while anonymity may not have been eliminated, all measures were taken to protect the identity of participants. Furthermore, although bias was kept to a minimum, there is no way to eliminate all bias (Heppner et al., 2016).

Research Questions

The researcher answered three general questions:

RQ1. What are the experiences of essential workers of compassion fatigue and burnout, in the aftermath of Hurricane Dorian and during COVID-19 pandemic on Grand Bahama Island?

RQ2. What are the experiences of essential workers of secondary traumatic stress and vicarious trauma in the aftermath of Hurricane Dorian and during COVID-19 pandemic?

RQ3. What are the perceptions of essential workers of organizational support for their wellbeing?

Setting

The geographical location of this research is the island of Grand Bahama, the most northern island of The Bahamas archipelago. Grand Bahama is ninety-six miles long from east to west and fifteen miles wide. The main healthcare facility, welfare agency, and most schools are situated within a three-mile radius. Its most western settlement is a mere fifty-five miles from the coast of Florida, a short 25-minute plane ride away. The residents are primarily Afro-Bahamians, however there are significant Caribbean, South American, Filipino, Canadian, and English populations who call Grand Bahama home. The rationale for the selection of this site is that this is the island where I have resided for approximately fifty years, and the island that has experienced significantly more hurricanes and more catastrophic hurricanes than any other

Bahamian island. These hurricanes have devastated the economy, environmental landscape, and infrastructure. The participants were recruited from among nurses, welfare workers, and educators employed in the public sector. I was granted permission to recruit welfare workers at the Department of Welfare Services. Participants were recruited using two strategies; I engaged in professional networking via telephone and face to face contact. I also used snowballing and encouraged participants to inform their colleagues and coworkers of my research and my contact information.

Lastly, I selected this site as no published research was discovered focusing on the impact of continuous critical incidents on essential workers whose duty and mandate is to provide essential human services. With the increased occurrence of extreme weather and health incidents across the world, the mental health of nurses, teachers, and social/welfare workers is constantly being challenged and climatologist predict that weather events will continue to be more intense because of the warming of the planet, which also has an impact on mental health (Berry et al., 2010).

Participants

The Copenhagen Burnout Inventory (CBI) was used as a criterion-based sampling method to select a sample of teachers, welfare workers and healthcare professionals employed in Grand Bahama as respondents. Participants consisted of individuals who experienced a moderate level of compassion fatigue or burnout on any one of the three subscales. Voluntary participants for this study were recruited from among social workers, nurses, and educators working in Grand Bahama, employed by public sector institutions. There is only one hospital, one central office for welfare services, and eight public schools (four primary grades 1-6, two junior high grades 7-9, and two senior- grades 10-12) on Grand Bahama.

The criterion for inclusion was individuals working in any of these occupations during hurricane Dorian and COVID-19 and experienced some degree of the phenomena under study. The minimum educational attainment was a bachelor's degree, since it is the minimum professional qualification required for entry into the stated careers.

These participants represent helping professionals that experienced both Hurricane Dorian and the COVID-19 pandemic, which were accessible and met the criteria for this study. The sample represented the only available groups that deliver human services in times of natural disasters and pandemics in The Bahamas. Currently, there are approximately 300 nurses, 50 welfare workers, and more than 600 educators employed at these welfare, health, and educational institutions on Grand Bahama Island (N. Stuart, personal communication, December 14, 2021; S. Missick, personal communication personal, November 30, 2021; L. Smith-Rolle, personal communication, July 27, 2023).The respondents were selected based on their responses to the Copenhagen Burnout Inventory to ensure that they experienced compassion fatigue, burnout, and or secondary traumatic stress, that impacted their lives, professionally, socially, and personally. A transcendental qualitative design was ideal for this study, as it allowed the researcher to delve into the world of each participant and provide detailed narratives and experiences that need to be known (Heppner et al., 2016). While a quantitative study might provide more statistical data, it is impersonal and does not provide the intimate knowledge of participants who are just a number in a sample of many (Daniel 2016).

Questionnaire

Participants were identified using the questionnaire discussed below. Only participants who obtained a study.

Copenhagen Burnout Inventory

The Copenhagen Burnout Inventory (CBI) was used to determine the presence and level of compassion fatigue and burnout among potential respondents. Only essential workers who experienced these phenomena even at a minimal level qualified to participate in this study. CBI is a self-administered 19-item instrument that measures burnout across three subscales- personal burnout, work-related burnout, and client-related burnout. Each subscale yields independent scores that can be scored individually. Subscale one consists of six questions; responses to each item are made on a five-point scale ranging from Always-100, Often-75, Sometimes-50, Seldom-25, and Almost Never/Never-0). Subscale two contains seven questions with the responses for the first three questions consisting of, To a very high degree-100, To a high degree-75, Somewhat-50 To a low degree-25, To a very low degree-0. The remaining questions utilize the same response categories as subscale one. Subscale three is made up of six items, with the first four questions using the same response categories as subscale one and the last two questions employing the same response categories as Subscale two questions one to three. Additionally, participants who fail to answer less than questions in subscales one or three, and less than four questions in subscale two are considered non-responders.

The CBI is an evidence based empirically supported instrument having both internal and external validity and consistency. Studies support the internal consistency of this instrument. Kristensen et al. (2004) measuring burnout, motivation, and job satisfaction among human services professionals in Denmark findings reveal Cronbach alpha ratings of 0.87, 0.87, and 0.85 for personal burnout, work-related burnout, and client-related burnout respectively. A study by Montgomery and colleagues (2021) focusing on burnout among nurses support the finding of previous research, yielding comparable results with Cronbach Alphas of 0.91, 0.89, and 0.92

across the three subscales reaffirming CBI's strong internal reliability and consistency. Additionally, The Copenhagen Burnout Inventory was further validated in a study of burnout among social workers in various environments and work settings (rural, suburban, and urban), and at all levels in the United States. Walter et al. (2018) questioned the efficacy of CBI to successfully assess and measure burnout among the social work groups. All scales were consistent with other studies with Cronbach alpha ratings of .90, .91, and .90 respectively, proving it to be an excellent tool to measure burnout among human services professionals in all categories and at all levels.

The Copenhagen Burnout Inventory has gone through several iterations and has been normed across diverse populations and international jurisdictions, lending to its universal credibility and use. Over the past fifteen years CBI has been translated into more than eight different languages (Walters et al. 2018). CBI is an open access instrument, available at no cost, which makes it a perfect alternative to Maslach Burnout Inventory- Human Services Survey. Furthermore, studies revealed stronger Cronbach alpha ratings that buttress internal consistency of the Copenhagen Burnout Inventory.

Procedures

Once the submitted Institutional Review Board application was approved, several options were used to secure the seven participants. Although a pilot study was not required for a qualitative study, the researcher carried out a pilot study using one voluntary respondent. This was done as it is a process recommended by some scholars as a process that evaluates the data collection and analysis methods and helped to ensure that the semi-structured interview questions were satisfactory and sufficient to answer the research questions (Shakir & Rahman, 2022). The researcher commenced contacting potential respondents via her professional affiliations and

acquaintances. This process was conducted by direct face-to-face communication, telephone calls, emails, and snowballing.

Since the researcher has an established professional relationship with the primary welfare agency on Grand Bahama, she followed the procedures identified above in contacting the Department of Social Services. Additionally, The Officer in Charge of the Northern Bahamas Division was contacted by official correspondence. Follow-up phone calls, emails, and visits were made by the researcher within 5 days to schedule in person sessions to discuss and further clarify any questions about the research and to confirm/request permission to solicit participation from their social workers.

The researcher received approval to speak directly to the target population, to garner their support. The Bahamas is a high contact culture where face to face interpersonal relationships is an important aspect of social networking, demonstrates respect, and is a highly valued commodity that allows others to form favorable impressions and to determine if the researcher meets their expectations (Lustig & Koester, 2010). Another avenue that was employed was snowball sampling via word of mouth, and direct telephone calls by the researcher.

The questionnaire, along with a letter of introduction about the researcher, documents outlining the purpose of the research, and an informed consent form, were pre-packaged in separate envelopes to maintain anonymity and confidentiality. This process was carried out for a period of two weeks. Once forms were returned each was evaluated for inclusion in the study. The participants selected were contacted to conduct one 90-minute individual interview using semi-structured open-ended questions. These interviews were conducted via Microsoft Teams for audio recording and transcription purposes. The sample population received no compensation, gifts, or rewards for their participation in this research.

Researcher's Role

According to World Population View (2022), Grand Bahama is home to approximately ninety thousand inhabitants (89,903). With only four major grocery stores, and one primary hospital it is inevitable to encounter these the frontline workers at social and professional events, as well as during daily living. I am not an employee at the Department of Social Services, Grand Bahama Health Services, or Ministry of Education, neither am I engaged in any business enterprise, social relationships, or professional activities that would hinder or bias the outcome of this study. However, I am acquainted with a significant percentage of social workers, nurses, and teachers having instructed them at the University of The Bahamas (College of The Bahamas) where I am adjunct lecturer in social work and psychology. I have taught in this capacity for the past twenty-five years. In addition, I was a volunteer with the Ministry of Health/Pan American Health Organization (subsidiary of WHO) COVID-19 vaccine program, coordinated and staffed by nurses. However, none of the nurses associated with the vaccine program participated in this study.

Data Collection

The primary data collection method used was a 90-minute semi-structured interview that was conducted either face-to-face or online using Microsoft Teams. Participants with scores indicating even minimal levels of compassion fatigue and burnout were included in this study.

Interviews

Interviews are one of the most common avenues of data collection for qualitative phenomenological research, with the ultimate objective of describing the phenomena being studied. It is a simple way of exploring the lived world of individuals in their own words (Heppner et al., 2016). During the interview probing questions were incorporated where

appropriate to gain further insight, clarity, and additional details. According to Kallio et al. (2016) probing questions add to trustworthiness, objectivity, and truthfulness. The interviews were conducted face-to-face on Microsoft Teams for audio visual recording and transcribing. The questions listed below were answered using this methodology:

1. Tell me about yourself.
2. What led you to pursue this career?
3. Compassion fatigue is the experience of extreme mental, physical, and emotional exhaustion among human services professionals as a direct consequence of concern and caring for others who have suffered and or been traumatized (Schupp, 2016). Describe your experiences with compassion fatigue?
4. Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal and professional productivity due to unmanaged chronic stress, directly linked to the workplace tasks and environment (Maslach and Leiter, 2016; ICD-11). Describe your experiences with burnout?
5. Secondary traumatic stress is characterized by symptoms that mirror post-traumatic stress disorder (PTSD), which include intrusion, avoidance, and arousal because of repeated exposure to the trauma of others, either by listening to the aversive events of their narratives, caring for their needs, and or witnessing the event. Symptoms frequently exhibited seem as if they were victims or survivors of trauma themselves (Sanderson, 2013). Describe your experience with secondary traumatic stress?
6. How did your education prepare you to work with the critical events of Hurricane Dorian and COVID-19?
7. Tell me about a typical day on the job.

8. Describe for me situations that contributed to your experiencing compassion fatigue, burnout, and or secondary traumatic stress.
9. Describe the type/s of support did you received from your organization prior to, during and following these catastrophic events.
11. How do you or did you perceive or interpret your religious beliefs in response to your experiences with Hurricane Dorian and COVID-19?

Question one was intended to gain an understanding of the motivation that led to choosing their career. Wilkes et al. (2015) reported that students choose nursing as a career primarily for personal reasons such as the desire to care for others and for the job security the profession provides. Similar results were found in a study by Perryman and Calvert (2020) who found that educators choose their career mainly due to altruistic reasons. Questions two, three, four, six, and seven provided the opportunity for participants to share the impact of compassion fatigue, burnout, and secondary traumatic stress. By their very nature these three professions often contribute to increased levels of psychological distress. A typical day of caring for the needs of others can become both physically and emotionally burdensome. Question five allowed respondents to provide information on the level of academic preparation in providing training in self-management, self-care, and emotion- regulation. Nurses, social workers, and teachers have an obligation to provide care despite the severity of the circumstances (Dewart et al., 2020). Question eight was designed to gather information of any tangible or intangible resources and support that was provided by supervisors, the organization, community agencies, family, church, and friend circles. Question ten is designed to solicit data of the organizations' response to catastrophic events that resulted in massive loss of life and procedures and processes implemented to prevent further loss and psychological distress. Many lives were lost during

Hurricane Dorian and COVID-19. Some of those lives included colleagues, friends, relatives, and acquaintances.

Data Analysis

Bracketing

When conducting phenomenological research, it is necessary to put aside ones' feelings, knowledge, assumptions, and suspension of judgements in order interact with the data from an unvarnished perspective, this activity is referred to as bracketing or epoche (Heppner et al., 2016). Bracketing and epoche are designed to ensure trust and present an objective view of the phenomena being studied. The researcher acknowledged her experiences related to compassion fatigue, burnout, and secondary traumatic and intentionally contained and set aside her personal perspectives and feelings to describe things as they are, not as she wished them to be, to avoid tainting the research. This allowed her to maintain objectivity and minimize bias. She utilized her professional training as a counsellor to safeguard against intentional subjectivity or influence on participants. The researcher in addition to using the skills of active listening, empathy, appropriate eye contact, paraphrasing, restatement, and reframing to ensure clarity, used her personal qualities of genuineness, warmth, and openness to create a safe atmosphere of nonjudgement and presence (Miley et al., 2022). Though the researcher was intentional in her efforts to refrain from subjective interpretation of the data, Overgaard (2015) posited that purification of interpretations are incorrect. However, every effort was made to avoid subjective interpretation and eliminate personal bias.

Within two days of transcribing recorded interviews, the researcher listened to them while reading the transcriptions to ensure accuracy. She made every effort to repress her thoughts, memories, and feelings about her perceptions and perspectives of her experiences shared information. A verbatim copy of the transcription was emailed to the participants who

assessed for accuracy to avoid significant errors, keep the researcher honest, maintain transparency, and increase the validity and quality of the entire research. The researcher transcribed each interview within 48 hours of participants' approval.

Following verification of transcripts by participants, the researcher listened to each recording a minimum of two more times while simultaneously reading each transcript to winnow the data and identify themes and patterns (Creswell & Creswell, 2018). A modified version of Tesch's eight steps coding process was used to analyze data and solidify formulated statements (Creswell, 2018). All coding were done manually, although hand coding is a tedious process, I believe it was extremely important for this researcher as it helped me to gain a thorough knowledge of the raw data and ensured a more thorough intimate interaction with the data collected. During this process the researcher bracketed her thoughts and biases as she highlighted and made notes of significant key words and phrases that stood out and were common among respondents.

Tesch's eight steps of coding are as follows:

1. Get a sense of the whole. Interviews and transcripts were listened to and read as they are received, and the researcher highlighted information and made preliminary notes.
2. One transcript chosen. The researcher selected the most captivating transcript and asked the question what about it made it so interesting. Notations were in the margins during this exercise.
3. Step 2 was repeated for all seven participants. Additionally, as common themes and patterns emerge, topics were created.
4. Compare the information to the original data. This was done to create categories and codes.

5. Find the most descriptive wording for topics and convert them to categories. The researcher developed a list of categories by grouping similar and interrelated topics together.
6. Make a final decision on the terminology for each category. Codes were assigned equal weight.
7. Place data in category. Data was assigned to specific categories for preliminary analysis.
8. Data was recorded and recategorized as necessary.

Trustworthiness

Credibility

Credibility refers to the truthfulness in the interpretation and reporting of original data and instills confidence in the reader (Kyngas et. al., 2019). The researcher ensured data saturation. Furthermore, all interviews were recorded and transcribed. This was a time saving measure that helped the researcher make any adjustments prior to the commencement of the data collection process.

Member Checks

Each participant was provided with a written copy of their interview and a copy of the winnowed data which includes formulated statements, themes, and patterns. The researcher followed up with a phone call to confirm that the transcript was reviewed and to field questions and concerns. This provided an additional check for accuracy and truthfulness in the study. This strategy helped to improve consistency (Creswell and Creswell, 2018). No concerns or discrepancy were reported.

Peer Review

Peer review is a voluntary professional activity in the doctoral process, in which a

colleague with a doctorate degree and experience in the field of education and or social welfare provides critical feedback. The researcher collaborated with the peer reviewer, who provided feedback with challenging questions during the data collection and analysis phases of the study. Additionally, this technique protected and upheld the integrity of the study, thereby enhancing trustworthiness (Creswell and Creswell, 2018).

Dependability and Confirmability

Dependability in qualitative research refers to the repeatability of the research and is tantamount to reliability in quantitative research and speaks to the rigor of the data collection activities (Morse, 2015). To achieve dependability and confirmability member checks, external auditing, and the inclusion of negative/discrepant information were done.

Negative/Discrepant Information

The researcher included findings that contradict the general themes of the research. Creswell and Creswell (2018) state that presenting evidence that goes against the general perspective makes participant accounts more realistic and more valid.

Transferability

Transferability is the ability of qualitative research to be applied to other areas by readers interested in carrying out their own qualitative studies. It applies to the applicability and replicability of a study to similar situations that might be studied (Kyngas et al., 2019). To increase transferability every step of the data collection and analysis must be meticulously done. Through peer review, member checks, external auditing, and a pilot study transferability was enhanced.

Ethical Consideration

The raw data collected from participants was only viewed by the researcher and treated as strictly confidential. Transcribed material is stored in a locked cabinet, in the researcher's home office, which only she has access to. Participants selected their pseudo name prior to being interviewed. Only the researcher is aware of the participants' true identities. Files on the researcher's computer are password protected and given names that are not readily recognizable as research data.

CHAPTER FOUR: FINDINGS

The purpose of chapter four is to present findings of the data that was collected and analyzed. The purpose of this phenomenological study was to describe and bring awareness to the phenomena of compassion fatigue, burnout, and secondary traumatic stress among essential workers, on the island of Grand Bahama. Compassion fatigue (CT) is defined as the experience of extreme mental, physical, and emotional exhaustion among human services professionals as a direct result of concern and caring for others who have suffered illness and or trauma (Schupp, 2015). Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal and professional productivity due to unmanaged chronic stress, directly linked to workplace tasks and environment (Maslach and Leiter, 2016; ICD-11). Secondary traumatic stress is characterized by symptoms that mirror post-traumatic stress disorder (PTSD), which include intrusion, avoidance, and arousal because of repeated exposure to the trauma of others, either by listening to the aversive events of their narratives, caring for their needs, and or witnessing the event (Sanderson, 2013). Sufferers feel as if they were victims or survivors of trauma themselves.

Using pseudonyms, a brief profile of each of the seven participants is presented including their professional occupation, years of service, ethnicity, and age. This is followed by analyses of the data collected via audio visual interviews conducted on Microsoft Team. The data is organized by research questions using themes and narratives extracted from the data. Data analysis is presented in the order in which the research questions are written, and themes generated by responses to the research questions.

Participant Profiles

Data was collected from seven participants- two nurses, two social/welfare workers, and three educators on Grand Bahama Island. The participants were recruited due to availability. Coincidentally, by happenstance they worked and currently work in different areas and locations. The 3 nurses work for the only health care system in operation during Hurricane Dorian and the COVID-19 pandemic. There is only 1 welfare agency on Grand Bahama, however the participants work in different departments. The educators teach in different schools.

To be included in the study each participant must have experienced moderate burnout (based on CBI scores) during the period following Hurricane Dorian and during the coronavirus pandemic. The Copenhagen Burnout Inventory was administered and prior to interviews to determine suitability for participation in the study. CBI is an open access instrument considered as an economical alternative to the Maslach Burnout Inventory. This 19-item instrument has gained popularity and over the past 15 years it has shown great internal and external reliability and validity in measuring burnout across three domains-personal (6 items), work-related (7items), and client-related burnout (6 items) (Montgomery et al. 2020). The CBI is in alignment with the World Health Organization's perspective on the issue of burnout, seeing it as a health issue (Montgomery et al. 2020). According to the CBI all participants met the criteria for inclusion in the study, with each scoring at least in the moderate range in one domain of the inventory. Any essential worker who scored a 50 in any one dimension was eligible to participate, to ensure that they were impacted by the phenomena being studied.

Sally

Sally a woman in her late forties, is an experienced social worker with more than fifteen years on the job. She earned a Bachelor of Social Work degree from the local university, in the

community where she has lived entire adult her life. Since recent departmental rotations that occurred in September 2023, Sally holds a supervisory position. To protect her identity and maintain confidentiality her status is not stated since she is the only welfare officer functioning in this position. All clients of this department are referred to the department through the judiciary. In the past she has worked in community support which provides welfare assistance and child protection services. Sally described what led to her becoming a social worker. She said:

> Initially, I love the elderly, still do. And I always thought that one day, if I live long enough, I too will become elderly and who will take care of me. So, the love for the elderly, that is what propelled me towards this career, being a social worker. For example, some of them only have a pension to live on, or they have family members or children who may try to steal from them. …I always thought that if somebody social work wise, if laws could be put in place to protect them in terms of elder abuse, just how we take matters to court for children, protect them also to look at ways that we can protect the elderly. But I have never had the opportunity of working with them in a way I would like to.

The results of the CBI revealed that Sally experienced burnout in all three domains- high personal burnout, moderate work-related burnout, and moderate client-related burnout7, scoring 75, 60.71, and 66.67 respectively. Sally reported feeling tired, saying, “It’s like it didn’t hold the joy that it used to. It was like a task just to do what I was doing. I was just tired.”

Miah

Miah is a single female in her early thirties. She characterizes herself as a loving person, who loves people, God, and travelling. She has worked as a social worker for 5 years; however,

she has only recently been made permanent in her position. Miah is in her final year of pursuing a master's degree in mental health counselling. Miah proclaimed that she was not interested in the social work profession. Miah said:

> Well, initially I wanted to be a teacher. I didn't know what social work was. I remember being at school. It was my second year of courses. Freeport is the second city, so you would have to complete some of your courses, then transfer to the main campus in Nassau. I was trying to complete my basic courses in Freeport rather than having to transfer to Nassau, which I did not want to do. I was really encouraged by this teacher and transferred into the program of social work and that's how I got into social work. I thought it would be better if I switched to social work because I was sold the idea that social work is a course that has the same mandate as teaching. It entails helping people obtain the tools to help people better themselves, their lives. I have no regrets because I really realized that social work is a ministry, and of course, because I love people and because I know that we are not put on this earth to just be for ourselves. We are here to serve each other. So, I have always had that in my heart. I was completely sold. I felt like this career would allow me to do that effortlessly. Yeah, I appreciate the fact that my career social work would allow me to do that freely.

Miah's scores on the CBI reflect that she experienced moderate personal burnout, high work-related burnout, low client related burnout. She scored 60.5, 82.14, and 45.83 respectively across the three dimensions.

Lori

Lori, age 40 years, describes herself as a wife and mother of two boys. She is a registered nurse of 12 years, with expertise in critical care nursing. Her entire nursing career has been spent caring for the sick in the Grand Bahama community. During the coronavirus pandemic, Lori was

deployed to the COVID-19 Unit of the hospital, where she was in direct contact with infected patients daily. Earning her Bachelor of Nursing degree at the University of The Bahamas, the premier tertiary education institution in The Bahamas, she is a past president of The Bahamas Nurses Association. Lori credits her mother as the reason for becoming a nurse. Lori shared:

> I was led into nursing by my mother. My mother was a trained clinical nurse for 42 years. Growing up and seeing how she spoke about her patients, how she talked about the fulfillment she got from her job, it led me to pursue the same career.

Based on the results of Copenhagen Burnout Inventory Lori experienced high personal burnout, moderate work-related and client-related burnout, with scores of 75, 57.14, and 62.5 respectively.

Jewel

Jewel, a 62-year-old mother of three, is a trained clinical nurse with more than 34 years of experience. She is also a trained pharmacy technician and has a Bachelor of Social Work degree. Jewel reported that she did not complete the Bachelor of Nursing Degree because she had nowhere to live. However, she managed to complete the requirements for the Trained Clinical Nursing program which was only 2 years. Her interest in the nursing profession was birthed through her mother. Jewel shared:

> My mommy. She got sick and she had a stroke. I was about 18 years old, she had had a stroke, and nobody knew what to do. We didn't know what to do (shrugging shoulder). On the island, people don't know what to do. She was lying there, and then she got back up and started walking around as if nothing happened. And then again and again. Like she was having it over and over and over. She just stayed like that. She got worse and worse, and later she died. How old were you when she died? I was 24.

Jewel experienced low personal and client-related burnout, and moderate work-related burnout. Jewel's scores were 41.67, 33.33, and 57.10.

Lashan

Lashan is a 37-year-old married mother of two sons. She shared that family is important and that she comes from a large close knit extended family of grandparents, parents, and cousins who live in close proximity (a short walk). The small island community where she grew up and resides is also intimate, where everyone knows each other. Lashan is an educator, who has spent her entire career teaching mathematics in the Bahamian public school system. For the past 9 years she has been an adjunct instructor at two local colleges. Lashan said:

> I love teaching, but some parts are frustrating. A teacher inspired me to teach math. It was my high school math teacher. Norene Knowles (not her real name), she inspired me because not only was she fluent in math and loved math, but she also (Miss Knowles) showed compassion and care. My high school was in a low-income community, where persons are less fortunate. The mindset and the culture that people don't have a lot. She would assist with bringing treats and she would sometimes bring little snacks and incorporate all of this into her teaching. Not only that, but she would also sometimes buy school supplies and all these things. So, she showed compassion as well as she thought us to understand. So, all of that inspired me to want to become a teacher and give back too and somehow do the same exact thing that she did and more. She made me excited and *wanting* to learn.

Lashan experienced low personal burnout, moderate work related, and moderate client related burnout. She scored 41.57, 62.5, and 70 respectively.

Lisa

Lisa, aged 41 years, is a wife and mother of two boys. An educator of 14 years, most of her experience is at the senior high level teaching culinary arts and hospitality. For the past four years she has been working with exceptional students with learning, emotional, and physical disabilities, and challenges. Lisa described her venture into education as a *fluke*. Lisa explained:

> I came into the profession [special education] I guess by chance. Working in the senior school, I encountered a student that was completely illiterate and because of my interaction with him, he motivated me to get a degree in special education. That's why I end up at the exceptional school now. It's a job that has its highs and lows, but for the most part it is rewarding. Lisa's scores on the CBI were low personal burnout, moderate work-related burnout, and low client-related burnout. The scores were 45.83, 55, and 33.33 respectively.

Shayna

Shayna described herself as a homebody who enjoys international series on Netflix. Her favorite leisure time activity is watching Turkish and Korean films with her daughters, even if they are not in English. She beamed and her voice was filled with excitement as she talked about her husband of 11 years, whom she described as an awesome husband and dad to their two girls. Shayna shared how she entered the field of education. She stated:

> My dad, it [education] wasn't my first choice. I completed two years when I signed up for COB [university]. I did accounts. I always wanted to be a CPA and my second year into it, I realized it wasn't something I wanted. It did not bring me any passion. I hated going to classes. I didn't like it. I did not like it, and I had a conversation with my dad one day and he was like, why don't you try education. I was like, what for me to kill the people

> children. I don't have any patience to go into education. He told me, just try it, you might like it. I went into education, and I enjoyed the classes. I enjoyed the hands-on activities. I like the fact that I wasn't stuck just crunching numbers and being stuck within the four walls. I got the chance to be creative and experience different things and education, and it just took that one semester and that was it. I was hooked! I wouldn't change or trade it for anything in the world. I love education (said with great enthusiasm). I love being an educator. If I had to do it all over again, I would always choose education because I'm passionate about, you know, imparting knowledge.

Shayna's CBI scores were moderate personal burnout, and very high levels of work and extremely high client burnout with highest score possible. The scores were 70.83, 89.30, and 100 respectively.

Results

The data presented below resulted from participant responses collected from semi-structured interviews using the data collection methods described in chapter three. Analysis of the data produced several themes. A rich textural description of each theme based on participants' responses are described in their own words to maintain authenticity. This is followed by a discussion of the findings, implications, recommendations for future research based on the findings.

Data was collected and reviewed several times to ensure accuracy of what was analyzed using Tesch's eight step process as described in chapter three. This exercise yielded six themes that were directly from participant responses. The first theme compassion fatigue, consist of four codes, tiredness, exhaustion, lethargy, and disconnection. Compassion fatigue is a precursor for burnout the second theme, which yielded seven codes overwhelmed, excessive workload, 7-day

work week, indifference, irritation, illness, and loss. This theme became apparent as workers described their typical workday and direct experiences with burnout.

The third theme, secondary traumatic stress is based on the semantic approach using research question two. Initially participants were unable to readily identify any instances in which they experienced secondary traumatic stress until the researcher described situations and symptoms of this condition. This theme overlapped with theme two, burnout. Six codes were generated, speculation, fear, death, nightmares, intrusive thoughts, and irritability. The fourth theme organizational support revealed two codes unconcern, and indifference. Theme five spirituality provided the following codes thankfulness, grace/mercy, faith, spiritual growth, and sustainment. Religion is an integral part of Bahamian culture and any research focusing on the wellbeing would be incomplete without consideration of religious beliefs and values. The sixth theme education highlighted the level of academic preparedness among the participants and the impact of Hurricane Dorian and COVID-19 on students' learning. Five codes were revealed, disengagement, underachievement, absenteeism, resources, and preparedness. The themes and codes are outlined in Table 1: Theme Development.

Table 1: Theme Development

Themes	Codes
Compassion Fatigue	Tiredness Exhaustion Lethargy Disconnection
Burnout	Overwhelmed Excessive Workload Long Hours 7 Day Work Weeks Indifference Irritation Illness Loss Typical Day
Secondary Traumatic Stress & Vicarious Trauma	Fear Speculation Death Nightmares Intrusive Thoughts Irritability
Education	Disengagement Underachievement Absenteeism Resources Preparedness
Organizational Support	Unconcern Indifference
Religious Beliefs	Prayer Peace/Comfort Grace/Mercy Faith Question God God in Control/Sustainment
Emerging Themes	

Analysis of participants' data led to the discovery of several themes. The themes that emerged include compassion fatigue, burnout, secondary traumatic stress, organizational support, educational preparedness, student disengagement, and spirituality.

Theme One: Compassion Fatigue

The foundational theme of compassion fatigue was common among all essential workers. Several meaningful codes and statements were identified and used to create common themes. Though exhaustion was common among the participants, the source of the distress varied. Social workers spoke of the lack of energy and loss of joy. Nurses talked about the emotional and physical strain of having to pivot to a new reality of working in questionable conditions due to destruction of the hospital and the fact that doctors were grappling with unknown coronavirus disease. Teachers were stressed because education came to a halt as the government implemented virtual schooling. This pointed to the obvious theme of compassion fatigue. When asked about their experiences with compassion fatigue Miah said:

> My body was just always tired and as a result it would revert to like having the flu or just extremely exhausted. In one instance I had to go to the hospital, and they opted to give me an IV. But because it wasn't extreme, I was given a few days off to rest.

When asked about her experiences with compassion fatigue Sally said:

> I believe at one point working with children, I think I may have experienced that in that I was just tired. It was to the point where you just didn't want to be bothered with anything that had to do with children. I put pen to paper and asked to be removed. I was just tired.

Lori shared that having to deal with the aftermath of Hurricane Dorian during the coronavirus health pandemic was both mentally and physically exhausting. The hospital was destroyed, and a tent city was established to provide medical care. Lori said:

> We were dealing with using buckets, ocean water to wash hands and stuff like that to make sure we kept viruses or any other illnesses at the minimum under the tents. We had to withstand weather conditions, when it was cold, it was nowhere to get warm, even though they provided heaters and stuff like that, to make the patients comfortable as we can. Samaritan's Purse came and helped us [nurses and doctors] and we were gracious for that, but the challenges. The daily challenge, putting self aside to provide care for patients was, it was more mentally than physically exhausting.

Lisa and Lashan both cited that when COVID-19 hit, and the Norther Bahamas [Grand Bahama, Abaco, and Bimini] went into lockdown education was less of a priority particularly for students in low-income communities. Lisa shared that she was scheduled to commence teaching practice and because of Hurricane Dorian she lost all resources. She stated:

> When the hurricane occurred, I was preparing for my teaching practice which was about to start that same semester. So, when the hurricane passed, I lost all my stuff. At that point, I was okay should I continue teaching practice because I have nothing. But I gathered my thoughts. I just said I must continue, and I made it happen. But it was a lot of stress, and a lot of work, and a lot of sleepless nights.

Lashan stated that going to online teaching during the COVID pandemic was difficult. Students were not engaged in learning and returning to face-to-face instruction resulted in stress to the point that at times it became overwhelming, and stressful wondering why her students were not coming to school. This caused extreme frustration in trying to teach those that came. Lashan said:

> So, they are not responding. They're looking at you like what? What are you talking about? I had to take them back to the very beginning, taking them back to at least their

> comfort zone. For instance, my seventh grade. I had to take them back to adding and subtracting. So, I saw a little interaction there because that is what they would know.

Shayna's account of virtual teaching was positive, reporting that she was able to build community among her online students. In addition to her usual pupils in Grand Bahama, students from the island Bimini were added to her roster. However, the work-related and student-related fatigue set in when students returned to the in-person environment. Shayna recited the following:

> In terms of compassion fatigue, I believe as educators you cater to the whole child and don't just go in and teach. So, I believe in building relationships with my students and in building relationships they perform better because you know if something is going on with them. Okay I can see you're off [something is wrong]. That's the one thing I love about education, that I was able to build relationships and see them succeed. I can talk to them about their frustrations. I can't seem to build relationships with this group that I have, and I am so fatigued in the sense that because I am unable to build relationships with them, I'm not reaching them. I don't know what it is! That bothers me to the point where I'm losing my passion and the joy that that I have for education because I don't look forward to going to work. I don't look forward to seeing them. I think it's because I don't have that connection.

Theme Two: Burnout

Theme two emerged from one of the research questions. Social workers' and nurses' descriptions of their work lives were almost identical. Following Hurricane Dorian social workers had to return to work as soon as official clearance was given by government authorities so that it was safe for people to move about the island. Social workers were required to work

overtime, the workload and demands became overwhelming in the process of assessing client needs. When asked about her experiences Miah said:

> Two days after the hurricane, I had to return to work. It was a lot, we were expected to do so many things, so much after the storm. Dealing with returning to work, we had to be on the ground going into communities. Like two days after the hurricane, you weren't even given time to help your own household, cause of course, we didn't have any electricity, no water, no food at the time, so we were basically surviving. But however, in surviving, you still had to complete work. So, it didn't give me enough time to just sober. It was horrific emotionally. Mentally, it was exhausting because of course we had no days off. Sometimes we had to work weekends, still manning shelters, it was a lot.

Sally recounted a similar experience saying:

> I worked in the Child Protection/Child Welfare Division, and it was like I couldn't catch a break. I would meet matters waiting for me on my desk. I would meet matters waiting for me in court. On weekends you couldn't get away from it.

Jewel was on duty in the maternity ward when Hurricane Dorian made landfall. She recounted her experience of running for her for her life while trying to aid patients as an ocean of water moved speedily towards the hospital, and as people tried to get in from the streets to escape being swallowed alive. Jewel said:

> For three days after the storm, we were stuck in the hospital with no food, no water, no aid. We had to go to the bathroom *on ourselves*. Thank God nobody had to do number two [defecate]. During COVID nobody knew what was happening and nobody really 'know' the cause, but we just *know* a lot of people *was* coming in. So that emotionally took a toll on me because you don't know when you go out if you're come back home.

> Are you coming back home with it to your family members. So that really did something to me, and people were coming and some of them got sick and died.

According to Jewel and Lori, during the COVID-19 pandemic it quickly became mandatory for nurses to work overtime due to an already stressed system in the aftermath of Hurricane Dorian and a severe shortage of nurses. Additionally, nurses were exposed to and or infected with the coronavirus, nurses were dying from COVID, and some nurses staying home due to pre-existing conditions that made them more vulnerable of contracting and dying of COVID compounded the shortage issue. Jewel said:

> We were working around the clock. People were coming in with disease. Some of us had to continue working even though you were exposed to COVID. When COVID came about, 'persons' were going home for up to 14 days. In the beginning you could stay home once you were in contact with persons who had it [COVID]. But then after a while it was like no, you don't need to go home because then if you stayed home what would happen. It was depleting the nurses. So, they start saying, you don't need to stay home that long.
>
> You probably need to stay home 2 to 7 days. Then it came to no days because people were out-doctors, nurses, everybody was. And it was a shortage.

Lori said, "During the first wave nobody would cover [work a shift]. We had to endure it."

Although social workers were not required to work full days during COVID-19, they worked in cramped conditions without ventilation. Clients sat directly in front of workers with only a desk separating them. Additionally, the workload became excessive because they reported seeing and processing an average of 20 clients per day during a 4-hour shift.

Sally, Miah, Jewel, and Lori expressed that the constant work took both a physical and emotional toll on their wellbeing to the point that they were functioning on autopilot. Sally shared her experience:

> The work started to get the best of me in that I got extremely tired and bored. I didn't want to be bothered with it anymore. And it was a feeling that I don't wish to have experience again. It was not a good feeling.

Miah expressed similar emotions and thoughts, sharing that she suffered burnout even before the question was asked. The constant work with no days off led to depression. Miah said:

> I had a lot of *burnout*. Especially because if you were in contact with victims [of the hurricane] so much, you begin to not do. Not only was it hard to deal with yourself, but because you have to be a support to them. Sometimes it would cause me to just become overwhelmed.

Jewel and Lori narratives were no different. They were hypervigilant. Jewel said:

> When it comes to COVID you couldn't do that relaxed thing. Persons were dying. It affected my level of work. I didn't want to go to work. You had to really be on top of things when you go there [hospital], and *really be thinking*. You can't let your guard down when you're there. You only 'going' through the motions. You go to work because you are obligated to go. Because if I don't go in the nurses there have to stick around until they find somebody to replace you. Seeing people dying starts to impact you.

Lori stated that she was profoundly impacted by the COVID environment. Her tolerance for irrelevant mundane matters was reduced. In addition to that she said, "I was unaware that I was withdrawing from my family, isolating myself in my room. It wasn't until my husband brought it to my attention."

Lisa stated that following Hurricane Dorian she was doing her teaching practicum following though she felt *drained,* but her exhaustion never got to the point where it became counterproductive. However, it was not until teaching practice ended that she became cognizant of the burnout. Lisa stated that the Friday night of the last day she was unable to sleep though she was exhausted. Lisa said:

> I could not sleep. My mind was rolling. It was rolling, and rolling, and rolling and rolling, and rolling. Oh my God, I just realized I was under so much pressure. Just the constant going, going, going, going. And it's ended. My brain is still, it's still moving you know, and I am trying to rest. I said you know what, cut that out you. You know we're done with this. Time to unwind, time to breathe.

Shayna's experience with burnout came from her inability to reach her students academically, socially, and emotionally. Shayna divulged that she was unable to break through their indifference towards learning no matter what strategies she tried. She said:

> Because I don't have that connection, I'm now burnt out because we're not connecting in terms of me getting through to them with teaching concepts. I can't seem to get it. It was like everything was flying over their heads. I can't even say I'm losing them because I never had them to lose. So, I feel burnt out with this crew in particular and it's like I can't wait for June. There's zero interest in learning. They're not interested at all. They had detention for the whole month of September. The only time they saw outside was in the when they came in the mornings, when they left in the afternoons, or had to go to the restroom. That's punishment. In my mind I was thinking, okay this is going to be motivation.

> We're going into the third month, and they still don't care. And because they have this don't care attitude, it's, it's exhausting.

Lashan said she only experienced moderate stress but no burnout because many of the students did not return to school at the beginning of the school year. Even when the school reverted to virtual learning and many of the students did not have the necessary devices or internet to attend classes, she did not experience any burnout, because she understood the circumstances. The high school is resident in a low-income community, where homes and services were destroyed by Hurricane Dorian.

Social workers and nurses, long hours became the norm. Social workers described their typical day as working under less-than-ideal conditions, extended hours, and increased workloads. The hospital and a significant portion of welfare agency was destroyed. Sally, who worked in the Child Protection/Child Welfare Division described her typical day as being contacted by the police, school, or concerned citizens. She would then have to investigate. In many assessments involved having to work extended hours to complete interviews, conduct home assessments and write reports. Sally said:

> On a typical day you would have frustrated or angry parents, who aren't going to calm down because you are removing the child from the home. Sometimes you have up to four children in a family, and all have to be interviewed and you have to complete the work before you can go home. I can't leave. I would have to work overtime. You don't get paid or anything like that. You also had people coming into the office who were frustrated and angry and you had to resolve their issues, and the in working environment there is no privacy, because of the working conditions you could hear clients through the barriers, so there was not much privacy.

Miah stated that a typical day following Hurricane Dorian is being out in the various communities assessing needs of impacted residents. On days when in the office the numbers were overwhelming. Miah revealed:

> Sometimes you would have completed over 20 houses. Persons being seen in the office during COVID would be about 20 each in a half day shift. You had to move [quickly] through those cases. Basically, you were spending about 15 minutes with each client. That's no lunch break or eating at your desk. And the painful thing is by the time you're done the food store is closed and you have to figure a way you are going to get water. You have to stress these things to administration. It took a while before they started to set in that okay, these are human beings, they need to go to the food store too. Of course this was during the hurricane. During COVID it was the same thing."

Jewel and Lori described a hectic work environment. A typical day would begin with a briefing on what occurred during the previous shift and patient allocations. Included in the briefing would be highlights, updates on patients, and newly admitted patients, COVID positive patients were being specifically identified. Furthermore, with the destruction of the hospital facilities there was a lot of disorganization while trying to put a system in place. With technology being unavailable, patient information had to be recorded manually. Staffing presented a challenge as many nurses took early retirement, resigned, or did not report for duty. Lori said:

> We had a lot of patients that came in who were injured during Dorian. Some with other ailments that were not attended to prior to Dorian. They were getting worse. They would deteriorate. Everything in the hospital was chaos. So, my day started with going to nursing administration to get where they wanted me to work. They placed us to work

> where we were strongest [most skilled]. I would work my 8 hours, sometimes16 hours because some nurses couldn't come, and we couldn't find some nurses.

Jewel's account was identical. She mentioned the increased volume of patients and the long working hours. She also admitted that for two weeks after Hurricane Dorian she did not go to work. Jewel said:

> I have to go back to work! On the ward you see the same people on the ward for a whole 2-3 weeks. Even though they were discharged, they were right back there because their family members probably don't want anything to do with them. So, we see the same people over and over, like a revolving door in the hospital, the same people. When asked if the hospital is like a babysitting service, Jewel replied, 'yes'. During Christmas time people will bring their family members to the emergency room and leave them there for days even after the hospital calls to pick up the discharged patient. But what can you do? They say this is a government hospital and there is no policy in place to deal with situations like this. Jewel also added that a typical day for her would be when you have teamwork, and all the nurses are working together.

Lisa, Shayna, and Lashan typical day started basically the same way although they worked in different schools and settings. Each day starts with devotion and registration. They all reported that following the hurricane the school year began as scheduled. Nevertheless, that is where the similarities end. Lisa was beginning teaching practice for her master's degree in special education and was placed in a school for exceptional children. Amazingly, the school was spared, there was no damage while the surrounding properties were in shambles. Prior to the COVID-19 pandemic Lashan, taught mathematics in a high school. A typical day involved her teaching 6 periods a day. Lashan shared that she remained in her classroom the entire day, eating

lunch there every day, and interacting with her students during breaks. Lashan had a structured routine. She added, “during my free period on Thursdays I would do my forecast to have it ready for the coming week. Other than that, students would be around me.” During COVID Lashan routine continued. She remained in her classroom but due to government mandated protocols, the interaction with students was kept to a minimum, the class size was reduced to half, and mask wearing was implemented. For the past 2 years she has been teaching strictly online after being transferred to a virtual school, delivering instruction in mathematics to high schoolers in remote locations across The Bahamas.

Shayna said:

> A typical day starts by having students who arrive at school before the bell completing unfinished homework, working one-on-one with students needing remediation, practicing math drills or reading comprehension. Any reinforcement that needs to happen, that can’t happen throughout the day, because we don’t have enough hours within the day to get extra stuff. Once the day officially starts, morning prayers and a song are done before tea breaks and lunch after the students have eaten.

Lisa reported that her school ran normally since there was no damage from the hurricane, The day started with morning devotion as all schools do in The Bahamas; there is no separation of church and state. Since she works in a school for children who have physical, cognitive, and emotional challenges and limitations her class size is very small with less than ten children.

Social workers talked about the loss of their workplace, as the building was severely compromised and deemed unsafe for habitation. The consequence of this was the loss of their private offices. The relocation to a smaller location led to cramped working conditions, in which there was no privacy, and it was impossible to protect and maintain client confidentiality.

Furthermore, this was at the initial stages of COVID-19 when the medical establishment was still grappling to define this new disease. Sally said:

> We lost the whole building. We couldn't work there, it was unsafe. We moved to a smaller building. They have people coughing, you know COVID out now. Everybody on edge! So, now you have this small space for people to work, people [clients] coming in and everybody wants help because everybody's homes are damaged. You don't have confidentiality. You could hear what the person on the side is saying because we are working in the same conditions. So, that added to the stress I was already dealing with. It just wasn't conducive at the time. It was frustrating! Really frustrating!

Theme Three: Secondary Traumatic Stress & Vicarious Trauma

Most participants were afraid of or at the very least concerned about the coronavirus disease. There were so many unknowns, and its origin was speculative, which caused fear. Social workers were placed in a precarious position by working in cramped spaces due to the destruction of their building during Hurricane Dorian, which forced them to relocate to a smaller space. Miah said, "we were on top of each other, everybody coughing in your face." The two social workers and a nurse, Sally and Miah admitted to being impacted by secondary traumatic stress. Sally experienced intrusive thoughts, while Miah had nightmares about water. Sally said, "I think hearing the stories over repeatedly. For me it was like I just didn't want to hear it anymore. I don't know if that makes sense, but it was like I was tired of it. I just needed to be away from it." Miah's account was more personal. Her grandparents lived on a small Cay off the coast of East Grand Bahama, was at the mercy of the ocean. The entire Cay was completely submerged under water. Her grandfather refused to leave and had to be rescued and was airlifted to the capital. Miah shared:

> Because we live in the Bahamas, we know we are prone to hurricanes, but nothing like Dorian. When I hear about a system [weather] travelling, I get anxiety or a bit of fear. I purchased life jackets for myself and everybody in my family I thought this was kina crazy. I wanted to purchase life jackets for every Bahamian, especially those in Grand Bahama. I would even have dreams that prompted me to buy life jackets. It was so scary to the point where even the least dream about water brought back Hurricane Dorian.

Jewel reported that she did not experience any secondary traumatic stress but was emotionally distraught when a fellow nurse, whom she had seen with a few days prior died after contracting the coronavirus. Lori revealed that during the early days of COVID-19 she was pregnant and contracted the coronavirus. Whenever she had to care for a COVID positive pregnant patient she would have flashbacks to her pregnancy. Her experience helped her to empathize with her patients offering comfort and assurance. Lori said:

> You're not going to die. It's going to be okay. This was reinforcement for me. But every time we went out to see a pregnant person and they tested positive for COVID, my mind goes back to when I was positive and pregnant.

Though teachers reported experiencing little or no secondary traumatic stress, when they narratives of secondary traumatic stress seemed obvious. Lashan stated emphatically no, albeit Lisa described symptoms related stress in of rumination and intrusive thought, as she became a confidant for a coworker with family and financial problems. Lisa said:

> I became a 'venting' machine for the school year. I didn't want to hear it, but she [colleague] had no one. I carried her weight during the school year. I said next year if I have her, I cannot take that whole weight of her personal problem. I was constantly thinking about her, constantly trying to figure, okay how could we manipulate this thing,

> and would be thinking about her in the evening and on weekends when I was home. that trying to figure like how we can make this to work. That's constantly praying for her because she is going through a lot of stuff.

Lashan's experience with secondary traumatic stress was like Miah's experience. She disclosed that her uncle by marriage lost two sisters, a nephew, and a niece who were swept away by Hurricane Dorian when the ocean breached the land in East Grand Bahama. Her uncle's mother was the only survivor who was in the home at the time of the horrific tragedy. Lashan stated:

> It brings a level of stress when I you think about it and as a human you try to block it out, but of course it comes back up because they are close persons you would know who died in Dorian. So, it does bring a level of stress when you think about it over, and over again. When hurricane season comes the feelings come back and the worrying comes back. That entire season you're wondering and worrying. But when the hurricane season is over, the feelings leave until the next the next season.

Nurses in particular spoke of their fear. Lori said:

> To be honest the whole COVID-19 from the start, and ongoing has been scary. Imagine us in the healthcare arena, all those with children, those pregnant, being thrown into something you know nothing about. My colleagues and I had to find a way to dampen our reality, so we wouldn't transfer that to our patients. So even though we were scared, our COVID positive patients were scared too. We had to endure that, we had to find a way to a way to hold ourselves together in order to provide care and compassion for our patients.

Jewel also expressed fear of contracting COVID, stating that, “It took a toll on me. People kept coming in and persons were dying. Everybody was on edge.”

Jewel, who was at work during the storm and was subsequently detained for three days afterwards, went home only to discover that her home was destroyed. Only the four walls were standing. She said:

> I was at work when a family member called me from Nassau, who said Jewel the storm looks like the water is heading towards your house. I called my daughter who was home at the time, but she didn’t answer her phone. I kept calling and calling. When she finally answered she told me she was sleeping. I told her to get out the water is coming. When she got out of bed, she stepped in the water that was flooding the house. She said the only thing she had time to do was grab my expensive jewelry because she knows how much I love them. Everything else was lost. When I got home after three days and saw the damage all I could do was sit in the middle of the muck quietly. What hurt me so much was that I had just finished paying my mortgage and was finally debt free, but the house was not insured. I just sat there and stared. My daughter begged me to leave. I was stink because I hadn’t taken a bath for three days.

Lisa’s story is even more horrific. She was home with her husband and two sons when their home flooded, and her family feared for their lives. She said:

> The water kept rising and we had nowhere to run because the whole neighborhood was flooded. We had to climb into the ceiling. The water came up to the rafters. My youngest son started to cry and was saying *we are going to die*. My oldest son just stared and was quiet. I broke down and started to cry but I was trying to be strong for my boys. My husband tried to comfort us and said let’s pray and that’s when the water stopped rising.

> We were in the ceiling for almost two days. We lost everything. Luckily, we had just purchased a rental property and were able to move in there. We had to replace vehicles and do renovations to the rental. It has been four years and we have not been able to move back into the house, but I told my husband I am ready to go back.

I asked Lisa if she or her family experienced any flashbacks. She said, "no but when it gets cloudy, story, or it rains heavy I get anxious."

None of the participants admitted to or were aware of any change in their personality. Sally, Jewel, Shavon, Lashan, and Lisa reported no noticeable changes in their personalities. Lori stated that she was profoundly impacted by the COVID environment. Her tolerance for irrelevant mundane matters was reduced. In addition to that she said, "I was unaware that I was withdrawing from my family, isolating myself in my room. It wasn't until my husband brought it to my attention." Lori also shared that because of patient confidentiality, the ethical tenets of the nursing profession, and hospital policy she was sworn to secrecy. The inability to talk about what she was going through became a psychological burden and she had to get it out to avoid a breakdown. She recounted her experience:

> Honestly and truly, it was a really trying time during COVID because we were sworn to secrecy, So I had no way of talking about it. I had no way of venting. I remember one night around 4:00 am I was in my son's room talking to myself. I was keeping it all in and I didn't realize that it made me feel like I was crashing and so I had to come up with something. My husband came in and asked me who I was talking to. I had to find a way to get it out. He was like why can't you talk to me? I can't talk about this stuff, so I was trying to vent. I'm still trying to be a mommy and wife. It was a lot! It was a lot!

Lori further stated that while the nurses could confide in each other because they were all going through the same critical events it was hard to vent to them because they were dealing with their own issues. Nevertheless, Lori recognized that because of going through these two critical incidents, her personality has been impacted. Lori also experienced emotional growth because of her COVID experience. She stated that before she was impatient but is now more tolerant of individuals. Lori added that her need to fix things and people, always trying to figure out a way to change a situation is no longer *a thing*. Lori said, "COVID has emotionally impacted me. It really changed me. I no longer expend my energy on trivial things, but I realize that I still have to deal with daily challenges,"

Miah experience was more negative. She said:

> I just got to the point that my attitude became negative. She confessed to becoming indifferent to clients' suffering and needing to tell their stories. Miah stated that her attitude was, okay what happened? Okay that happened. But I just need to know how high the water was. It was, just give me the information. Give me the facts. That's it. very nonchalant, not supportive to the client. I was going through the motions.

Lisa stated that following Hurricane Dorian she was doing her teaching practicum following though she felt *drained*, but her exhaustion never got to the point where productivity was affected. However, it was not until teaching practice ended that she became cognizant of the burnout. Lisa stated that the Friday night of the last day she was unable to sleep though she was exhausted. Lisa said, "my mind was racing, and I couldn't stop it or shut it down. My body was tired, but my mind wouldn't let me rest."

Shayna's experience with secondary traumatic came from her inability to reach her students academically, socially, and emotionally. Shayna was unable to break through their

indifference towards learning no matter what strategies she tried. For the first time in her career, she regretted her decision to become an educator. She felt robbed of her passion for teaching and allowed apathy to creep in. She said:

> I can't seem to get it. It was like everything was flying over their heads. I can't even say I'm losing them because I never had them to lose. So, I feel burnt out with this crew and it's like I can't wait for June. There's zero interest in learning. They're not interested at all. They had detention for the whole month of September. That's punishment. In my mind I was thinking, okay this is going to be motivation. We're going into the third month, and they still don't care. And because they have this don't care attitude, it's, it's exhausting.

Theme Four: Education

Theme four was derived from one of the interview questions. Only the participants with social work degrees felt that their education and training prepared them to work with disasters and crisis events. Although all three of the participants Sally, Miah, and Jewel confirmed that their education prepared them for meeting the challenges of crisis events but provided different reasons. Sally said her social work education prepared her for a dynamic and ever-changing social reality in which social issues are constantly changing. Sally said, "in disasters, we are working with change, the world is changing, nothing stays the same. I do think it [education] did prepare me to a certain extent." Miah disclosed that she is better equipped to deal with clients' grief and loss effectively, and to be actively present for clients. Miah said:

> With Dorian there was a lot of grief and loss. It was for things. A lot of times you would find people would become emotional about the things they lost, even though there were people killed, losing their home. They were crying and crying. So, it was of course

> grieving the loss. It wasn't that they needed someone to talk to them. They wanted someone to listen and make them feel you're listening; you're hearing them, and you understand what they're going through. It was a lot of listening, a lot of empathy. A lot of skills, they are there. In a way I was fortunate I had just graduated recently. So, it [education] kicked in.

Jewel, a trained clinical nurse, who also has a Bachelor of Social Work degree stated that it was her social work education that helped her to be more empathetic and understanding towards difficult patients. She further emphasized that none of her nursing education and training could have prepared her to work in the COVID era. Lori also declared the same sentiment about her nursing education but went a step further. She said:

> I don't even think I if I had a higher degree that it would have prepared us. I mean it just came out of nowhere and so nobody was prepared. I feel like nobody was prepared to deal with this, but we had to deal with it, and I don't feel that has nothing to do with education. I feel it's really your morale and coping skills, that's what you have to depend on during that time because you could have had the highest degree and that would not have prepared you for the day-to-day routine of dealing with COVID.

The teachers' answers were very similar to Lori's. Lisa, Lashan, and Shayna all divulged that their education only prepared them to teach and manage the classroom environment. Lashan said, "all my training did was train me to teach math." Lisa was emphatic in her answer saying:

> Definitely not! Basically, you are here, you are going to drown or swim. We're either going to suck it up and just get this done, swim or just sit here and mope. I think it's just my growing up, the way I was raised and just having family support behind me that really me going and pushing.

Shayna perspective aligned with Lori's view. Shayna said:

> I think formal education. It doesn't prepare you for the classroom. A lot of it you learn from experience, and I don't think it can prepare you. You can talk about it, you can discuss certain things, but I don't think it can prepare you.

Theme Five: Organizational Support

All participants reported that the lack of tangible or meaningful organizational support added to their stress and frustration. They were unable to cite any notable or substantial help that they were able to benefit from. Sally stated that working in the Child Protection Division for 17 years has contributed significantly to her burnout and secondary traumatic stress. She felt frustrated and unheard when she requested for a transfer to another division was slow. Her requests were ignored. Furthermore, when they relocated her, it was short-lived. Within a year she transferred back to the Child Protection Unit, the compromise was a promotion to a supervisory position.

Miah cited a lack of empathy, support, and understanding in the aftermath of Hurricane Dorian and during the height of COVID-19. She reported that they had to return to work two days after the storm, which did not give social workers an opportunity to process their own trauma, assess damages and loss. Miah said:

> I had to return to work. It didn't give me enough time just to sober. My grandfather almost lost his life, and what he experienced. We are a close-knit family; my grandparents lost their home. Two days you weren't even given enough time to even help your own household. We didn't even have electricity, no water, no food, we were basically surviving at that time. You had to go to work because you are a frontline

> worker. Not only was it hard to deal with yourself, but it was also hard because you had to support them [clients].

Jewel stated that the type of nurses you worked with on a shift contributed to stress and burnout and fear of contracting COVID. She stated:

> Who [nurses] you work with matters more than the type of patients you have. That more impacts you. You can breeze through that, but if you have a lazy one who wants to be on the phone, you have a hard day, be prepared. So, a typical day is a good day when you have a good group of nurses, and everybody helping each other.

Jewel revealed that she was eventually assigned to the COVID Unit. Her fear of COVID only increased. She had no training or experience in critical care. She said:

> I was pulled from obstetrics. They tell me I have to come to work at the place I don't want to work. I didn't know what to think. I was scared. I was covered from head to toe. There was no air conditioning, it was hot. I couldn't take it. I had to come. I changed down to a hospital gown and a N95 medical mask and went back in. There were six COVID patients all hooked up to machines. I had to go back in and take their vital signs, I want to be in there five minutes. COVID stressed the system. Nurses who had not worked in critical care for decades had to be called in when nurses tested COVID positive or were exposed. The entire shift would have to self-quarantine at home. Those who had only done midwifery prayed that no COVID positive persons would be admitted. During that time, it was crazy. I was scared.

Lori recalled two primary factors that contributed to her burnout and secondary traumatic stress because of personal guilt believing that her husband contracted COVID from her and that she had no emotional outlet for what she was witnessing and experiencing on the job. She said

that though psychological support was provided eventually but it was difficult to take advantage of the counselling because of the frequent long hours. Lori said:

> I think the most difficult task was trying to put everything I had dealt with, all the deaths, all the uncertainty that we had to deal with at work and trying to put all that aside to deal with my family. My husband said I isolated myself from them. I didn't know or realize, but it was because I was fearful of my family contracting COVID, I thought I was being careful. They still caught it from me. He said I'm mistaken but I feel it was from me and I will always feel guilty. Every day a lot of sanitizing. Leaving my clothes outside. It didn't matter. I felt it was me.

All participants stated that government instituted mandates were implemented. This consisted of always wearing masks, temperature checks, and hand sanitizing upon entry into any building or office, and human spacing six feet apart. In addition to these measures social workers reported that their agency went two four-hour shifts per day to reduce the numbers of workers in adherence with prescribed protocols. Initially they were given masks and gloves by eventually had to provide their own. Miah believed that the health and safety protocol was implemented halfheartedly. She said, "they had persons come in the morning shifts and then you would have persons come in for the evening shifts, but it was kind of ineffective because there was no spraying or cleaning between shifts." Sally stated, "despite the protocol persons got sick, but they had things in place to make sure everybody was safe. I'll say that much."

For nurses, standard practices for critical care and disease outbreak as prescribed by the Pan American Health Organization (PAHO) a subsidiary of the World Health Organization (WHO)were followed which included the use of medical grade personal protection equipment (PPE) and hazardous material wear. Furthermore, people were not allowed to enter the hospital

unless it was an emergency, and family members were not allowed to visit loved ones. Nursing supervisors walked the floors to ensure that everyone was wearing their PPE properly. Lori who was assigned to the COVID Unit said, “the infectious control manager provided several training sessions and demonstrations to ensure that everybody knew how to adorn their masks and PPE. She would walk around the various areas to make that we are wearing adorning properly.” Jewel did not work in the COVID Unit, but she shared that all nurses had to undergo educational training.

Jewel said:

> Everybody had to wear PPE and N95 masks, even the janitorial staff. The PPE and masks were not coming fast enough. So, they started giving them out sparingly, doctors first writing the names on the masks, but doctors were not really going to the patients. The nurses were the ones tending to them. We [nurses] had to wait and use normal masks all the time.

Jewel felt that the authorities hesitated, thereby taking too long to put processes in place to mitigate the coronavirus disease. She said, “they were just watching and watching but, in the meantime, doing nothing.”

For teachers, they were expected to get the job done. Though the Ministry of Education provided devices for students, internet access was unavailable to many students in low-income homes. Additionally, the learning platform being used faulty and unreliable. When the lockdown was lifted and face-to-face instruction resumed, additional steps were instituted in the classroom. This included reducing the class size to half to ensure proper social distancing, daily sanitization of desks and surfaces, and containment of students with teachers rotating classrooms to minimize human contact and track infections. Lashan said:

> A lot of students were not coming to school, simply because they couldn't come online, that was the first issue. And I don't think that was the major issue. Internet wasn't the major issue. The major issue was the fact that a lot of students didn't have power. A lot of people didn't have running water. So being home was the major issue, coming to school was somewhere they could be. That's a haven, that safe place because at home they could not function. Taking the school environment away and leaving them at home to come online, they couldn't come. That was stressful because you're wondering why the students aren't coming to school. But I knew and I had an idea because I'm from that area. That alone was a lot, and even when they tried to give them a device, they did not have Wi-Fi. They weren't getting the education they needed.

After COVID cases were declining, and face-to-face instruction resumed, teachers encountered a new problem, a severe gap in learning, and a noticeable lack of engagement and interest. Shavon said:

> I had to go back to the beginning with my grade sevens. I had to go from the very beginning of the curriculum. I had to take them back to their comfort zone, to addition and subtraction instead of jumping to say the highest common factor. I saw little interaction. They didn't know what you were talking about so they're not responding. They're looking at you like what? So, I saw a little interaction. I am talking, they're not responding or not answering. But then I realized they weren't answering because they didn't know. I was stressed and fatigued.

Shayna's story is identical to Lashan's. She disclosed that she had to become a drill sergeant to make learning happen. She added that post COVID has been a struggle that has

contributed to her suffering from burnout for the first time in her teaching career and has caused her to contemplate a change in profession. Shayna said:

> I have eleven fifth graders, but I feel like I am preparing for fifth grade, third grade, second grade, and preschool. There are only four that are at grade level. Everyone else is below grade level. I have some that are at grade one level, some are at the preschool level, and some maybe grade three. Whether it's 1 or 16, you have to prepare for all students. That's a lot I have to do, to differentiate instruction. It's a lot and it's time consuming. I suspect one child of having a reading disability who only writes consonants leaving out vowels in her writing. I have completed paperwork of testing, but the same student excels in art. Other students have been tested and no disability has been found. Despite their academic underperformance their behavior is on par with their chronological age.

Data gleaned during the study yielded that some participants felt they received no real organizational support. Nevertheless, the support came from their immediate supervisors and not the organization itself. Both Sally and Miah felt that the organization lacked concern for their wellbeing. Following the two critical events they felt no thought was given to the probability and extent of the social, personal, and emotional impact they might have endured. Sally reported that she believes counselling support was available. She said:

> I believe they may have had counselling available for persons [employees] who needed it. That's as much as I know. Many persons lost homes, and supplies. I was under the impression that you could get counselling if you needed it. I don't know if I felt comfortable enough at that time to take part in the counselling sessions. I can't recall what it was, but I don't think I felt comfortable enough to want to. I can't recall if the

person was a proper psychologist. That might have been the reason why I didn't participate.

Miah felt unsupported by her organization. She said social workers received nothing. She confessed that the government's attitude towards social workers was ungracious. She we said, "while other essential workers received compensation and recognition for working tirelessly during the pandemic, social workers did not even get a public acknowledgement in the media or a thank you."

Jewel and Lori stated that they received no notable support from their organization either. Jewel said, 'all she I received was six 16-ounce bottles of water that I had to sign for, and 2 sets of uniforms that I could not wear because they were too large. Any employee that suffered damages to their homes or vehicles could receive a loan and would have to sign for monthly salary deduction to pay it back.' Lori claimed that the only support that she was aware of was counselling during daytime hours, but she was unable to take advantage because of the extended work hours. Lisa, Lashan, and Shavon sentiments mirror that of the other essential workers, however they were not required to work extended hours and their working conditions and environment were not impacted in any way.

Theme Six: Religious Beliefs

Data analysis of theme six yielded seven codes, anger, prayer, peace/comfort. grace/mercy, faith, question God, God in control/sustainment, and thankfulness. All participants credited God for surviving the storm. While they felt powerless to do anything it was prayer that sustained them. Participants faith did not diminish and for some of them their experiences of Hurricane Dorian and the COVID-19 pandemic resulted in a personal relationship with Him. To

cope with the potential life and death situation of Hurricane Dorian participants released it to God, believing that He was in control of everything. Sally stated:

> When I heard that a tsunami was headed for my neighborhood. The reality came to me and I said oh, we can die. That was the first time I really thought about it [storm]. During the storm I was calm, I was good. But it was at that point when they said a tsunami was coming to South Bahamia, I said I think that's it for me, I am going to sleep and when I wake up, I wake up. I was finished with all the thinking whatever it is, I am finished with that. Whatever God do, God do! It didn't impact my faith. I just gave up at that point. Whatever happens, happens. I can live with that.

Lori stated that during the first phase of COVID-19 she was talked about how being cut off from in person contact with fellow worshippers impacted her psychologically, physically, and spiritually. She said:

> I was so exhausted during that time. I felt like if church was open, I would feel better as a human being because I felt that I was giving up so much of myself every day and then not having something to pour into me, that's how I look at church, the pastor preaching and stuff like that. It is something important being poured back into me, to give me a form of a reality check. So, the church being closed made me feel empty during that time.

Lisa and Jewel lost their homes in the storm. Jewel was at work, so she did not witness the destruction as it occurred. However, Lisa and her entire family witnessed the horror of their home being destroyed and barely escaped with their lives. Lisa said, "prayer saved us. We were in the ceiling and the water kept rising. My husband said let's pray and that is when the water finally stopped.' Jewel stated, 'I am immensely thankful to God because we were all safe and I

felt like that in both instances.' Jewel went on to say that because of the treatment she received on her job, not being compensated for the overtime hours, she learned to rely on God. Jewel said:

> I had to rely on God to pull me through because it was very frustrating. I remember sometimes crying, praying, asking when is it going to get better? Because it just felt like so much. During that time, I was receiving remuneration through checks. Banks were closed. You had to submit the check through the machine and wait for three days for the check to clear. So that means for the next three days you're not going to eat. It was so many things. I didn't rely on my own strength. It was really God.

While all participants questioned God asking why these events happened, their faith in Him remained unshaken. Lisa, Lori, Jewel, and Sally all disclosed that these events caused spiritual growth, positive re-evaluation of their values, and the understanding that material possessions do not bring joy and peace.

Research Question Responses

Participant answers to the semi-structured interview were transcribed and analyzed thereby resulting in the identification of six themes related to the research questions that guided this study. Three participants' meaningful responses are discussed below.

RQ1: ***What are the experiences of essential workers of compassion fatigue and burnout, in the aftermath of Hurricane Dorian and during COVID-19 pandemic on Grand Bahama Island?***

Themes one, two, and four compassion fatigue, burnout, and education respectively, answers research question one. All participants were impacted by the two critical incidents Hurricane Dorian and the Coronavirus Pandemic (COVID-19). All participants scored revealed burnout in at least one dimension of the Copenhagen Burnout Survey, which was a criterion for

inclusion in the study. They all shared narratives of compassion fatigue, burnout, and secondary traumatic stress, albeit at various degrees. The researcher interviewed participants that have been employed in their perspective jobs from six to thirty-four years. Only one participant was on the job for less than two years when these two events occurred. However, there were no significant differences in their responses and reactions. Miah who was employed for less than two years said:

> Hurricane Dorian was difficult for me because my grandparents lived on a small cay. My grandfather almost died because he refused to leave their home and had to be rescued. Their house was washed away. We had to keep that from *Grammy*. I was shaken by this experience and having to go back to work was emotionally difficult for me. What made it even worse is that social workers were not given any time to deal with their own situations. We had home assessments right after the storm was over. Those were some long workdays and many times we had to work on the weekends. Then COVID came and things got worse. Now you have to worry about getting sick and I did catch COVID. I was overwhelmed, tired, and I could not shake what felt like the flu. Finally, I went to the hospital because my body was just so tired all the time.

Lori, because of her expertise in critical care nursing, was transferred immediately to the COVID Unit to care for COVID positive patients. She felt overwhelmed because the hospital was operating in tents due to the destruction of the hospital infrastructure during Dorian. Lori said:

> We were exposed to the elements because these were just basic tents. We were operating under some extreme conditions. After the storm people who were injured in the storm and those who were ill prior to the storm and didn't get medical care came in. It was crazy. We were working around the clock. Then COVID hit. Things got worse.

> Nurses were out sick, some weren't coming to work, so I often had to work double shifts. I was beyond tired, I was exhausted.

Lisa, a special education teacher lost all her possessions, including her home and car during Hurricane Dorian. Lisa said:

> When the storm came, I was getting ready to start teaching practice. I lost everything! All of my teaching resources and supplies were gone, washed away by Dorian. I almost gave up. I didn't realize how tired and burnt out I was until teaching practice was over a few months later. That Friday night of the last day, I could not sleep. My mind just kept going. It was then I knew the effects of the events of the last three months had on me. I just didn't stop to notice there was too much to do, finish teaching practice, find a new place to live, replace vehicles, and make sure my two boys were alright.

The participants with degrees in social work stated that their education helped them to be more empathetic and compassionate towards their clients and patients. Jewel said that it was her training as a social worker that helped her to be a more caring nurse.

RQ2: ***What are the experiences of essential workers of secondary traumatic stress and vicarious trauma in the aftermath of Hurricane Dorian and during COVID-19 pandemic?***

The participants shared their experiences of secondary traumatic stress. Theme three secondary traumatic stress and theme six responds to research question two. All participant narratives were related to work related issues. Sally reported that after working with children for more than 15 years she had lost her joy for the profession and every task felt monumental. Sally shared:

> I was tired, I just had enough. I got to the point where I didn't want to go to work. I even thought about quitting. I would come to work and meet files on my desk. When you have

> stress it's hard to function. I couldn't take it anymore. You know what it is to be doing this kind of work for 15 years without a break. I was asking to be moved. Eventually during COVID I said enough is enough. That's when I put pen to paper.

Lori's inability to vent or share her daily experiences working in the COVID Unit was becoming unbearable. She shared:

> If I didn't talk to somebody I was going to crash. I was dealing with death, seeing people suffer from a disease that nobody had to answers to. I didn't realize I had withdrawn from interacting with my family, until my husband pointed it to me. I was scared. So much was going on. There was no church because everything was on lockdown. I had to vent, I had to get it out. I had quarantined myself in my son's bedroom to avoid them catching COVID. One night I crawled into the closet and was talking to the wall, I had to get it out because I was scared. I couldn't talk about what I was feeling with my husband. Confidentiality and hospital policy wouldn't allow that. My husband heard me and came in and asked who I was talking to. I was at my breaking point.

RQ3: ***What are the perceptions of essential workers of organizational support for their wellbeing?***

Theme five organizational support aligns with research question three and speaks to the level of organizational support provided for workers. Participants held negative views of their organizations when it pertains to their wellbeing. They all spoke about the lack of concern and indifference for their overall psychological, social, and physical wellbeing. The participants cited failure of their institutions' recognition that they are humans who were also affected by Hurricane Dorian and COVID-19. They were not allowed to take days off to tend to personal and family needs, but instead worked extended hours, double shifts, and on weekends. Miah said:

> I had to return to work two days after the storm. When I asked my supervisor for a day off to check on my grandparents who lost their home in the storm, her attitude towards me was terrible. I felt like I wasn't even human, like she didn't care. To make matters worse, when the government minister came on television and was thanking all the essential workers, he did not mention the social workers at all. We are the unseen, never being acknowledged for the work we do. We are always overlooked and underpaid. While others got stipends for the extra hours we did not.

Sally expressed similar sentiments. She shared:

> We work long hours. If clients need help, we have to stay until the job is done, but when it comes to our needs, we get the run around. I feel they just don't care about us. It can be hard to listen to clients and help when you have your own problems and there is no compassion from your agency.

Jewel and Lori disclosed that the only thing the hospital did was to have a pastor come in and speak to them. In addition, they stated that they believed that counselling was available for anyone that wanted therapy. However, they were unable to access the sessions because of the frequent double shifts, long hours, and patient overload. Jewel said:

> I worked through the storm and was stuck in the hospital for three days after the storm, no water, no power, no light. The place was crowded with people. Nobody came to check on us. They didn't even send a drink of water.

Lisa, Lashan, and Shavon shared similar stories. Albeit their schools were not impacted by Hurricane Dorian. Even though Lisa, who lost all possessions, did not receive any assistance to replace teaching resources.

Summary

The participants in this study experienced compassion fatigue, burnout, and secondary traumatic stress. Work-related burnout was prominent among all participants which was attributed to two critical incidents occurring within five months of each other. For social workers and nurses, burnout was linked to work overload, working double shifts, working seven days a week, and working under less-than-ideal conditions. Human factors also contributed to feelings of fatigue and exhaustion. The participants stated that their organizations demonstrated little to no support for their wellbeing. This resulted in feeling undervalued and unappreciated, less than human. Workers felt their agencies were unsupportive accounted dimension of their lives. Two of the participants experienced extreme loss of resources but continued to work as if nothing had happened. Another almost lost her grandparents whose home was washed away by the hurricane. She did not have the opportunity to process the trauma before being mandated to return to work and being required to work seven days a week.

Teachers reported that students returned to school following COVID-19 drastically behind. having lost an average of two years of learning. One educator reported that in a small class of less than 20 students she had students at various grade levels and that having to prepare to meet several levels of instruction caused her to rethink her career choice.

Overall, the participants in my study validated research confirming that compassion fatigue, burnout, and secondary traumatic stress are an integral part of helping professions. There is a cost to caring (Figley, 1995). Compassion fatigue, burnout, and secondary traumatic stress are an integral part of the job requirement (Coetzee & Laschinger, 2017). Furthermore, none of the participants sought counselling to mitigate the fatigue, burnout, and psychological distress. This finding is consistent with the research supporting the fact that although essential workers

and professionals in the human services sector are at a higher risk of suffering from compassion fatigue, burnout, and secondary traumatic stress the are less likely to seek therapy even when freely provided (Hunt et al., 2019).

Lastly, based on the participants' responses lack of organizational support contributes to employee burnout. This confirmed research findings that lack of organizational support is tantamount to moral injury and is counterproductive to worker morale and task completion (Williamson et al., 2020).

CHAPTER FIVE: CONCLUSIONS

Overview

The purpose of this phenomenological study was to bring awareness of the experiences of compassion fatigue, burnout, and secondary traumatic stress among essential workers on Grand Bahama Island in the aftermath of Hurricane Dorian and during the COVID-19 pandemic. Chapter five provides a discussion and interpretation of the factors that affected participant experiences, based on the data collected and presented in chapter four. Seven participants were interviewed, two social workers, two nurses, and three teachers. A summary of the findings is presented, followed by discussion of the finding as it relates to the extant literature and theory, implications and practical considerations, statements of delimitations and limitations, and ending with recommendations for future research.

Summary of Findings

A detailed analysis of the data collected from the seven semi-structured interviews resulted in numerous codes that pointed to the impact of compassion fatigue, burnout, and secondary traumatic stress among essential workers. From these codes six primary themes were identified in relation to the three research questions that guided this research: compassion fatigue, burnout, secondary traumatic stress, education, organizational support, and religious beliefs.

Theme one uncovered the levels of compassion fatigue experienced by all participants. For social workers and nurses the negative change in working conditions, extended hours, and client/patient increased workload became overbearing. One participant felt like the work became a numbers game, in which they had to process as many clients as possible during a shift. Fatigue

among nurses stemmed from fear of the unknown. Little was known about the coronavirus disease, people were dying, and the disease was highly communicable and virulent.

Theme two revealed experiences with burnout and overlapped with theme one, compassion fatigue. All participants except one experienced work-related burnout. Servicing an increased number of clients, tending to sick patients with a highly contagious disease, and teaching students at various grade levels whose learning had regressed several years due to pandemic shutdown, was frustrating and draining. Only one participant experienced personal burnout, which was attributed to lost resources.

Theme three showed that secondary traumatic stress was more profound among the participant nurses and social workers and less so among the educators. Exposure to suffering and dying patients afflicted with the coronavirus and evaluating clients for welfare assistance in the aftermath of Hurricane Dorian and during the COVID-19 pandemic, having to maintain confidentiality and not having an outlet for the emotional impact was burdensome. Though counselling services were made available none of the participants accessed it citing time constraints and excessive workload as the reason. One social worker admitted that she resisted counselling because she felt uneasy about the qualifications of the counsellor contracted to provide therapy.

Theme four education exposed the fact that the participants bachelor's degree programs in nursing and education did not provide any preparation and training in disaster response. However, one participant felt that it was impossible for any training program to prepare teachers for critical incidents of the magnitude of Dorian, a category five hurricane, and the impact of the coronavirus pandemic. Nevertheless, all participants with degrees in social work agreed provided their education adequate training that enabled them to function professionally and personally.

Theme five organizational support was most revelatory. Participants disclosed that their organizations made half-hearted efforts to show concern for their wellbeing. They felt invisible, unseen, and that administration was indifferent to their personhood and humanity. The focus was on processing as many clients as possible, tending to patients, and teaching children.

Theme six religious beliefs served as a sustaining force. Participants shared that these two disastrous events did not shake their faith in God, though they may have questioned why these horrific disasters occur. None of the participants blamed God or expressed any anger towards Him for the suffering and hardships they observed or suffered. They all rested in the fact that God is in control and knows all things, and subsequently they found peace in Him.

RQ1: What are the experiences of essential workers of compassion fatigue and burnout, among essential workers in the aftermath of Hurricane Dorian and during COVID-19 pandemic on Grand Bahama Island?

All participants reported feeling overwhelmed, tired, or exhausted by their work tasks and duties. Nurses and social workers disclosed that the volume of patients and clients increased tremendously. In addition, the destruction of their workplaces and relocation to less than ideal facilities proved challenging, thereby compounding the degree of both emotional and physical fatigue. Lori, who was seconded to the COVID Unit because of her expertise in critical care nursing, stated that having to work under tents following the storm was unbearable at times because they were at the mercy of weather conditions. Jewel, who was also assigned to work with COVID positive patients shared her fear of contracting the disease because there were so many unknowns about the disease. Both feared being carriers to their families.

Sally and Miah reported that following Hurricane Dorian they had to return to work immediately, going out into the communities to assess the damage to people’s homes working

long hours and weekends to get the job done. Lashan's and Shayna's compassion fatigue resulted from the students' lost learning, educational regression, underachievement, disengagement, and disinterest. Lisa's fatigue centered around the fact that she lost her educational resources, home, car, and personal possessions during the storm and decided to press on with teaching practice. This decision meant that she had many sleepless nights of preparation. She further added that she didn't realize that she was experiencing burnout until the last day of teaching practice because she couldn't sleep since her mind was ruminating.

RQ2: What are the experiences of essential workers of secondary traumatic stress and vicarious trauma in the aftermath of hurricane Dorian and during COVID-19 pandemic?

Participants reported experiencing secondary traumatic stress from various sources. They felt exhausted, burdened, and scared. Lori reported that she felt that she was going to crash if she didn't get her feelings out. She had no outlet and with the lockdown churches were closed. To combat the trauma she was exposed to, Lori began talking to herself. Miah reported having recurrent nightmares about water because her grandfather had to be airlifted from the cay and grandparents' home was washed away by the ocean. Shayna stated that this was the first time she questioned her career choice.

RQ3: What are the perceptions of essential workers of organizational support for their wellbeing?

Most of the participants' perceptions of their organizations were negative. They felt that the organization was distant and indifferent. Miah felt unseen and that the value the welfare workers bring to the community is undervalued, dismissed, or overlooked. Miah revealed that when a government official acknowledged and thanked the nurses for their work during COVID and did not mention the contributions of social workers, she felt disrespected and demeaned.

Sally shared that she had lost her joy and was perfunctory in carrying out her duties. Repeated requests for a transfer to a less traumatic unit after working in the Child Protection Unit were ignored. Jewel reported that the hospital showed no regard for her wellbeing. She was on duty during the storm and was trapped inside the hospital for three days, without food, water, and facilities. Jewel claimed that no one came to check on the nurses and patients and the nurses were not cared for during the long shifts during the coronavirus pandemic. Shayna stated that although she feels that her principal is supportive, the Ministry of Education does not demonstrate genuine concern for its teachers. This sentiment was also expressed by Lisa, but she also reported that her small school operated like a family.

Discussion

The purpose of this section is to analogize the findings of my study and connect it with the empirical and theoretical findings of previous studies in the literature review presented in Chapter Two. This study confirmed that compassion fatigue, burnout, and secondary traumatic stress are common maladies among essential workers in all jurisdictions and cuts across cultures and races. This section includes empirical literature generated by the findings of this study's theoretical conceptualization and literature.

Theoretical Conceptualization

Adams et al. (2006) theorized that burnout and secondary traumatic stress are the hallmark of compassion fatigue. When disastrous events occur, there is an associated psychological impact. Rates of compassion fatigue, burnout, and secondary traumatic stress increase significantly among all sectors of society (Vaccaro et al. 2020). Human services professionals, especially frontline workers, do not operate in a vacuum and are prone to suffer

from these disorders, due to the interplay between emotion work and emotion labor, because of the client/patient/student dynamic, dictated by the helping and caring relationship.

Implications

This study produced findings that have theoretical, empirical, and practical implications. These implications connect to previous research and help spotlight issues that can be remedied and policies that need to be improved, enhanced, or developed. The findings add to the existing research on the phenomena studied and reveal a direct connection to previous studies of helping professionals, frontline workers, and first responders in other cultural groups and locations. These implications are addressed in this section.

Theoretical

This study was guided by the premise that helping professionals are inherently at risk of experiencing compassion fatigue, burnout, and secondary traumatic stress. Figley's Compassion Stress and Fatigue model states that empathy and emotional energy connects professional helpers to their clients and patients and acts as the catalyst for the development of compassion fatigue (Coetzee & Laschinger, 2017). The concept of helper syndrome developed by Jankowski (2012) identified four issues that plague human services professionals: compassion fatigue, burnout, secondary traumatic stress, and countertransference. The occurrence of these disorders is so pervasive among healthcare and welfare professionals that some deem it an unwritten part of the job description. As Figley (1995) stated 'there is a cost to caring of caring' (p. 24). Social workers and nurses are generally predisposed to experiencing stress and increased levels of compassion fatigue and burnout drastically increase during critical events. Figley (1995) theorized that frequent emotional interaction with others particularly in times of crises and disasters, is a precursor to compassion fatigue, which can also cause trauma to develop directly

or indirectly, thereby impacting the workers ability to functionally optimally (Adams et al. 2006).

The themes that emerged from this study's findings compassion fatigue, burnout, and secondary traumatic stress support Figley's Compassion Stress and Fatigue Model. As it relates to research question one. The findings of this study showed that nurses and social workers who were exposed to the suffering, death, and or harm of patients and clients experienced fatigue and burnout. Teachers' experiences of these phenomena were directly related to lost learning during the lockdown. Compassion fatigue, burnout, and secondary traumatic stress were evident among the participants as all of them spoke of their tiredness and the fact that performing the tasks and duties of their jobs required that they stretch themselves to the point of exhaustion. Social work participants shared how clients became just numbers and that they completed tasks in a zombie like state because they felt burnt out and overwhelmed.

It is almost impossible not to be personally affected when confronted with the suffering of others daily. This is worsened by the absence of organizational and social support systems to undergird workers. Williamson et al. (2020) found that organizations perpetrate moral injury against essential workers when they fail to provide effective leadership, respond to staff needs, recognize the vulnerability of workers, and neglect to put measures in place to ensure the wellbeing of its employees during concurrent traumatic events. All participants felt their organizations were dismissive of their concerns and lacked compassion for their wellbeing. Albeit when employees perceive their organizations as interested and concerned about their wellbeing and included them in decision making, lower levels of compassion fatigue and burnout were reported (Ray et al., 2013).

Empirical

Confirming Previous Research

A plethora of research was completed on Anglo-Saxon, European, and Chinese healthcare workers during the pandemic (Liu et al., 2021; Lee et al., 2021; Smallwood et. al., 2020; Hennein et al., 2021). The findings of this study further confirm prior research findings that compassion fatigue, burnout, and secondary traumatic stress are universal phenomena among essential workers cutting across all cultural, ethnic, and racial groups. This study attempted to remediate the research gap that currently exist as this is the first study to focus on the psychological impact of critical incidents on Bahamian nurses, social workers, and teachers, all of whom are of negro descent.

This study's findings support existing research, confirming that human services professionals are at higher risk of experiencing psychological dysfunction. This study confronted the misconception that essential workers can continue serving the needs of others without being affected by traumatic or catastrophic events and while being traumatized themselves. Rudick (2012) identified three common myths about helping professions- helpers can continue to work under all circumstances and are immune to what they see and hear, acknowledgement of their pain and struggles makes them inferior, and supervision is not needed once you are an experienced worker. All participants except one had more than an average of ten years on the job but they all experienced the phenomena under investigation.

The fact that none of the essential workers sought counselling was not surprising. The Bahamas does not have a culture of prioritizing emotional wellness and stigmatize those that receive professional mental healthcare. The findings support the importance of disaster training and how imperative it is for essential workers to access counselling. Sally admitted that though

counselling was offered she did not access it due to lack of trust and misgivings about the qualifications of the therapist contracted. Walton et al. (2020) pointed out that it is the responsibility of the individual to seek therapy. Nevertheless, the researcher believes that it should be an organizational imperative that quality counselling services ensure privacy and confidentiality be made available and easily accessible. The participants reported that because of the extended work hours and client overload made it difficult to benefit from the sessions. Furthermore, they were not intentional about seeking alternative avenues to access counselling.

None of the participants engaged in regular self-care rituals. This was also not surprising for two reasons; women tend to take care of everyone and everything else except themselves, and the only outlet mentioned was prayer. Since none of the participants saw this as a necessity, I view compassion fatigue, burnout, and secondary traumatic stress as a social problem rather than an individual weakness. This perspective is supported by Vaccaro et al. (2020), who defined these disorders as a public concern that needs to be addressed at the macro-policy level, requiring government attention. Ortega-Galan and colleagues (2020) shared this viewpoint stating that conceptualizing compassion fatigue and empathy sociologically will result in a greater understanding and protection for essential workers.

Expanding Previous Research

This study extends current research by focusing on a population and culture that has not been studied. No published research was found that studied the impact of this phenomena on Bahamian social workers, nurses, or teachers. This current research can serve as an impetus for future research on populations of color from the Caribbean diaspora. It is imperative that professionals of color are studied as they deserve the same attention as their Caucasian

counterparts who have been the subject of numerous research studies and are well represented in the literature.

This researcher believes that because Bahamian society and culture have not prioritized mental health, citizens are socialized to repress, suppress, minimize, or deny psychological distress. This lack of attunement of self-awareness hinders them from being consciously aware of the risk of experiencing compassion fatigue, burnout, and secondary traumatic stress. The researcher theorizes that participant true scores on the Copenhagen Burnout Inventory are potentially significantly higher. Most of the participants' scores were in the moderate and low range despite tremendous loss and trauma. Two of the participants lost their homes, vehicles, and other resources, and another almost lost a grandparent. Their homes were destroyed, yet they returned to work business as usual. It seems as if their emotions were packed away, buried from consciousness.

Practical

This study was conducted to bring awareness and understanding of the psychological impact of compassion fatigue, burnout, and secondary traumatic stress among social workers, nurses, and teachers on the island of Grand Bahama in the aftermath of two concurrent critical events. The researcher's objective was to prioritize and bring attention to the lives of essential workers, who are always at the frontlines of responding to the direct needs of population on Grand Bahama, an island that suffered frequent cyclonic events. The researcher believed that the information captured would help in the creation of procedures that could be readily implemented and operationalized during hurricane season which occurs from June to November.

There are several practical implications of this study, the first being that a more effective strategy for assigning workers should be discussed with the workers themselves or their

representatives. This is necessary to prevent work overload and minimize long hours. This will contribute to improved morale and increased productivity. Human resource capital could be more effectively and efficiently assigned and utilized to ensure optimal output and remediation in preparation of, during, and after critical events.

With regards to the themes of compassion fatigue, burnout, and secondary traumatic measures can be put in place to minimize the impact of psychological and physical exhaustion. None of the participants sought counselling or stated in regular self-care activities. Social workers and Bahamians in general typically do not seek counselling, neither do they extend the same compassion for themselves that they provide for others in their care (Quevillion et al., 2016). Miller et al. (2019) reported that professional carers who regularly engaged in self-care activities and acknowledged their weaknesses, and extended grace to themselves were kinder and were better equipped to manage their psychological distress. Counsellors and nurses should undergo counselling. This should become standard practice following catastrophic events, and the death of a colleague. It is a travesty to the profession when the helper either does not recognize the signs or is prevented from receiving the counselling they need because they are too busy helping others. During crises events mental health assessments should be conducted on all frontline workers at least twice a week to collect real time data, which will ensure timely psychological intervention and better outcomes (Schreiber et al., 2019).

From an educational perspective modules and courses on self-care must become a core elective in the program of study for all students enrolled in majors that deal directly with the psychological, social, and physical care of others. Giving help to others even under the most ideal situations can be draining. Also continued professional development must be required to ensure that workers remain current with new developments and best practices (Ravalier et al.,

2021). Brooks et al. (2019) support this perspective and found that organizations that proactively provided support and were intentional about emergency training were more effective in mitigating trauma related symptoms.

While social workers, nurses, and teachers often advocate for their clients, patients, and students, they seldom do so for themselves. Including courses or modules centered on the art of negotiation, strategies for self- advocacy, and establishing personal boundaries could be helpful in preventing and mitigating the impact of burnout. Additionally, a specified number of wellness days, on which workers can take days off without question or explanation, must be made available. This will enhance optimal functioning. Mandatory vacations should be strictly enforced.

Administration needs to be vigilant to ensure that all essential workers use their vacation days annually. The literature shows that when helping professionals prioritize their health, they are more present in the here and now, which makes them more available to assist clients, patients, or students. Aljohani and Al-Zalabani (2016) found that poor quality of life is associated with poor lifestyle choices. According to Dijkstra and Homan (2016) when people confront and actively work towards managing stressors and resolving conflict, they are better able to control their mental state and experience greater wellbeing.

A genuine show of support by the administration should be readily apparent, equitable, and ongoing. Having honest dialogue about concerns, tasks, and unit assignments could go a long way towards decreased stress, fatigue, and burnout. It is also imperative that administration act on the issues that impact workers. Williamson et al. (2020) listed several risk factors among essential workers when organizations display indifference to their wellbeing. They defined it as moral injury which can lead to suicide of those who are vulnerable, when leadership fail to

accept responsibility to care for the needs of their workers, concurrent exposure to other traumatic events such as the loss of a loved one, frontline workers feeling unprepared to deal with the psychological impact of the tasks and duties, and absence of psychosocial support for the workers. Current policies and practices need to be objectively evaluated for their usefulness. An outside consultant would be best to ensure a more transparent process, to increase truthfulness, minimize discrimination, prevent retribution, and protect confidentiality.

Organizations can take a more collaborative approach in making decisions that impact frontline workers. As situations develop and change workers should be informed and be allowed input. In most instances essential workers are at the epicenter of disaster remediation. Participants declared that their input was not sought, nor were they included in any of the decision-making meetings that impacted their work. Inclusion and collaboration of subordinate staff reduces conflict, improves workplace morale, and job satisfaction (Fleury et al., 2017).

Christian Worldview Consideration

While multiple traumatic events may contribute to a crisis of faith, causing many to turn away from God, this was not the case for any of the participants. Ninety percent of Bahamians profess religious affiliation (Office of International Freedom, 2018). Theme six religious beliefs revealed that all participants valued their faith and credited their belief in God as the inner strength that got them through. Spirituality and faith, particularly among women serves as a buffer in times of distress. Lisa said it was prayer that saved her and her family's life as the waters rose in her home, and now she has a more intentional approach to life. Sally explained that though she questioned God asking why these catastrophic events happened, her faith was not affected, that when she heard a storm surge was headed for her community, she placed her faith in God and went to sleep. Lori reported that she has experienced spiritual growth and now enjoys

a more intimate relationship with her heavenly Father. Spiritual practices such as prayer and church attendance mediate mental distress, resulting in better psychological coping (Cho w et al., 2020; Zhang et al., 2021). Lori disclosed that during the lockdown, being unable to attend church services in person was hugely distressing, because she had no other outlet for the trauma she witnessed in her patients and colleagues, she said, “my soul was not being fed.”

Delimitations and Limitations

To participate in this study respondents had to be over the age of 18 years and working on the islands of Abaco or Grand Bahama as teacher, nurse, or social worker during both critical events, Hurricane Dorian, and the COVID-19 Pandemic. The reason for this decision being that Hurricane Dorian made landfall in these northern Bahama islands on September 1, 2019, flooding more than seventy percent of these islands, resulting in massive loss of life, increased unemployment, and displacement of families and communities. Before significant recovery could be made, less than five months later the coronavirus came to our shores causing further loss of life, compounding unemployment, and further stressing our health and welfare systems.

A limitation of this phenomenological study is the small sample size of seven and its variability. With only two nurses, two social workers, and three teachers, the findings of this study cannot be generalized to any of these populations on Grand Bahama. Furthermore, the experiences of social workers and nurses were more aligned in that they were servicing the direct needs of distressed and suffering individuals in comparison to teachers whose work environments were notably different. The findings of this study can only be applied to the individuals who participated in this research study.

The fact that participants were selected because they were the ones who agreed to be interviewed presents another limitation. Their willingness to be a part of this study may potentially involve other factors not evident to the researcher.

The passage of time is another limitation. Other events could have confounded their recollection of events. Additionally, reflection on their experiences could have resulted in a new perspective and interpretation of events that impacted what and how people recall experiences of catastrophic events that occurred more than four years ago.

Admitting to the researcher that one is suffering from compassion fatigue, burnout, or secondary traumatic stress is a potential limitation. To be characterized and labelled as suffering from a mental disorder in Bahamian society is tantamount to social and professional suicide and carries a permanent stigma. One becomes viewed as forever broken. For social workers, who are focused on the emotional and social wellbeing of others, this is even more limiting.

The potential for researcher bias is always present and must be mitigated. This limitation was managed with bracketing. The researcher contained her assumptions throughout the research process. The researcher employed self-reflection and shared transcripts with participants.

Recommendations for Future Research

Significant insight was gleaned from this study. Listening to the stories of participants allowed me to view their humanity up close and personal. Qualitative studies yield rich contextual information that quantitative research cannot. Additional qualitative research on each group, social workers, nurses, and teachers separately can provide data to inform organizational policies and procedures in planning and preparation for future critical incidents. This is imperative as The Grand Bahama has suffered numerous storms over the past 20 years, each one more intense than the one before. Hurricane Dorian was category five.

While numerous studies have been completed on compassion fatigue, burnout, and secondary traumatic stress particularly among nurses, especially during the height of coronavirus epidemic, very little was found about social workers, teachers, and people of color in general. Specifically, no research has been done on essential workers in The Bahamas. This study addressed this gap. Hopefully the findings serve as the impetus for future research on this topic in The Bahamas and Caribbean region.

Organizations need to investigate and create processes and systems that provide meaningful support for their staff, especially first responders and essential workers who are integral to the foundation of an orderly functioning social structure. None of the participants cited any meaningful support for their wellbeing, social, or personal need. Individuals called and mandated to work on the frontline in preparation for, during, and in the aftermath of a disaster should have all needs provided for without question. This also includes time for self-care, family matters, and debriefing. Long hours should be monitored and mandatory time off be a strict policy.

Studies on nurses, social workers, and teachers can be useful. Insight into workers who demonstrate hardiness and resilience in the most extreme incidents can contribute to the development of meaningful dialogue and programs. Those essential workers who possess hardiness and resilience can serve as mentors or sponsors among their colleagues. Sharing strategies and being an emotional support for colleagues have personal benefits and create an environment of camaraderie.

Essential workers need to develop mindfulness and the ability to tune into their own selves. Being able to recognize the impact of stress and the effect that caring for others and traumatic events can have on one’s overall wellbeing is key. Additionally, understanding and

acknowledging one's limitations without feeling inadequate, inferior, or ineffective is imperative.

While qualitative research yields rich narratives and detailed accounts, there is a place for quantitative research on this topic. Perhaps research focusing on organizational factors, working conditions and employees' perceptions of leadership can lead to improved perceptions and better working conditions.

Summary

The purpose of this phenomenological study was to describe the experiences of compassion fatigue, burnout, and secondary traumatic stress among essential workers, namely, social workers, nurses, and teachers on Grand Bahama Island in the aftermath of a category five cyclonic event and during the COVID-19 pandemic. To meet the criteria for participation, all participants had to be over the age of 18 years and working in the healthcare, welfare, and educational institutions on the island during both events. Seven participants qualified, two social workers, 2 nurses, and 3 teachers. All of them have attained a bachelor's degree, with 1 social worker currently enrolled in a master's program. These individuals are at the frontline in caring for the sick, meeting the welfare needs, and educating children in the direst situations.

Human services and social professions like social work, nursing, and education come with the danger of experiencing psychological and physical exhaustion. These professions by their nature are inherently stressful and often push the worker beyond their limits. Furthermore, in times of tragedy, an already overburdened system makes even greater demands on its workers. During times of crises psychological distress among human service professionals increases significantly (Restauri et al., 2020). The themes of compassion fatigue, burnout, and secondary traumatic stress resulted in findings that confirmed previous research.

Three other themes emerged. Education, organizational support, and religious beliefs. Brooks et al. (2019) found that there are both positive and negative outcomes of critical events among essential workers. Those with little training in disaster work were less likely to seek counselling and feared stigmatization. Nevertheless. most participants did not have disaster training. One participant said, “no training could have prepared her for what occurred during Dorian and the covid-19 pandemic”. However, when organizational support was evident, and the workplace environment was perceived as positive, psychological outcomes were also positive. For developing countries like The Bahamas, disaster and pandemics create unique challenges along with access to resources such as healthcare, education, and physiological needs along with fear of stigmatization when one seeks mental health treatment. None of the participants sought counselling, though they could have benefitted. Nevertheless, it must be emphasized that their faith in God provided solace and hope that carried them through.

To ensure the best outcomes for frontline workers it is incumbent that organizations provide the necessary employee assistance programs and support mechanisms to protect the vulnerable, provide optimal output and service, and prevent burnout and overload. To achieve this training in disaster management and response specific to their professions need to be developed, evaluated, and tested on an ongoing basis as Grand Bahama Island is in a hurricane zone.

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APPENDIX A: Recruitment Letter

Gladys V. Sawyer
Doctoral Candidate
Freeport, Bahamas
[redacted]

Dear Potential Participant,

I am a doctoral candidate, in the School of Behavioral Sciences at Liberty University, enrolled in the Community Care and Counselling Program- Traumatology Cognate. To fulfill the requirements of my degree I am conduction research on the impact of hurricane Dorian and the COVID 19 pandemic on Human services workers (healthcare and welfare employees) working on the frontlines of these two critical incidents on Grand Bahama and Abaco. I am seeking to understand and evaluate the levels and effects of compassion fatigue, burnout, and secondary traumatic stress of nurses and welfare workers who worked directly with patients and clients during these two natural disasters. This letter is an invitation asking for your participation in this study.

To be eligible to participate in this study you must be 23 years or older and working as a healthcare and social welfare professional during both crisis events. As a potential participant you will be asked to complete a short, self-administered questionnaire- the Copenhagen Burnout Inventory and participate in an interview. The questionnaire should take no more than 7 minutes to finish and the interview approximately 90 minutes or less. No identifying or personal information is needed, and all responses will be confidential.

Should you meet the research criteria and agree to participate, a consent form is enclosed on the first page. Additional details about the study are stated on the consent form. If you agree to participate, please sign the consent form, complete, and return the questionnaire that is attached for your convenience.
Sincerely,

[redacted]
Gladys Sawyer
Doctoral Candidate
[redacted]

APPENDIX B: Consent Form

A PHENOMENOLOGICAL STUDY OF COMPASSION FATIGUE, BURNOUT, AND VICARIOUS TRAUMA AMONG WELFARE WORKERS, EDUCATORSM AND NURSES ON GRAND BAHAMA ISLAND AFTER HURRICANE DORIAN AND DURING THE COVID-19 PANDEMIC

Dissertation
Gladys V. Sawyer
Liberty University
School of Behavioral Sciences

This letter serves as an invitation to participate in a research study regarding essential workers' experience of compassion fatigue and burnout. You were selected as a possible participant because you are an educator, nurse, or welfare worker in Grand Bahama during Hurricane Dorian and COVID-19. Your participation is voluntary, however, to be eligible you must be 23 years or older, employed as an essential worker and employed on Grand Bahama or Abaco during Hurricane Dorian and COVID-19. It is imperative that you understand the purpose of the study and what you will be asked to do during the study. Please read this form and ask any questions you may have before agreeing to be a potential participant in this study.

This study is being conducted by: Gladys Sawyer, Liberty University, School of Behavioral Sciences.

Background Information: The purpose of this study is to gain insight, increase knowledge, and bring awareness to the d phenomena among healthcare professionals, educators, and welfare workers on Grand Bahama. Essential workers who experience natural disasters and critical incidents are predisposed to suffer the same physical and psychological stressors as the general population, and their experiences can be further compounded when they must contend with their own issues, while trying to maintain personal wellbeing in the aftermath of consecutive catastrophic occurrences, while tasked with care of patients and clients.

Procedures: Should you agree to participate in this study, you are asked to do the following:

- Complete the Copenhagen Burnout Inventory, which takes 10 minutes.
- Complete an audio-recorded one 90-minute interview focusing on your personal, professional, and spiritual experiences.

- **Risks:** The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life."

Benefits: Participants will not receive any direct benefit from participating in this study. However, benefits to social society include a better understanding of the psychological effect on human services professionals, the development of preventive protocol to minimize the deleterious impact and consequences of these phenomena under study, and the creation of remediation programs to treat those who are moderately to severely affected.

Compensation: Participants will not receive any compensation for participating in this study.

Confidentiality: All participants will be assigned a pseudonym known only to the researcher. This list of pseudonyms will be kept separate from the data collected to further protect their identity. The data collected for this study will be totally private. Research records will be stored in a location that only the researcher has access to. All questionnaires collected will be secured in a keyed filing cabinet and may be used for future presentations and will be destroyed after 2 years.

Voluntary Nature of the Study: Participation in this study is completely voluntary. Your decision to or not to participate will not hinder present or future affiliations with the researcher and or Liberty University. If you decide to participate, you are free not to answer any question or withdraw at any time.

Contacts and Questions: The researcher conducting this study is Gladys Sawyer. You are free to ask any questions. Feel free to contact her [redacted]. You may also contact the dissertation chair, Dr. Mollie Boyd at [redacted]

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher[s], **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is [redacted], and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Consent: By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

☐ The researcher has my permission to audio-record me as part of my participation in this study.
Printed Subject Name: _____

Signature & Date: _____

APPENDIX C: Permission Letter

From: DOROTHEA GOMEZ [redacted]

Sent: Monday, 12 June 2023 13:54
To: Gladys Sawyer [redacted]
Subject: Re: Research Letter

Good afternoon Miss Sawyer,

Thank you for your interest in studying the impact of Hurricane Dorian and COVID-19 on the workers employed at the Department of Social Services here in Grand Bahama. These essential workers have been the backbone of this community prior to, during, and following these two natural disasters.

Our social workers and case aides often go unnoticed for their tireless efforts. Thanks for your motivation in bringing awareness to and increasing knowledge in this area. Permission is hereby granted for you to conduct data collection at the Department of Social Services.

Best regards,

Dorothea Gomez,
Chief Welfare Officer

APPENDIX D: Flyer

PARTICIPANTS NEEDED

COMPASSION FATIGUE, BURNOUT, AND MENTAL HEALTH AMONG WELFARE WORKERS AND NURSES ON GRAND BAHAMA ISLAND AFTER HURRICANE DORIAN AND DURING THE COVID-19 PANDEMIC

- Are you 23 years of age or older?
- Are you an essential worker?

If you answered **yes** to either of these questions, you may be eligible to participate in this research study.

The objective of this study is to explore and describe the impact of compassion fatigue, burnout, and vicarious trauma among helping professionals on Grand Bahama Island in the aftermath of hurricane Dorian and during the COVID-19 pandemic. Participants will be asked to complete 3 short surveys.

The study is being conducted by Gladys Sawyer.

Gladys Sawyer is a doctoral candidate in the [School of Behavioral Science at Liberty University. [redacted]

APPENDIX E: Copenhagen Burnout Inventory

Part one: Personal Burnout

Definition: Personal burnout is a state of prolonged physical and psychological exhaustion.

Questions:

1. How often do you feel tired?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

2. How often are you physically exhausted?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

3. How often are you emotionally exhausted?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

4. How often do you think: “I can’t take it anymore”?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

5. How often do you feel worn out?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

6. How often do you feel weak and susceptible to illness?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

Total: _____

Scoring: Always: 100. Often: 75. Sometimes: 50. Seldom: 25. Never/almost never: 0. Add the number for each question and divide by 6. Total score on the scale is the average of the scores on the items.

Part two: Work Burnout

Definition: Work burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person’s work.

Questions:

1. Is your work emotionally exhausting?

To a very high degree____ To a high degree_____ Somewhat____ To a low degree____-

To a very low degree_____

2. Do you feel burnt out because of your work?

To a very high degree____ To a high degree____ Somewhat____ To a low degree____ To a very low degree____

3. Does your work frustrate you?

To a very high degree____ _To a high degree____ Somewhat____ To a low degree____

To a very low degree_____

4. Do you feel worn out at the end of the working day?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

5. Are you exhausted in the morning at the thought of another day at work?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

6. Do you feel that every working hour is tiring for you?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

7. Do you have enough energy for family and friends during leisure time?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

Scoring: Questions 1-3: To a very high degree: 100. To a high degree: 75. Somewhat: 50. To a low degree: 25. To a very low degree.

Questions 4-7. Always: 100. Often: 75. Sometimes: 50. Seldom: 25. Never/almost never: 0. Add the number for each question and divide by 7. Total score on the scale is the average of the scores on the items**.**

Part three: Client Burnout

Definition: Client burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work with clients*.
*Clients can be: patients, students, children, inmates, or other kinds of recipients.

1. Do you find it hard to work with clients/patients/students?

To a very high degree_____ To a high degree____ Somewhat____ To a low degree_____ To a very low degree_____

2. Do you find it frustrating to work with clients?

To a very high degree____ To a high degree____ Somewhat_____ To a low degree_____ To a very low degree_____

3. Does it drain your energy to work with clients?

To a very high degree_____ To a high degree____ Somewhat____ To a low degree_____ To a very low degree_____

4. Do you feel that you give more than you get back when you work with clients?

To a very high degree_____ To a high degree____ Somewhat____ To a low degree_____ To a very low degree_____

5. Are you tired of working with clients/patients/students?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

6. Do you sometimes wonder how long you will be able to continue working with clients?

Always_____ Often_____ Sometimes_____ Seldom_____ Never/almost never_____

TOTAL:_____

Scoring: Questions 1-4: To a very high degree: 100. To a high degree: 75. Somewhat: 50. To a low degree: 25. To a very low degree.

Questions 5-6: Always: 100. Often: 75. Sometimes: 50. Seldom: 25. Never/almost never: 0. Add the number for each question and divide by 6. Total score on the scale is the average of the scores on the items.

NB: In these questions one should use the appropriate term for "clients" depending on the circumstances. E.g., in a questionnaire for nurses, the term patients should be used, while the term children or students should be used in a study of teachers' burnout.

APPENDIX F: Interview Questions

1. Tell me about yourself.
2. What led you to pursue this career?
3. Compassion fatigue is the experience of extreme mental, physical, and emotional exhaustion among human services professionals as a direct consequence of concern and caring for others who have suffered and or been traumatized (Schupp, 2016). Describe your experiences with compassion fatigue?
4. Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal and professional productivity due to unmanaged chronic stress, directly linked to the workplace tasks and environment (Maslach and Leiter, 2016; ICD-11). Describe your experiences with burnout?
5. Secondary traumatic stress is characterized by symptoms that mirror post-traumatic stress disorder (PTSD), which include intrusion, avoidance, and arousal because of repeated exposure to the trauma of others, either by listening to the aversive events of their narratives, caring for their needs, and or witnessing the event. Symptoms frequently exhibited seem as if they were victims or survivors of trauma themselves (Sanderson, 2013). Describe your experience with secondary traumatic stress?
6. Vicarious Trauma (VT) a negative change in the personality of the helping professional because of empathic responsiveness to victims and survivors of traumatic incidences accompanied by a duty or commitment to serve (Sanderson, 2013). Describe your experience with vicarious trauma?
7. How did your education prepare you to work with the critical events of Hurricane Dorian and COVID-19?

8. Tell me about a typical day on the job.
9. Describe for me situations that contributed to your experiencing compassion fatigue, burnout, and or secondary traumatic stress.
10. Describe the type/s of support did you received from your organization prior to, during and following these catastrophic events.
11. Describe any personal losses you experienced. Describe to protocols that were put in place at the workplace to deal with critical situations such as the contraction of the corona virus, death of a patient/client, or colleague. How effective were these protocols?
12. How do you or did you perceive or interpret your religious beliefs in response to your experiences with Hurricane Dorian and COVID-19?