

Comparison in the rise of Compassion Fatigue and Stress Levels for Male and Female COVID Caregivers

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ABSTRACT

The COVID-19 pandemic has had a significant impact on everyone's health, particularly the vulnerable populations. One such group is that of informal caregivers. The onset of the pandemic has led to many individuals assuming COVID caregiving responsibilities within their homes. They often already suffer from psychological and physical distress which has risen immensely during the pandemic. The research seeks to examine the rise in the level of Compassion Fatigue and Stress for these COVID caregivers and if their gender has had an impact on the same. In the context of this study, compassion fatigue refers to the condition of emotional and physical exhaustion experienced as a result of helping or wanting to help individuals experiencing trauma (in the case of the pandemic, people suffering from COVID-19). Constant exposure to such trauma can lead to a severely diminished ability to empathize and feel compassion. Eight COVID caregivers, including four males and four female, were interviewed and their responses have been analyzed within this paper. These caregivers are either salaried employees or self-employed professionals.

Keywords: COVID-19, caregiving, compassion fatigue.

(Paper received – 18th June 2022, Peer review completed – 15th July 2022, Accepted – 28th July 2022)

INTRODUCTION

The COVID-19 virus took the world by a storm within the first few months of its onset. This outbreak has persisted for nearly two years now and has had a devastatingly vast impact on everyone across the world. The virus' ability to mutate has led to a great increase in the number of cases across the world. Till date there have been 39.7 Crore cases and 57.5 L deaths across the world. As of 7th February 2022, India alone has had nearly 4.23 Crore cases [1]

With an increase in the number of cases, there has also been an increase in the number of people taking care of COVID patients. A caregiver is an individual that assists someone in their daily activities. Traditionally, the term is associated with medical professionals or individuals in care-taking facilities. However, with the onset of the COVID-19 pandemic, a whole new branch of caregivers has emerged, that is, informal or family caregivers. The impact of the pandemic has been enormous in India, some variants being extremely detrimental to one's health. Moreover, due to an increase in the number of cases, hospitals were overflowing. In such a situation, Family COVID caregivers were under distress as the virus had strong and sometimes fatal symptoms. While caregiving is seen as a dutiful act, the impact of having to take care of someone can be immense. Caregivers are often so preoccupied with taking care of someone else that they tend to neglect their own wellbeing. The pressure of having to ensure healthy recovery of another individual can lead to increased stress levels, fatigue and burnout. This form of burnout can cause a great amount of physical, mental and emotional impact on individuals often leading to Compassion Fatigue [2].

The pandemic has played a major role in emphasizing the impact of caregiving on the common man. The pandemic has also had a great impact on the economy which in turn has affected the rate of unemployment in the country. There may also be a difference in the level of compassion fatigue among male and female caregivers. Keeping in mind all of these factors, this paper aims to analyze the rise of compassion fatigue and stress levels among male and female caregivers and across the self-employed and salaried professional spectrum.

Effects of COVID-19 on Family Caregivers

This study was conducted between April 15 and May 27, 2020 by a team of researchers at the National Rehabilitation Research and Training Center on Family Support and the University Center for Social and Urban Research at the University of Pittsburgh to explore the impact of the pandemic on family caregivers. The results of the online survey study indicate that family caregivers expressed more distress than non caregivers during the pandemic. The study also highlighted that female caregivers along with young and low income caregivers were impacted more by the pandemic [3].

Compassion Fatigue Among Caregivers During COVID-19

'Exhaustion, anger, irritability, negative coping behaviors and an impaired capacity to make choices' are some of the indicators of compassion fatigue among COVID caregivers stated in the article. It discusses 'Caregivers Personality' which revealed that personality traits that attract someone to provide care are similar to traits that are more prone to stress, burnout, and depression [4].

Differences in gender for COVID caregivers

This research paper seeks to examine the differences for male and female caregivers during the pandemic with regard to their mental health. The study found that women caregivers showed a greater rise in levels of stress as opposed to male caregivers. Female caregivers were also found to have higher levels of anxiety, distress and post-traumatic stress. Many reasons have been cited for the same, but the main idea remains that women have to deal with extraneous factors that also affect their mental health and accumulate their stress levels, including but not limited to rise in job insecurity and loss of income, over representation in essential and healthcare related fields, and a greater chance of having to take care of a sick family member [5].

The aim of this research study is to understand the rise in compassion fatigue for COVID caregivers and whether the rise has been sharper for male or female caregivers.

METHODOLOGY

Objectives

- This research was conducted to get an in-depth understanding of COVID caregiver's compassion fatigue and stress levels in relation with gender.
- The research study also seeks to examine whether salaried or self-employed professionals have been affected more in terms of compassion fatigue and stress levels.
- Moreover, it aims to understand the impact of digitalization on support systems, and whether the former has had detrimental effects on the latter.

Research questions

- Is there a difference between compassion fatigue and stress level in male and female COVID-19 caregivers?
- Is there a difference between compassion fatigue and stress level in salaried and self-employed COVID-19 caregivers?
- Has digitalization affected the way we gain support from our social circles?

Operational Definitions of variables

- **COVID Caregiver:** The terms family caregiver and informal caregiver refer to an unpaid family member, friend, or neighbor who provides care to an individual who has an acute or chronic condition

and needs assistance. In this study, such caregivers are referred to as COVID caregivers, and the condition mentioned is being affected by COVID during the pandemic [6].

- **Compassion Fatigue:** Compassion fatigue (CF) is stress resulting from exposure to a traumatized individual. CF has been described as the convergence of secondary traumatic stress (STS) and cumulative burnout (BO), a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment [7].

Sample size

Interviews were conducted to capture the experience of 8 different individuals. Only individuals who have undertaken some form of caregiving work during the pandemic, specifically COVID caregiving work, were interviewed. Four male and four female caregivers were spoken to and each category had two self-employed professionals and two salaried professionals. Participants were selected through the process of purposive sampling. The criteria for the sampling are detailed below.

- **Inclusion criteria**
 1. The caregivers were from two cities, Mumbai and Bhopal.
 2. They undertook caregiving responsibility for a minimum duration of two weeks. They were interviewed within 6 months of having fulfilled this responsibility
 3. This study included caregivers who were proficient in English and Hindi.
 4. Interviewees that took care of their immediate family were included in this study.
- **Exclusion criteria**
 1. The study excluded caregivers other than COVID caregivers.
 2. Caregivers whose patient has passed away due to COVID were excluded.
 3. This study excluded individuals that were suffering from psychological disorders.

Procedure

This research employs interviews as a tool to collect data and to organize perspectives from various individuals. Interviews can be defined as a qualitative research technique which involves “conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program or situation.” [8]. Consent was obtained from the participants, and they were informed about the academic nature of the study. Semi-structured open-ended interview schedule were used. The responses of the participants were recorded as online interaction was going on. The researchers have upheld ethical standards by ensuring the identities of the interviewees remain anonymous, and all information provided by them is only used for the purpose of this study. This study builds on existing research information has also been taken from news articles and personal blogs to highlight and support the findings.

RESULTS

100% of the participants provided care to someone in their immediate family. 50% of the participants mentioned that their relationship with this person shifted. participants reported feeling frustration and feelings of helplessness while imparting caregiving to individuals. Most notably, the female participants mentioned that their relationships with the care receiver shifted since time had to be split between domestic responsibility and caregiving responsibilities.

80% of the participants described themselves as empathetic individuals. All eight interviewees also mentioned that they did experience tiredness while disposing caregiving responsibility while four (3 women and 1 man) mentioned that they were brought to the brink of burnout. Participants shared that while tolerance to stress necessarily has not shifted, and most of them underwent high levels of stress during the caregiving period. 50% of the participants mentioned that they picked up specific hobbies during this time to relax/unwind. Out of these three were men and one was a woman. Hobbies included watching television, picking up reading, and connecting with friends. When the rest of the participants were asked why they did not pick up such an activity, participants mentioned that there was not enough time. Out of the 50% who answered that they did pick up something to distract themselves during this time, three were self-employed professionals.

80% of the participants mentioned that the way that they view support systems has changed with the onset of digitalization. Female caregivers expressed stress related to social media and difficulties in working in an online mode. One participant also shared that they experienced nervousness due to the social isolation brought about by the caregiving responsibilities. Most participants answered that they did not feel trapped or suffocated when doing this work. However, it was shared that feelings of guilt, anger and frustration at the care receiver were felt.

Women were more likely to have a change in their eating and sleeping patterns. 2 of 4 women reported complete change in portion sizing (either increased or decreased) and 1 of 4 women reported changes in sleeping patterns with frequency of daytime naps increasing. As for men, 2 reported fluctuations and imbalance in sleeping or eating patterns.

As for the employment aspect, salaried individuals reported changes in sleeping patterns with the number of hours of sleep decreasing. One of four self employed individuals reported minor changes in both sleeping and eating patterns.

40% of caregivers reported experiencing intrusive thoughts after providing care. Thoughts of anxiety around the well-being of the individual, feelings of loneliness and feelings of guilt were mentioned to be accompanying such intrusive thoughts.

When asked if participants will be able to take up caregiving responsibilities again in the future, 100% of the participants mentioned that they would not consider it in a professional capacity. However, if the need arises for them to step in as informal caregivers again, 80% of participants mentioned that they would be happy to do so.

DISCUSSION

The interviews have lent themselves to understanding certain emerging themes that have been common across board for COVID caregivers. While the experiences have not been universal, several trends can be drawn from the insights of the interviewees, which are highlighted within this section of the paper. Interview responses have been mapped with the intention to analyze the rise in compassion fatigue and stress levels.

Physical and Mental Wellbeing

Based on the interviews taken, certain aspects of physical and mental wellbeing were highlighted. Most individuals that faced mental distress claimed to have intrusive thoughts and heightened anxiety. When the participants were asked if they had accessed any mental health support systems post taking care of their family members, most denied taking any help except for one participant. With regards to mental well-being out of both the genders measured, women were more likely to face mental health concerns as compared to men. Four of all four women experienced an increase in stress levels and burnout. Two of the four men reported similar results.

As for the role of employment, salaried individuals were more likely to report experiencing anxiety and burnout. Three out of the four salaried personnel (2 women and 1 man) reported worrying about job performance as they are to report under someone else.

The physical symptoms being analyzed were primarily the eating and sleeping patterns of individuals. Extreme levels of stress can cause swings in sleep patterns as well as eating patterns. Most of the caregivers felt these shifts within the period of their caregiving responsibility.

Relationship between the caregiver and the patient

Another pattern that emerged was a shift in the relationship between the caregiver and the patient. Most interviewees highlighted that their relationship did undergo a strain due to the caregiving activity. Feelings of frustration and helplessness were mentioned especially when there was not much that the caregivers could do for the people they were providing care for.

Most notably, women caregivers expressed frustration as domestic responsibility did not let up when they had to also pick up caregiving responsibility. One participant mentioned how it was easy to let stress give way to frustration as there did not seem to be an end in sight. Caregiving responsibility was a full-time job and there did not seem to be much reprieve from it. There was also a lot of guilt with this frustration as most participants took care of immediate family members. One woman also remarked that it felt like she did not have the space

to feel frustrated and could only focus on ensuring that the person she was taking care of was doing well. This also led to increased stress levels.

Between self employed and salaried professionals, salaried professionals mentioned that their relationships shifted more. While caregiving took up a lot of their time, salaried professionals could not shift away from their employment. This meant that there was less time to be spent with the patients as opposed to self-employed professionals who could be more flexible in moving their schedules around.

Impact of Digitalization

There has been an increase in the frequency or severity of overall “distress,” among caregivers in the pandemic. From the interviews, this paper also sought to examine if digitalization had any role adding to the distress. With regards to mental well-being in females and males, females reported changes in how they viewed their support system in the pandemic. 1 out of 4 females experienced nervousness, anger and guilt due to the prolonged isolation from people she considered her support system outside the immediate family.

2 out of the 4 females were affected by overinflated use of digital media and difficulties with online mode of working while providing care. 1 out of 4 men reported similar results.

With respect to the employment status, salaried professionals were affected more by the digitalization than self employed professionals as they had to adapt to the new online environment in a limited period of time. 3 out of 4 salaried professionals reported nervousness and frustration about employee layoffs and pay cuts and how this added to the pressure to adapt to this new world of digitization as quickly as possible. Other factors that added to worsening of mental health due to digitalisation of work were lack of inferential research, infrastructure readiness, digital readiness, changing nature of deliverables, workforce demand versus supply problems and more. On the other hand, self employed professionals had greater autonomy and flexibility while managing their work.

2 out of 4 women (2 self-employed and 1 salaried) were expected to provide care as prescribed by the gender norms and reported heavy burden which interfered with the work.

Limitations

- The study does not highlight the mental health concerns that unemployed individuals and homemakers faced in the pandemic due to caregiving responsibilities.
- The study focused only on caregivers who were offering help to family members suffering from COVID
- The findings might have been affected by the time factor as the study was conducted when COVID related anxieties and uncertainties were high
- The research study looks at eight caregivers and hence findings cannot be generalized to the larger population.
- Interviews were not conducted face-to-face, which can deter rapport-building.
- The study does not highlight the mental health concerns that individuals beyond the gender binary, that is, male or female, have faced in the pandemic due to caregiving responsibilities.

Scope for Future Research

The findings generated from our study also lend credibility to what future research in this field might look like. Since unemployed professionals and those outside of the gender bindery have not been studied, It would also be important to gauge how caregiving responsibility has affected these two populations. With both populations, a lot more variables also come into play which would also change how this responsibility has changed the level of compassion fatigue.

It would also be important to note how compassion fatigue levels of professional caregivers have been affected in juxtaposition to the compassion fatigue level of informal caregivers. While we have only examined the latter within the study, professional caregivers have also been pushed to their limits during the pandemic and have had to provide essential service in the face of an exceedingly failing healthcare system. We believe that research within this field can provide invaluable data as to how the mental health of professional caregivers has also changed or shifted within the pandemic.

Implications

The implications of such findings are immense. Rising levels of compassion fatigue has long-term effects on people including lowered concentration, numbness or feeling of helplessness, irritability, lack of self satisfaction, withdrawal, absenteeism from work and even physical aches and pains. While journalists have argued that for a long time by saturating newspapers and news shows with decontextualized images of tragedy we have caused widespread compassion fatigue on a large scale, the COVID pandemic especially has made a lot of people desensitized or even resistant to helping those who are suffering. It is easier for us to turn a blind eye.

CONCLUSION

The results of our study indicate that there has been a significant rise in compassion fatigue and stress levels among COVID caregivers. Factors like gender and employment have affected the impact of fatigue and stress on the participants. Women were more likely than men to face compassion fatigue and have high stress levels. Based on the responses, this was due to the multitude of responsibilities and roles that women had to adapt to while taking care. Society often looks at women through the c nurturing lens and all four women reported feeling heavily burdened with responsibility of work, domestic duties as well as taking care of their patients. With regards to employment, salaried professionals, both male and female, had higher levels of stress and compassion fatigue due to the nature of their job. 2 out of the 3 salaried individuals briefly mentioned working for someone added extra pressure and affected their mental well being as compared to self employed professionals who have autonomy and flexibility. However, due to the nature of the caregiving responsibility, they experienced stress too. The mental health repercussions of the pandemic spread from individuals to families and even communities. None of us will leave the pandemic the same way we entered it. Therefore it is pertinent that we begin to think about what community care and active mental health intervention looks like in a world so touched by compassion fatigue and rising mental health concerns, and where so many have had to assume caregiving roles..

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Acknowledgements – Nil
 Conflict of Interest – Nil
 Funding – Nil