

COMPASSION FATIGUE AMONG SOCIAL WORKERS: A RESEARCH ON THE KAHRAMANMARAŞ EARTHQUAKE¹



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ABSTRACT

Compassion fatigue is a cumulative reaction in workers exposed to others' traumatic stories, impacting them emotionally, physically, and socially. This paper aims to explore two primary research questions: the experiences of compassion fatigue among social workers who worked in the field during the February 6 Kahramanmaraş earthquake and the strategies they employed to cope with this condition. Within the scope of a phenomenological study, in-depth interviews were conducted with 11 social workers who served during the earthquake. The data obtained were analyzed using thematic analysis with the assistance of the MAXQDA software. Social workers working with earthquake survivors face various professional challenges such as high workload and responsibilities as well as risk factors such as feeling of loneliness, lack of support, limited autonomy, pressure to stay strong, time constraints, decreased sense of belonging. These stressors can lead to emotional, physical and social symptoms. To cope, social workers resort to strategies such as spirituality, physical exercise, seeking professional support, maintaining a professional attitude, finding fulfillment in their work and building solidarity with colleagues.

Keywords: *Compassion fatigue, Kahramanmaraş earthquake, social work, coping strategies*

JEL Codes: *I10, I14, I19*

Scope: *Social work*

Type: *Research*

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¹ Compliance with the ethical rules of the relevant study has been declared.

SOSYAL ÇALIŞMACILARIN MERHAMET YORGUNLUĞU: KAHRAMANMARAŞ DEPREMİ ÜZERİNDEN BİR ARAŞTIRMA



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ÖZ

Merhamet yorgunluğu, başkalarının travmatik anlatılarına maruz kalan çalışanlarda görülen ve bireyi duygusal, fiziksel, sosyal olarak etkileyen kümülatif bir tepkidir. Bu çalışma, 6 Şubat Kahramanmaraş depreminde sahada çalışan sosyal çalışmacıların merhamet yorgunluğu deneyimlerini ve bu durumla nasıl başa çıktıkları olmak üzere iki temel araştırma sorusunu anlamayı amaçlamaktadır. Fenomenolojik bir araştırma kapsamında, depremde görev yapan 11 sosyal çalışmacının deneyimine yönelik derinlemesine görüşmeler yapılmış ve elde edilen veriler MAXQDA programı kullanılarak tematik analizle incelenmiştir. Depremzedelerle çalışan sosyal çalışmacıların, iş yükünün fazla olması ve sorumluluklar gibi mesleki zorlukların yanı sıra yalnızlık hissi, destek eksikliği, yapabileceklerinin sınırlı olması, güçlü kalma baskısı, zaman kısıtlamaları, aidiyet duygusunun azalması gibi risk faktörleriyle de karşı karşıya oldukları görülmüştür. Bu stres faktörleri duygusal, fiziksel ve sosyal semptomlara yol açmaktadır. Sosyal çalışmacıların başa çıkmak için maneviyat, fiziksel egzersiz, profesyonel destek arama, profesyonel bir tutum sürdürme, işlerinde tatmin olma ve meslektaşlarıyla dayanışma gibi stratejilere başvurduğu görülmüştür.

Anahtar Kelimeler: Merhamet yorgunluğu, Kahramanmaraş depremi, sosyal hizmet, baş etme stratejileri

JEL Kodları: I10, I14, I19

Alan: Sosyal hizmet

Türü: Araştırma

1. INTRODUCTION

According to the Disaster and Emergency Management Presidency (AFAD), two major earthquakes with magnitudes of 7.7 and 7.6, centered in the Pazarcık and Elbistan districts of Kahramanmaraş on February 6, 2023, caused significant loss of life and property across multiple provinces. The earthquake, which affected such a large area, resulted in widespread social trauma (Yelboğa, 2023). Traumatic events are not limited to those caused by humans; natural disasters such as floods, earthquakes, and hurricanes can also induce trauma (Gautschi et al., 2008; Kılınç, Yıldız, & Harmancı, 2017). Located in an earthquake-prone zone, Turkey continuously faces the threat of earthquakes. However, the inadequacy of protective and preventive measures (Tuncay, 2004) leads to both loss of life and property, as well as social, psychological, and economic impacts (Soydan & Alparslan, 2014). The inadequacy of protective and preventive measures has exacerbated the consequences of the disaster. According to an official statement from the Ministry of Internal Affairs of the Republic of Turkey, the death toll from the Kahramanmaraş-centered earthquakes stands at 53,537 (Ministry of Internal Affairs of the Republic of Turkey, 2024).

Beyond physical destruction and economic losses, disasters of this magnitude have profound social and psychological consequences. Individuals who experience such traumatic events often suffer from anxiety, depression and post-traumatic stress disorder (PTSD), while societies face long-term disruption to their social structures (Norris et al., 2002). In this context, social workers play a crucial role in helping affected individuals. However, constant exposure to trauma narratives and the huge emotional burden of disaster response can negatively affect these professionals, leading to compassion fatigue.

Compassion is a critical emotional response that allows individuals to empathize with others' suffering and take action to alleviate it. However, sustained exposure to such emotional engagement can have a cumulative emotional impact. In this context, compassion fatigue is recognized as an emotional and time-developing reaction of professionals, including social workers, to the traumatic narratives of clients. This phenomenon is a critical concern for healthcare and mental health professionals, as it can lead to emotional exhaustion and decreased professional efficacy. Various strategies have been identified to mitigate or prevent compassion fatigue, including maintaining clear professional boundaries, fostering a strong supervisory relationship, seeking professional support when needed, engaging in hobbies, and participating in physical and social activities (Figley, 1995; Killian, 2008; Knight, 2013; Ray et al., 2013). These protective factors contribute to the well-being and resilience of professionals working in emotionally demanding environments.

A review of the international literature reveals a growing body of research on social work and compassion fatigue. These studies primarily aim to explore the lived experiences of social workers in their interactions with challenging client populations and to identify protective factors against compassion fatigue (Kapoulitsas & Corcoran, 2014). For instance, Adams, Boscarino, and Figley (2006) investigated the presence of compassion fatigue among social workers and its implications for the profession. Similarly, Bride (2007) examined the extent to which social workers are exposed to secondary traumatic stress and its association with compassion fatigue. Craig and Sprang (2009) focused on compassion fatigue and burnout among trauma professionals, including social workers. Lloyd, King and Chenoweth (2002) compared burnout and stress factors in social workers with those in other health professionals, highlighting their connection to compassion fatigue. Additionally, Harr and Moore (2011) explored the psychological impact of compassion fatigue on social work students during their field placements.

When examining the studies conducted in Turkey, it becomes evident that compassion fatigue predominantly affects healthcare professionals, particularly nurses (Gök, 2015; Dikmen & Aydın, 2016; Polat & Erdem, 2017; Yılmaz & Üstün, 2018; Pehlivan & Güler, 2018). In the literature, compassion fatigue is primarily associated with the burnout experienced by doctors and nurses (McHolm, 2006; Polat & Erdem, 2017). However, there is a significant gap in the national literature regarding compassion fatigue among social workers. Apart from Başer and Mavili's (2017) "Social Work and Compassion: A Qualitative Research", Türk and Kaya's (2023) "The Effect of Compassion Fatigue on Psychological Resilience in Post-Earthquake Psychosocial Support Practices: A Research on Social Workers," and Sena's (2023) "Investigation of Factors Affecting Compassion Fatigue in Medical Social Workers" research on this subject is scarce. While previous studies have focused on the role of compassion in social work and the relationship between compassion fatigue and psychological resilience, this research is significant for directly addressing the experiences of compassion fatigue among social workers in earthquake areas within the national literature. It aims to explore coping strategies and protective measures against compassion fatigue.

In this study, the primary objective was to gain insight into the compassion fatigue experienced by social workers who assist individuals affected by traumatic events resulting from earthquakes. The study sought to understand the behaviors, emotions, and challenges encountered by social workers engaging with individuals impacted by earthquake trauma. This research addresses the following questions: How do social workers working in the earthquake zone

experience compassion fatigue with earthquake survivors? What are their coping strategies with compassion fatigue?

This research seeks to explore the compassion fatigue experienced by social workers in the earthquake zone, with a particular focus on its causes, symptoms, and coping strategies. The study addresses the following key questions:

What are the underlying causes of compassion fatigue among social workers in earthquake-affected areas?

What symptoms do social workers experience as a result of compassion fatigue?

What coping strategies can be employed to mitigate or prevent compassion fatigue?

2. CONCEPTUAL FRAMEWORK

The definition of compassion is widely established in the literature as the capacity to empathize with others' suffering and take action to alleviate their distress (Lazarus, 1991; Goetz et al., 2010). This concept, which is not easy to define, can often be confused with concepts such as empathy and sympathy. However, Ledoux (2015) proposes that compassion stands apart from these concepts by mobilizing individuals into action. McHolm (2006) describes compassion as a profound emotion that allows one to enter the world of the client (or patient), recognize their pain, and act to alleviate that pain. However, prolonged exposure to such sensitivity and compassion can exact an emotional toll on the individual. It is recognized that care recipients can inflict emotional trauma on caregivers, directly impacting their work performance (Dewilly, Wright, & Varker, 2009).

Compassion fatigue is a response that occurs cumulatively (Killian, 2008) as a result of exposure to others' traumatic narratives (Kapoulitsas & Corcoran, 2014), affecting the individual emotionally (Portnoy, 2011). Figley and Figley (2009) suggest that continuously listening to the stories of individuals who have experienced significant losses, such as the loss of a limb or a loved one, war veterans, or victims of child sexual abuse, can induce acute stress. Repeated and frequent contact with trauma-exposed individuals leads to secondary traumatization (Killian, 2008). Compassion fatigue, defined as secondary traumatization, is a condition faced by social workers who work directly with clients with traumatic life experiences such as individuals with AIDS, oncology patients, the elderly, child welfare cases, individuals with a history of suicide attempts, victims of abuse, children who have experienced sexual abuse, and women subjected to violence (Bride, 2007). Because most of the areas where

social workers work are directly related to traumatized individuals (Adams et al., 2006), they may experience secondary traumatization (Gil & Weinberg, 2015). This phenomenon can disrupt helping professionals' perception of safety and their beliefs about the world and interpersonal relationships (Schauben & Frazier, 1995).

There are several risk factors associated with compassion fatigue, as well as various symptoms indicating its presence. The literature primarily indicates that individuals with compassion fatigue often feel lonely and unsupported (Malone, 2022). Additionally, symptoms such as feelings of inadequacy (Adams et al., 2006), helplessness (Kanter, 2007), regret, guilt (Kim et al., 2021), lack of organizational belonging, lack of coordination (Simon et al., 2005; Yi et al., 2016), and depersonalization (Wagaman et al., 2015; Denne, Stevenson, & Petty, 2019) are commonly observed in these individuals. Emotional symptoms of compassion fatigue include anxiety, sadness, helplessness, anger, guilt, and fear (Harr et al., 2014; Dikmen & Aydın, 2016). Furthermore, physical symptoms such as fatigue, sleep disturbances, eating disorders, weight loss, and loss of appetite are also indicative of compassion fatigue (Aycock & Deborah, 2009; Sorenson et al., 2017; Peters, 2018). To avoid or mitigate the symptoms of compassion fatigue, various coping strategies can be employed. One of the most significant strategies is maintaining a professional attitude among social workers. A professional attitude not only protects social workers from compassion fatigue but also enables them to work longer and more effectively (Yi et al., 2018). Other coping strategies include physical exercises, spirituality, professional support, social support, and professional solidarity (Bride & Figley, 2007; Yoder, 2010; Whitebird et al., 2013; Yi et al., 2016; Yi et al., 2018; Türk & Kaya, 2023).

3. METHODOLOGY

In this study, phenomenological design was selected from qualitative research methods in order to reveal the experiences of social workers with compassion fatigue in depth. Data collection in this study was conducted using the in-depth interview technique. The interviews were carried out using a semi-structured interview form prepared by the researcher. In this context, the information of the interviewed participants was kept confidential, and codes were assigned to them for identification purposes in the study.

Interview Questions

Could you describe your professional experiences in working with clients?

What emotional responses do you experience when working with clients who have been traumatized by the earthquake? In what ways do their traumatic

experiences impact you personally and professionally? How do you manage these effects?

In what ways do the experiences shared by clients influence your daily life? What strategies do you employ to manage these effects?

How does working with clients who have experienced trauma affect your social life? What strategies do you employ to cope with these effects?

What are your reactions when you feel that neither your support nor the support provided by your organization is sufficient to meet clients' needs? How do you manage these experiences?

Do you think you have experienced compassion fatigue in your professional role? If so, how has it manifested and what strategies have you found effective in dealing with it?

3.1. Research Process and Participant Profile

After preparing the semi-structured interview form, the researcher contacted social workers operating in the earthquake zone through social media to inform them about the study. Following preliminary interviews with two social workers (pilot study), the interview form was finalized. Social workers who agreed to participate were asked to confirm their involvement by signing a consent form outlining the study's purpose and significance. Subsequently, online participation was facilitated via Zoom. Interviews were scheduled at times convenient for the social workers, spanning approximately three months from June to September. Since the researcher did not reside in the earthquake zone, all interviews were conducted via online platforms (Zoom). A total of 11 participants were interviewed, with each session lasting an average of 40 minutes.

The inclusion criteria required that participants be social workers actively working in the earthquake-affected zone. What is important here is that social workers have a practice of working with clients traumatized by the earthquake. The exclusion criteria specified that professionals from disciplines other than social work were not included in the study. Additionally, social workers operating outside the eleven provinces impacted by the earthquake were excluded.

A purposive sampling method was chosen for the selection of the study group. In this type of sampling, the sample is selected based on the judgment of an expert or according to predetermined objectives (Neuman, 2016, p. 322). In this context, criterion sampling was used. Generalizations are not appropriate in qualitative studies; instead, the goal is to understand and comprehend the phenomenon in depth. In this context, the data collection process continued until no new information emerged, a concept known as saturation (Krysik & Finn, 2015). Study included 11 social workers as participants.

Table 1: Participant Introduction Table

Participant	Age	Gender	Marital Status	Years of Work	Work Location	Institution	CF Awareness
P1	28	Female	Married	6	Hatay	Private	Unaware
P2	25	Female	Single	1.5	Kahramanmaraş	Private	Aware
P3	25	Female	Single	1	Kahramanmaraş	Public	Unaware
P4	29	Male	Single	6	Gaziantep	Private	Unaware
P5	33	Male	Married	9	Kahramanmaraş	Public	Unaware
P6	28	Male	Single	1.5	Malatya	Private	Unaware
P7	24	Female	Single	1	Malatya	Public	Unaware
P8	29	Female	Single	1	Mardin	Public	Aware
P9	29	Female	Single	1	Diyarbakır	Public	Aware
P10	28	Male	Single	5	Gaziantep	Private	Unaware
P11	30	Female	Single	6	Hatay	Public	Unaware

*CF: Compassion Fatigue

3.2. Data Analysis

Thematic analysis was used in the study (Miles et al., 2014). The researcher has an important role in data analysis in qualitative research (Braun & Clarke, 2006). In this study, the researcher used Creswell's (2017) analysis process in the analysis process by adhering to the research questions. Accordingly, the data were made ready for analysis and the first discoveries about the data were made through coding. A voice recorder was used in all interviews. The researcher made the voice recordings herself and transcribed them verbatim. In this step, the interviews were analyzed and the data were organized with the notes taken. Then the codes were combined under categories and these categories were given under different themes. These codes were created by reading the previously transcribed audio recordings multiple times and considering the literature on similar topics (Bryman, 2015). Data that could be categorized in the same category were given together. In addition, the data were analyzed with the help of MAXQDA 24 qualitative data analysis program. The findings obtained in this context are presented under four main themes: Challenging Working Conditions: “We are not Superheroes”, Risk Factors: “You Have to Be Strong”,

Symptoms of Compassion Fatigue: “I Feel Angry” and Strategies for Coping with Compassion Fatigue: “Being a Good Person”.

3.3. Ethical Permission for the Study

Name of the ethical review board:University Social Sciences and Humanities Scientific Research and Publication Ethics Committee

Date of ethical assessment decision: 16.06.2023

Certificate of Ethics Assessment Number: E.110040

Limitations

While this study provides valuable insights into social workers' experiences of compassion fatigue, it is important to acknowledge its limitations. Primarily, the study's scope does not allow for generalization to all social workers. Moreover, conducting online, in-depth interviews via video conferencing introduces constraints in observing non-verbal cues. The researcher's observation is limited to the screen, resulting in a different dynamic compared to face-to-face interactions during in-depth interviews (Ardahanlioğlu, 2022).

4. RESULTS

Table 2: Themes and Categories

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Challenging Working Conditions: "We Are Not Superheroes"	Risk Factors: "You Have to Be Strong"	Symptoms of Compassion Fatigue: "I Feel Angry"	Strategies for Coping with Compassion Fatigue: "Being a Good Person"
Excessive Workload	Institutional Inefficiencies	Emotional Symptoms	Job Satisfaction
Experiencing the Same Trauma	Feeling Alone and Lack of Supervisory Support	Physical Symptoms	Postponing Confrontation
Responsibility and Lack of Support	Taking Initiative	Social Symptoms	Solidarity and Cooperation
	The Notion of Being Strong		Spirituality
	Guilt		Hobbies and Physical Activities
	Inability to Resist Time Constraints		Professional Support
	Feeling Inadequate		
	Lack of Belonging		

4.1. Challenging Working Conditions: "We Are Not Superheroes"

Under this theme, the quotations were categorized into the following subcategories: excessive workload, experiencing the same trauma, responsibility, and lack of support.

Excessive Workload

Participants stated that they worked both physically and under stressful conditions in the earthquake zone:

"I was staying at the Nursing Home at that time. We were upstairs, and our patients were downstairs. During that period, we were here 24/7. We worked extra shifts. I was the only one at that time" (P7, Female, Malatya).

"Some of our colleagues take medication not to sleep, thinking about how they can be more helpful, how they can provide service." (P2, Female, Kahramanmaraş).

Interviews revealed that managing numerous cases and the high workload exhausts social workers both physically and emotionally. Participant P4 expressed this sentiment: "*Working with many cases makes people robotic rather than human*" (P4, Male, Gaziantep).

Experiencing the Same Trauma

The experience of social workers in the earthquake zone, working with clients who have undergone traumatic experiences, combined with their own experience of the earthquake, has made this period particularly complex for them. In this regard, Participant P1 explained her experience:

"I realized that no matter how much we say we empathize with people, we can only understand them. But now, when they talk about their feelings one-on-one, their losses in the earthquake, I realized that I started to feel bad because I experienced the same thing. So, in this sense, I feel tired and exhausted" (P1, Female, Hatay).

Participant P4 noted that it may not be beneficial for clients when social workers who have also been affected by the earthquake provide services directly in the earthquake zone during the same period:

"For example, when a case comes to me, I cannot handle it well because I have already experienced this event myself. I try to recover from the shock. I try to save my relatives. I could direct them to people who did not experience the event and who could handle this job better" (P4, Male, Gaziantep).

Social workers in earthquake-affected areas are not only victims themselves but also service providers to other earthquake victims, which further exacerbates their burden. Assisting trauma survivors and those in pain can lead professional workers to experience compassion fatigue.

Responsibility and Lack of Support

The losses, mourning, financial hardships, and the large number of clients due to the earthquake have been observed as exhausting aspects of the job. Furthermore, limited resources have placed social workers in an even more challenging position:

"With the earthquake, we are dealing with many losses, mourning, and material damages. We want to help but often can't. Acting with conscience exhausts us, revealing our limits. We are not heroes and get exhausted without any environment to regain our strength. Compassion fatigue is deeply felt." (P11, Female, Hatay)

4.2. Risk Factors: "You Have to Be Strong"

The categories within this theme include individual and institutional inadequacies, feelings of isolation, lack of supervisory support, taking initiative, the perception of needing to be strong, difficulties in managing time-related pressures, a sense of not belonging, feeling unsupported, and experiencing guilt.

Institutional Inefficiencies

In this study on compassion fatigue experiences, social workers in the earthquake zone expressed dissatisfaction with institutional inadequacies, describing how these challenges drain their energy. Participant P10 highlighted how deficiencies and lack of coordination within official institutions also impact NGOs:

"Humanitarian aid had to be coordinated. The state blocked this at one point, causing a backlog. As a result, people initially received excessive support, but later on, this support diminished

and sometimes disappeared altogether. This is an issue of coordination." (P10, Male, Gaziantep)

Participant P11 described the atmosphere created by organizational deficiencies and the emotional toll it takes on them:

"People amidst this suffering are also advocating for their rights. Where should they go? Which institution should they apply to? ... Being constantly scolded and yelled at by people, we sometimes found ourselves emotionally overwhelmed." (P11, Female, Hatay)

Feeling Alone and Lack of Supervisory Support

Various factors contributing to compassion fatigue among social workers in the earthquake zone have been identified. Chief among these is the sense of being unsupported and isolated in their work. The absence of supervisory support emerges as a significant issue:

"Not receiving any support in the field. For instance, normally when you encounter a case, when you are triggered, you need to be able to give this case to someone else. Or you need to be able to get supervision." (P4, Male, Gaziantep)

Taking Initiative

Some of the social workers interviewed mentioned feeling occasionally exhausted due to taking too much initiative. Regarding this issue, P3 shared her experiences as follows:

"Women were coming and saying that they needed hygienic pads and underwear. Normally, it was against the rules for us to provide these items, but I was no longer that professional because I empathized with them a lot and ended up buying those products and giving them. It was forbidden, but I couldn't resist because I was deeply involved in those events. These are just two simple examples I can give you; there are many more like this." (P3, Female, Kahramanmaraş).

The Notion of Being Strong

Another factor contributing to burnout and, consequently, compassion fatigue among social workers in the earthquake zone is the expectation that they must

always remain strong. This mindset can gradually exhaust the social worker over time:

“For example, they thought I was very strong because I was supportive. However, there were nights when I could sit on the street and feel sorry for, I don't know, a ball that was left in a house after the earthquake, because of the memories associated with that ball... I felt the pressure to always appear strong and supportive, which slowly wore me down.” (P4, Male, Gaziantep).

Guilt

The devastation and traumatic nature of the earthquake have caused social workers in the field to question even their daily activities. Simple tasks such as eating, sleeping, and listening to music have become sources of guilt in light of the earthquake's aftermath:

“I used to love listening to music, but after the earthquake, I didn't feel like listening anymore. Music is supposed to uplift my spirits, but it felt wrong, like I should remain in that state of sadness. I mean I felt guilty, as if I should be immersed in that sorrow. Listening to music felt selfish to me.” (P8, Female, Mardin).

Inability to Resist Time Constraints

The social workers interviewed as part of the study were asked to reflect on their initial entry into the profession compared to their current experiences. Nearly all of the social workers noted that their motivation was exceptionally high when they first started. However, they mentioned that this motivation dwindled over time, and this shift was particularly pronounced after the earthquake:

"In other words, the process we are going through is not just due to the earthquake, but also due to a professional lack of compassion or what we call a decrease in compassion. This trend began before the earthquake, but it became significantly worse afterward, accelerating the compassion fatigue we mentioned." (P4, Male, Gaziantep)

Feeling Inadequate

During the earthquake crisis, social workers described feeling inadequate due to

both personal and institutional limitations:

"It was a bit more there; it was like I was not enough. You know, I felt as if no matter how many pieces I was divided into, it wasn't enough." (P9, Female, Diyarbakır)

"Yes, I remember a girl who was traumatized. She had lost her whole family. She was frozen, not crying at all. We couldn't communicate with her. What effect did that have on me? I felt a sense of inadequacy." (P8, Female, Mardin)

Lack of Belonging

Several social workers criticized the institutions they worked for, highlighting a lack of belonging:

"It, The Ministry of Family and Social Services, is not supportive towards its own staff. This not only exhausts the staff but also diminishes their sense of belonging and leads to feelings of worthlessness." (P5, Male, Kahramanmaraş)

4.3. Symptoms of Compassion Fatigue: "I Feel Angry"

The data for this theme were categorized into physical symptoms, emotional symptoms, and social symptoms.

Emotional Symptoms

Emotionally, social workers in the earthquake zone exhibited signs of compassion fatigue. P8 described her emotional symptoms as follows:

"Emotionally, I couldn't adapt to anything. I couldn't tolerate someone laughing, sharing something normal, or talking about something normal. You know, because you have to feel bad anyway in a situation like this. Even if someone was a victim of the earthquake, it affected me deeply." (P8, Female, Mardin)

Among the emotional symptoms experienced by participants were loneliness, fatigue, anger, and intolerance:

"There were frequent outbursts of anger. People just couldn't

stand each other." (P7, Female, Malatya)

"Overall, when I think about it, I feel angry. " (P10, Male, Gaziantep)

Physical Symptoms

Another significant symptom of compassion fatigue is the physical toll experienced by social workers during the earthquake. Insomnia, fatigue, weight loss, and loss of appetite were common physical symptoms:

"We were dealing with very difficult cases. I couldn't sleep for days. I mean, I lost a lot of weight during this time. I mean, loss of appetite and then insomnia followed." (P9, Female, Diyarbakır)

P3 explains how empathic interactions with earthquake victims who have undergone traumatic experiences lead to compassion fatigue for social workers:

"At the time of the earthquake, in the first cases, I was crying all the time. And in the evenings, with that emotion, sleep disturbances started to occur. I couldn't eat at work. I couldn't sleep when I thought of those traumatic things. My sleep pattern was ruined. I remember not eating for a week straight. They tell me, 'Okay, I am a victim too,' but I can't do anything. I couldn't do anything for anyone." (P3, Female, Kahramanmaraş)

Their psychosomatic experiences, manifesting as both physical and emotional symptoms from working with traumatized clients, are attributed to the challenging nature of their work and exhausting conditions:

"I didn't realize it during the day. There was a liquid flowing here (pointing to her lip). I was not aware of it. When I went home in the evening, I realized that I had a cold sore here. I didn't realize it at all. When I went home, I felt very serious pain in my shoulder and neck that wouldn't go away." (P8, Female, Mardin)

Social Symptoms

Another symptom experienced by social workers was social symptoms, including

changes in daily routines, withdrawal from social environments, neglecting family, and depersonalization. They mentioned that their daily routines were disrupted, and their social and family relationships were affected:

"My eating and drinking habits changed a lot during this process. I mean, I consume alcohol, and I started to embrace it more. My alcohol use increased. I couldn't sleep; I was sleeping late and waking up quite early. I went through such a process. If you say eating and drinking, I started to avoid cooking more. I don't order from outside either. I try to make do with small snacks. I became lazy." (P10, Male, Gaziantep)

Social workers experiencing compassion fatigue continue to think about the traumatized earthquake survivors they work with during the day, even outside of work. P3 expressed this situation as follows:

"I continue to think about the experiences of traumatic clients at home. We were only talking about work with my friends I stayed in the same tent with. 'Today, such a woman came, this one died, that one died.'" (P3, Female, Kahramanmaraş)

4.4. Strategies for Coping with Compassion Fatigue: "Being a Good Person"

The data for this theme are presented in various categories, including professional satisfaction, postponement of confrontation, solidarity and cooperation, spirituality, hobbies and physical exercises, and receiving professional support.

Job Satisfaction

According to the data gathered from the participants, a significant factor in managing compassion fatigue is deriving professional satisfaction and having a passion for the social work profession. In this context, P5 describes his experiences as follows:

"When I was on the field, my professional dedication was keeping me up. I was telling myself that you are doing your job well, you are doing it properly so that people feel strong when they are with you. This kept me going." (P5, Male, Kahramanmaraş)

Postponing Confrontation

Some participants stated that they used avoidance mechanisms, which is a negative coping method (Görgülü & Kumova, 2023), and in this sense, they postponed their emotions or did not want to confront them:

"You know, it was like this, I showed avoidance behavior. When I was idle, the scenes would come to my mind. I gave myself completely to my work to avoid these situations." (P2, Female, Kahramanmaraş)

Solidarity and Cooperation

Another coping mechanism is seen as the solidarity and cooperation among professionals working in the earthquake zone. P4 describes this collectivity in the field as follows:

"There is no access to any services, but at least there is human-supported access. I mean, there is emotional sharing, sharing any food, sharing food, sharing space here, these were very valuable things and I think this process, the healing process, I mean, we overcame this a little more with the support we gave each other in this urgent intervention process. It made things easier as coping." (P4, Male, Gaziantep)

Spirituality

Some participants pointed to spirituality as a way to protect themselves from compassion fatigue during the earthquake. P6 expressed his thoughts on this issue as follows:

"I have one goal in life: to be a good person. Being a good person is something that motivates me in a different way. It gives me strength." (P6, Male, Malatya)

Hobbies and Physical Activities

Additionally, some participants indicated that they tried to cope with this difficult process by engaging in hobbies or physical activities that they found beneficial:

"I was walking behind the container with my headphones on. It was very good for me. It motivated me for the next day." (P3,

Female, Kahramanmaraş)

Professional Support

Finally, according to the data obtained, social workers stated that they coped with the process by receiving professional psychological support:

"I get professional support now. I try to relate something that affects my social life to the earthquake and try to reveal it very well in therapy. Because really, a human is not enough. A human is not a hero in the full sense. And I would rather demand that he continues his life in a more professional process by utilizing the opportunities, if any." (P4, Male, Gaziantep)

5. DISCUSSION

By its nature, social work is an emotionally challenging profession (Collins, 2008). This is because social workers deal directly with cases and events such as a woman subjected to violence, a child subjected to abuse, an elderly person not receiving proper care, and a woman raped during war (Bride, 2007; Akbaş, 2023, p. 78). Social workers operating in earthquake zones also work directly with cases experiencing traumatic events. In this context, many individuals in Turkey experienced material and emotional losses due to the earthquake that occurred on February 6, 2023. Social work is one of the professions that first comes into contact with these individuals. This research specifically examines compassion fatigue in the context of the February 6, 2023 earthquake and provides insights into the unique challenges faced by social workers in disaster settings.

Due to the challenging working conditions during the earthquake, including a heavy workload (Yi et al., 2018) and significant responsibilities, social workers frequently face difficult cases involving trauma. These conditions often result in secondary trauma, which is commonly experienced due to the nature of their work. A study on secondary trauma experienced by social workers following the 2011 earthquake in Japan indicated that clinical social workers working with earthquake survivors were highly exposed to secondary trauma (Kanno, Kim, & Constance-Huggins, 2016). Rossi et al. (2012), in their study on burnout, compassion fatigue, and compassion satisfaction, highlighted that psychiatrists and social workers are among the professions most affected by compassion fatigue. Additionally, the fact that social workers themselves are also victims of the earthquake complicates the situation further. It has been observed

that, in addition to the high levels of responsibility (Bride, 2007), feelings of lack of support (Malone, 2022) contribute to their emotional exhaustion.

The research revealed multiple risk factors contributing to compassion fatigue among social workers. A key factor is the feeling of isolation and lack of support reported by some social workers. A study by Ottaway and Selwyn (2016) indicated that all individuals experiencing compassion fatigue felt unsupported and alone (Malone, 2022). Additionally, several participants reported experiencing emotional exhaustion due to the expectation of maintaining a strong exterior and guilty even during daily routines like eating, sleeping, and listening to music. Kim et al. (2021) reported that oncology social workers in Korea experiencing compassion fatigue felt guilt and regret. Social workers in the earthquake context noted that they were highly sensitive initially but became desensitized over time. Studies also show that secondary traumatization leads to desensitization among social workers over time (Wagaman et al., 2015; Denne, Stevenson, & Petty, 2019, Stevens & Abbadey, 2024).

Furthermore, participants identified feelings of inadequacy (Adams et al., 2006), helplessness (Kanter, 2007), and a low sense of belonging to their institution as risk factors for compassion fatigue. They also cited institutional inadequacies, organizational disarray, managerial incompetence, and lack of support as significant risk factors. These factors are associated with compassion fatigue in the literature (Simon et al., 2005; Yi et al., 2016). Consistent with the literature (Lynch & Lobo, 2012; Peters, 2018), participants in this study exhibited physical, social and emotional symptoms of compassion fatigue. Emotionally, symptoms such as emotional exhaustion, loneliness, anger, and irritability were observed. Emotional symptoms of compassion fatigue include anxiety, sadness, hopelessness, anger, guilt, and fear (Harr et al., 2014; Dikmen & Aydın, 2016). According to participants, physical symptoms included fatigue, sleep disturbances, insomnia, eating disorders, weight loss, and loss of appetite. Similar physical symptoms are recognized in the literature as indicators of compassion fatigue (Aycock & Deborah, 2009; Sorenson et al., 2017; Peters, 2018).

In addition to emotional and physical symptoms, social symptoms of compassion fatigue were also evident. These included desensitization, changes in daily routines, social withdrawal (Bush, 2009), and neglect of family. Persistently thinking about cases even outside of work and being unable to break free from this cycle were also common experiences. Similarly, in a study involving a group of oncology social workers, participants reported continuing to think about their clients even after work, especially in the early years of their careers (Yi et al., 2018). Given the significant impact of compassion fatigue on social workers' well-being, various coping strategies have been identified to manage these

challenges. Participants in this study reported employing coping mechanisms such as spirituality, physical exercise, seeking professional support, maintaining a professional approach to the profession, professional satisfaction, loving the social work profession, and professional solidarity. Adopting a professional demeanor has been shown to shield social workers from compassion fatigue and enhance their effectiveness (Yi et al., 2018). Additionally, supervision has been found effective in mitigating compassion fatigue (Kapoulitsas & Corcoran, 2014).

Similarly, factors like physical exercise, faith, seeking professional support, social support, and professional solidarity are recognized coping strategies in the literature (Bride & Figley, 2007; Yoder, 2010; Whitebird et al., 2013; Yi et al., 2016; Yi et al., 2018; Türk & Kaya, 2023). The demanding nature of social work and heavy workloads also contribute to compassion fatigue among practitioners. Kanno et al. (2012) suggested that reducing workloads and fostering professional solidarity could mitigate the risk of secondary trauma for social workers dealing with traumatized clients.

6. CONCLUSION

The study aims to understand the experiences of compassion fatigue among social workers in the earthquake-affected areas following two major earthquakes in Kahramanmaraş on February 6, 2023. It seeks to explore the behaviors, emotions, and experiences of social workers dealing with individuals who have faced traumatic and adverse events due to the earthquakes.

Observations show that social workers in earthquake zones experience secondary trauma due to challenging conditions, heavy workloads, high responsibilities, and dealing with traumatized cases. Various risk factors for compassion fatigue are evident, including loneliness, lack of support, and pressure to appear strong. Social workers initially display heightened sensitivity but gradually become desensitized over time.

Participants in this study displayed emotional, physical, and social symptoms of compassion fatigue. Emotional symptoms included fatigue, loneliness, anger, and irritability, while physical symptoms comprised fatigue, sleep disturbances, insomnia, eating disorders, weight loss, and loss of appetite. Social symptoms included desensitization, altered routines, social withdrawal, and family neglect.

Social workers employ varied coping strategies for compassion fatigue, which differ among individuals. Predominant strategies observed in this study include spirituality, physical exercise, seeking professional support, maintaining professionalism, job satisfaction, passion for social work, and professional

solidarity.

Based on the perspectives of the social workers who participated in this study, several recommendations have been proposed to prevent compassion fatigue. The first recommendation emphasizes the importance of maintaining clear professional boundaries. Social workers should remain within professional limits while engaging with clients to protect their emotional well-being. Additionally, nearly all participants highlighted the critical role of professional supervision. Supervision serves as one of the most significant protective factors against compassion fatigue, providing guidance, support, and professional reflection. Another crucial preventive measure is access to specialized services such as psychotherapy when needed, allowing social workers to process their emotional experiences effectively. Furthermore, reducing excessive workload and improving salaries were identified as structural changes that could help mitigate compassion fatigue. Professional satisfaction, driven by a strong passion for the profession, was also recognized as a protective factor. Beyond workplace measures, participants emphasized the importance of maintaining a personal space, engaging in social activities outside of work, developing hobbies, and participating in physical exercise as essential strategies for fostering resilience and preventing burnout.

7. CONFLICT OF INTEREST STATEMENT

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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9. AUTHOR CONTRIBUTIONS

The author developed the research design, conducted data analysis, and reviewed the final manuscript.

10. ETHICS COMMITTEE STATEMENT

The study complied with the principles of the ethics committee and necessary permissions were obtained in accordance with the principle of intellectual property and copyright.

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