

The Fast Onset Compassion Fatigue And Building Resilience Through Self-Compassion In Doctors Working In The COVID-19 Service

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Abstract. Coronavirus has put the world in different and various crises, most of notably of which is the collapse of most countries' health care systems -poor and developing ones in particular- This has further complicated the psychological state, especially for those on the forefront on the battle to fight this virus - doctors above all, who are the subject of our study. Doctors have been undergoing exceptional and unexpected conditions, that have negatively impacted both their mental and physical health, because of their constant contact with patients, and overinvestment in their suffering, and compassion on their case, in addition to fear of contagion. Their priorities, and goals have gotten mixed up in the midst of the commotion, which eventually showed symptoms of compassion fatigue burnout. Through this article, we aim to suggest some strategies that could pave the way to begin a resilient process to help doctors overcome the pressures they constantly live in, by relying on their sense of self-compassion development.

This article was based on the results of a considerable number of studies and research, which we summarize in seventeen studies, six of which were completed in 2020, four studies were completed in 2019 and three more studies were completed in 2018, and the rest of the studies varied between 2017 and 2015

Key words .compassion fatigue, resilience, self-compassion, doctors, COVID-19

الملخص .لقد ادخل فيروس كورونا العالم في أزمات متعددة ومختلفة وأبرزها انهيار النظم الصحية لأغلب الدول خاصة الدول الفقيرة والساخرة في طريق النمو وهذا ما زاد من تعقيد الوضع النفسي خاصة لمن هم في الصف الامامي لمواجهة هذا الفيروس خاصة الأطباء الذين هم موضوع دراستنا والذين اصبحوا يعيشون ظروفًا استثنائية غير متوقعة انعكست سلبًا على صحتهم النفسية والجسدية بسبب احتكاكهم المستمر مع هؤلاء المرضى واستثمارهم المفرط لمعاناتهم والاشفاق على حالهم و الخوف من العدوى اذ اختلطت عليهم الأهداف والاولويات وظهرت لديهم اعراض إجهاد الشفقة سريع الانفجار اذ نهدف من خلال هذا المقال الى اقتراح بعض الاستراتيجيات التي من شأنها أن تعيد الطريق أمام انطلاق سيرورة الجلد وتساعد الأطباء في التغلب على الضغوط التي يعيشونها باستمرار معتمدين في ذلك على تطوير الشفقة بالذات لديهم.

وقد تأسس هذا المقال على نتائج عدد معتبر من الدراسات والأبحاث نقوم بتلخيصها في سبعة عشر دراسة أنجزت ستة دراسات منها في عام 2020 بينما انجز أربعة دراسات سنة 2019 وقد طبقت ثلاثة دراسات أخرى سنة ، اما بقية الدراسات فقد تراوحت بين 2017 ودراسات 2015 ودراسات أيضا. الكلمات المفتاحية . إجهاد الشفقة، الجلد، الشفقة بالذات، الأطباء، كوفيد 19.

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Introduction

During these exceptional times of COVID-19 pandemic, doctors are facing an unprecedented war during the virus's period, which has impacted their emotional reaction and psychological health. A French doctor said to TV5 channel on *april 20th 2020*:

“ Since the beginning of spread of the virus and death of patients, I feel the need to go to a psychologist. However, today, I felt as though I were burning on the inside, no ... I was actually burning from the inside ... I collapsed and could no longer go to work, and today I have sessions with a psychologist and take strong medication just to be able to sleep without hearing the pleas of those who were sick yesterday and today are dead .. ”

A specific study of this statement, which is an example of what doctors around the world are suffering from, reveals the magnitude of physical and mental suffering doctors are currently undergoing. It is very important to recognize this exceptional, surprising world-wide crisis, which has called for extraordinary responses, characterized by excessive alertness, hypersensitivity, emotional chaos, low self-confidence and a mixing of priorities and goals. The doctor feels that they are in danger and that they are burdened with the workload assigned to them. Working with this category of patients affects the doctors' emotional life, despite what their diaries may say about their satisfaction with their work, in reality linking a relationship with a person who suffers and lives with several types of anxiety can gradually affect the therapist's psyche as a natural consequence of excessive emotional deployment towards people suffering psychologically and/ or physically. Compassion is the nucleus of intervention services that may be a source of emotional turmoil, which is compassion fatigue that results from an overly invested emotional commitment towards people who suffer physically and/or psychologically . We can call this response: Burnout compassion fatigue, which is slightly different from regular compassion fatigue that gradually impacts one's emotional life, and is considered as “the cost of caring” or emotional balance that results from working with suffering people (W. Rodrigo, 2005, p.21) it is defined as "the sum of normal emotions and behaviors resulting from the identification of a traumatic event to which others have been exposed and the assistance and desire to help a person who is suffering or is traumatized."

The rapid emergence of this response in the case of working with COVID-19 patients facilitates the search for various means that are most effective in managing them, focusing on preventive health, resilience and self-care. The first, and hardest step to build their resilience, is in developing their sense of self-acceptance, which can only happen if one has compassion towards oneself. Neff (2003) said that self-compassion is a positive sign of psychological happiness, self-acceptance and satisfaction when an individual is exposed to pain. In addition to what accompanies those feelings, which enables the individual to face difficult situations with confidence, solidity, and objectivity, and giving them sufficient mental flexibility to quickly review decisions and amend them accordingly. Thus, achieving their professional and personal success. So, the question is, what is the way to develop this trait?

Literature review

1- Compassion fatigue

Definition of psychological stress. This concept is widely used in psychology and psychiatry. Which was first borrowed from engineering and physical studies. Psychology borrowed this concept at the beginning of the twentieth century when it separated from philosophy and established its independence as a science of its own. It was also used in mental health and psychiatry by Hans Selye (1956) when he studied the effect of unpleasant physical and emotional changes resulting from stress, frustration and fatigue, In the field of psychology, many opinions regarding its definition existed, and for this reason, the attitudes of scientists and researchers in the study of stress have differed.

- psychological stress is a state of severe psychological distress, before which collapses individual's resistance, they who have always sought to achieve balance with internal and external living conditions, in a manner that this pursuit exhausts all the psychological reserves from it.

psychological stress is the body's reaction to physiological and psychological offenses, and to emotions (happy or sad) which leave affect the body, and from here, stress becomes the result of a conflict between man and man, between man and machine and nature, and between ambitions and the status quo. (Taleb, 2017, pp.131 -132)

Empathy, sympathy, and compassion

Empathy

- **Psychological definition of empathy**

It is one's ability to understand or feel what another person is experiencing from within their frame of reference. Consequently, empathy appears through several aspects that all agree in the element of projection, recognition, and altruism. (Ashwin, Baron-Cohen, Wheelwright, O'Riordan, & Bullmore, 2006)

It is the distinctive line that deeply makes us human and is the source of social understanding and mental behaviors, and it allows us to enter into the subjectivity of the other through the model of thinking and implicit acquaintance. According to Decety (2005), this mechanism (meaning empathy) dominates neurobiological systems that are formed through the stages of development. (Decety, 2005)

The same researcher adds, in his explanation of empathy, that it is not an individual self-mechanism, but rather a social one as well.

Sympathy or emotional participation

Sympathy is sharing others' emotions, which is known as emotional contagion, as it allows to create emotional bonds with others, as we not only share emotions with others, but also goals and values.

Compassion

Our abilities to explain others' feelings and emotions differ from emotional contagion, and from compassion. The difference between sympathy and empathy, is that the first is the mere show of thoughts and emotions one holds towards the other. As for empathy, it is the intercommunication that happens between two entities. Hence Smith's report, that the viewer

in state of empathy must be exactly the same as the other person concerned. In other words, they feel as much as possible as the other person feels. Whereas compassion is associated with suffering and cannot be separated from the idea of the victim and means acting in a manner that removes harm from the other.

Finally, it is possible to say that empathy is a cognitive relationship, whereas sympathy is an emotional relationship, and compassion is an actual relationship, related by actions and acts in a manner that provides help the other.

Definition of compassion fatigue, and first mentions

The term “compassion fatigue” was first used by Joinson, in 1992, (Rodrigo, 2005, P.21) when addressing emotional burnout in nurses. He defined it as being : “secondary traumatic stress disorder” and fairly similar to “Post traumatic stress disorder (PTSD).” Afterwards came FIGLEY CH, in 1995 (Rodrigo, 2005, P.21), with the term “compassion fatigue” which differs, in definition from PTSD and secondary traumatic stress disorder, as he defined it to be “the cost of caring,” or emotional balance resulting from working with suffering people (Rodrigo, 2005, P.21) and that it is “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced or suffered by a person”. (Hirsch, 2005)

He also defined it as “the deep physical, emotional, and spiritual exhaustion that can result from working day to day in an intense caregiving environment” (Hunter, Perkins, 2010 P. 05)

It is thus a disorder that results from an overemphasized emotional obligation to suffer physically and / or psychologically.

In its latest definition, Figley Ch (2002) states that compassion fatigue contains two different components which are emotional burnout and secondary traumatic stress disorder, and that they are linked to the therapist's cognitive scheme as being the social and personal perception of morality. (Rodrigo, 2005, P.22)

Compassion fatigue symptoms

Anxiety and restriction: Feeling of restriction and danger, fear of going out, excessive vigilance about one' safety and that of their family.

Anger and irritation:feeling anger towards loved and trusted people, constant arguments with friends and co-workers, being hostile with a specific person or group of people, feeling aggression or the inability to control aggression in most cases.

Mood swings: Disturbance in the control of emotions, a clear mood swing between manic and depressive episodes, such as a feeling of pleasure and then a sudden urge for crying or a sense of isolation.

Memories of the past: Reliving parts of the crises stories as told by the patients, seeing them as nightmares, remembering passages in waking life with accompanying physical symptoms, like sweating and an increased heart rate.

Difficulty to concentrate: Difficulty concentrating or making simple decisions, forgetting parts of your usual daily routine such as brushing teeth, paying bills, preparing food.

Low self-esteem: Occurs when one feels helpless or unable to perform a task well.

Suspicion of others: feeling pessimistic, exhausted, as a result of always being in contact with crises and shocks.

Withdrawal from others: emotional distancing from others, isolation from friends and family.

Change of appetite, sleeping and other habits Not feeling hungry or forgetting to eat, overeating or eating more than what is healthy, loss of sexual interest, sleeping too much, insomnia or sleep disturbances, nightmares.

Physical disorders: Headache, stomach pain, dizziness, rapid or slowed pulse, breathing disturbances, heavy sweating, tremors, panic, physical exhaustion, symptoms such as flu or cold symptoms.

Depression: Feeling sad, loss of energy or interest and pleasure in usual activities, changes in appetite and weight, memory changes, constant crying, loss of hope, suicidal thoughts.

(Taleb, 2013, pp.289)

Compassion fatigue causes

- **Lack of self-care: C. Rogers says:** “When I care for others, I feel better than I do when I care for myself” (Rodrigo, 2005, P.06) Many doctors put the care of patients before self-care and fail to protect themselves from the constant demands of others, and sometimes ignore their personal pains. Among the reasons for doctors ’self-neglect is their hope for change and alleviating the suffering of others. These humanitarian goals are embedded within their personal beliefs and goals and are part of what motivated them to choose this major. In fact, these feelings of helping others may be the implicit rewards implicit of this profession.
- **Absence of psychological preparation to care for patients** Doctors working on COVID-19 often feel that they are not psychologically prepared to meet the various demands directed to them by these patients due to the special working conditions and, their lack of experience in dealing with this virus, in addition to the high number of daily deaths, especially among their colleagues and staff working in the health sector. Due to the viral load to which they are exposed, doctors are in constant alert and fear of infection, which naturally confuses their priorities and goals.

comparing compassion fatigue with other related disorders

the following table shows a comparison between compassion fatigue and other related disorders:

Table (1) comparing compassion fatigue with other related disorders

Features	Compassion Fatigue (CF)	Post-Traumatic Stress Disorder (PTSD)	Major Depressive Disorder (MDD)	Burnout
Etiology:	Constant exposure to suffering Physical pain or intense emotional distress	Exposure to a traumatic event that results in intense fear, terror or weakness	Fluctuating	Cumulative difficulties in handling work requirements
Development	Slow or fast	One month after the trauma, or directly after	Slow or fast (two weeks at least)	Slow or fast
Overall emotions:	Sadness Restriction emotional distress	Restriction State of panic	weakness lack of self-esteem	emotional blunting emotional exhaustion

Revival	Dreams/nightmares memories flashbacks	nightmares flashbacks		
Rumination			A negative view of the self, present, past, and future.	often has to do with exchange between colleagues
emotional exhaustion	Depressive mood Avoidance	Depressive mood in half of the cases Avoidance Distraction Emotional blunting	Depressive mood	Depressive mood
Physiological activity:	Excessive vigilance State of panic Difficulty sleeping Irritation	Excessive vigilance Difficulty sleeping Irritation	Slow or agitated psychomotor Tiredness Loss of energy	

(St Hilaire , Robert, Deschenes, 2008 P.03)

As the table demonstrates, there are many symptoms in common, whereas the difference is noticeable between Compassion Fatigue (CF) and the remaining disorders, on a causal level.

In detail, Post Traumatic Stress Disorder, is related to an exposure to a traumatic event, which leads to emotional distress, fear, panic, or impotence. Whereas, Compassion Fatigue, appears through an "infection" or by proxy contact with victims.

As for burnout, the difference also lies in causes, just as is the case with post traumatic stress disorder. Burnout is related to the cumulative difficulties of working requirements (rational or not) no matter the nature and does not compel the doctors to be in contact with the patients, whereas Compassion Fatigue is related to the contact exposure of others' suffering.

2- Self-compassion

Compassion is the ability of a person to show compassion, love and concern for others who are going through difficult circumstances. Likewise, self-compassion is simply the individual's ability to transfer that sympathy, love, and concern to oneself, especially when a person faces pressures, difficulties and trauma.

It is noticeable that most people show a high level of compassion for others have difficulties showing it to themselves. Kristin Neff is one of the pioneers in research studies on the concept of self-compassion, and she concluded from her studies that compassion is a multi-dimensional psychological structure that includes three dimensions:

Self-kindnessAs an essential factor in getting rid of harsh self-criticism.

Recognizing one's humanity Which confirms that all people go through hard times and weak moments in their lives.

MindfulnessAnd what it entails of awareness of present experiences, facts and events, even if they are painful, instead of ignoring them, denying them or exaggerating their impact

Hence, "self-compassion" is the real medicine to get rid of such stressful life circumstances. It is precisely thanks to compassion that people are able to accept their failures, move beyond the past, and try again.

It is why psychotherapists have become increasingly interested in the applications of self-compassion in psychotherapy. The results of several research studies have shown that high levels of "self-compassion" may have a positive effect on post-traumatic stress recovery. It should be noted that self-compassion also plays a role in relieving caregivers from others from what is known as compassion stress.

On the other hand, it seems that "revealing what is self-compassion" and defining what is included in its folds in what is known as "kindness to oneself", and not "self-indulgence," or "self-pity and mourning on oneself" is a matter to be taken in the context of the psychological treatment process. Therefore, understanding what self-compassion is may represent the first step in developing a person's sense of self-compassion, and kindness.

In this context, Kristin Neff 2014 fashioned the "self-compassion" scale, in order to help people identify whether their level of self-compassion is high, low, or medium. In addition, she developed different and various exercises to help people enhance and increase their sense of self-compassion, including encouraging people to write compassionate letters to themselves as if they were sending it to a friend every day or every week.

Kristin Neff has also pointed out an important exercise known as "journaling," or any form of writing on deficiencies or personal weaknesses that can be improved through mental alertness. When these journals are included with self-criticism techniques and positive influences practices, self-compassion can deepen. (Neff,2014)

3- Resilience

definition of resilience

It seems difficult to develop an inclusive definition for the term "resilience" as the specialized scientific heritage contains different definitions of this concept.

Boris Cyrulnik (1999) defines resilience as "refusing to give up and surrender to trauma, where pain and suffering are not an inevitable result, but rather trauma becomes a wonderful blessing" It is "the ability to come out victorious, with renewed energy from a possible traumatizing experience." "It is the art of adapting in traumatic times by mobilizing internal and external resources" or the art of "sailing in heavy rain" Cyrulnik (2001) He also gave the concept several other metaphors such as "the art of jump" and the "the disguised vein", and referred to it with some contradictory connotations, which conspicuously shows in his writings and books such as "A Wonderful Misfortune" (Un merveilleux malheur) and "Love on The Brink" (Parler d'amour au bord du gouffre), "The Whispering of Ghosts: Trauma and Resilience" (Murmure des fantômes) In which he sees strategies to fight against crises and pain and a dull living. Cyrulnik relies on various resources an individual possesses of in order to gain power, and thus control of their life, thanks to two concepts known as : "meaning" and "link"

Moreover, it is worthy to mention J. Bowlby's definition who sees that resilience is a mental determination and the characteristic of a relentless individual who does not allow

themselves to be beaten. (Manciaux, 2001) As for Vaillant (1993), he sees it as the ability to bend or fold without breaking, and after the bending comes the ability to jump high again.

In a collective definition of resilience in one of the international workshops in a seminar on resilience in trauma, the participants from Bosnia and Brazil, Venezuela, Colombia, France, Guatemala, Madagascar, Mali, and Rwanda agreed together that resilience is more than a method of adaptation, but rather the ability to regenerate and rebirth by exploiting the traumatic experience in a constructive way without denying it, and by approaching a person filled with meaning, knowing that the individual is not isolated like a free electron, but rather is a product of relationships and interactions. (Koechlin, 2002) It indicates that trauma is not suppressed, but its effects remain at the level of consciousness. The person in shock remembers them, coexists with them positively and works to overcome them.

Manciaux, Vanistendael, Lecomte, Cyrulnik (2001) define resilience as the individual or group's ability to develop while continuing to project oneself in the future despite being exposed to events that disturb their balance, and the presence of difficult and traumatic life circumstances. Manciaux adds that it is a staggering act of adaptation, part of it being passive, unconscious, and the other active and effective.

Resilience, for Rutter (1998) is the ability to employ well despite stress, adversity, hardships, and adverse circumstances coping mechanisms that allow them to overcome these stresses and take advantage of the latter to move forwards”

In a phenomenological approach, Fisher (1994) defines the concept of resilience by using contrasting connotations. Meaning that he sees that every extreme situation, which is a destructive process of life, stores, in a contradictory way, a latent life. It is implicit in the space in which discontinuity takes place and in which destruction of life occurs. As the hidden and blocked spring allows the ability to return brand new and jump past barriers, and turn weakness to strength, and an impossibility to a sea of possibilities.

Through the above definitions, we find that every researcher sought to provide a definition based on concepts that serve their principles, and there is no agreement to develop a comprehensive and single definition, even if they all agree that resilience:

- *Is not mere resistance, but is followed by many positive adaptations and developments, and is an opportunity to move forwards, and start anew a life despite miserable conditions.*
- *Maintaining efficiency for a time as long as a lifetime, despite stressful and chronic situations.*
- *Rebounding after trauma.*

From this standpoint, we decided in our definition the resilience to be based on 4 points, namely the necessity of exposure to trauma with the risk factors it carries, resistance and positive adaptation, overcoming trauma, and as a reaction to a difficult situation, the protective factors provide the individual with meaning. With the help of the above definitions, we may say that resilience is:

- It is one's ability to succeed and develop positively in a socially acceptable way, despite being exposed to a state of pressure or intensity that is supposed to bring severe danger and negative prospects. It is related to the inherent abilities in each individual that can be shared within the group, based on protective factors. It is linked to an individual, in their

employment, belief and convictions, as means to provide them happiness to offer their life a meaning. In addition to external factors that are the result of interaction between an individual and their environment, which in turn helps strengthen these beliefs and convictions to form a link.

Resilience pioneers

The first steps of resilience in Anglo-Saxon countries

The use of this term in psychology and psychopathology is considered recent in the French language and more so in the Arabic language, as the first studies were in Anglo-Saxon countries and North America. On which were relied on the observation of children, and among the pioneers in this field we find: Emmy Werner (1982,1992) Michael Rutter (1983, 1992), Norman Garmezy, (1983, 1996), Peter Fonagy (1994, 2001) Haggerty, Sherrod et al (1996)As for the Francophones, we mention : Boris Cyrulnik (1999,2001), Guedeney (1998), Manciaux (1999, 2001), Lemay in Quebec, (2000) and Delage Hanus (2001). And then the study expanded, as aforementioned, to include teenagers, adults, groups, and even families.

Resilience and the first theoretical boundaries

In parallel with Werner's work, other studies have emerged on adaptive responses to accumulated stress. The first studies on resilience confirmed its elements and/or factors. Since the first studies on resilience, we can notice an important development in this theoretical model as well as in its field of application.

Soon, the concept of resilience gained supporters in the social, behavioral, and cognitive fields in psychiatry, with some delay in clinical psychology and adult psychopathology. The fields of sociology, social psychology and etiology acquired this concept for its theoretical and practical use, especially in educational and social fields.

This concept has only grown richer since its contact with psychopathology and clinical psychology, It did not become a simple concept but a model for understanding the individual in its normal and satisfactory dimensions, and this model in turn enriched psychology and psychiatry.

Concepts associated with the concept of resilience

The multiplicity of studies and research that attempted to understand how some individuals and groups exposed to traumatic situations reached and overcome their suffering led to the emergence of many concepts. These concepts appeared around the same period as the concept of resilience, and were used to describe it, such as:

Coping, meaning confrontation, or Empowerment, meaning the ability to act. In addition to other concepts such as self-efficacy, adaptation and other concepts. In view of the diversity of concepts in this field and in order to understand the specifics and complementarity of concepts and the common aspects between them, we will discuss the meaning of the various concepts that are associated with or in common with the concept of resilience, which served as a basis for starting the study of resilience.

Coping

The concept is considered relatively recent, developed by Lazarus & Folkman (1984) to refer to "the totality of cognitive and behavioral efforts aimed at controlling and reducing internal or external requirements that threaten the individual and exceed their resources and adaptive capabilities."

The word “coping” which means resistance or confrontation, comes from the English word “to cope”, the origins of which are latin Colpus, meaning to strike in a hard and repetitive manner. Which indicates the active and conscious character of the confrontation process and its direction towards the external reality caused by an event. Therefore, it cannot be paralleled with defense mechanisms that belong to the subconscious domain as it relates to psychological conflicts.

The link between the concepts of resilience and confrontation appears to be very close at first glance. Mooli Lahad believes that resilience is an engine fueled by confrontation, which is the burning substance. And that the resilience is more comprehensive than confrontation, not be confused with it, for it contributes to the resilience process. The latter, which expresses two movements, the first being resistance to stress or shocks and thus coping ability, while the second movement concerns the ability to continue progressing and developing competencies in adverse situations. (Anaut, 2003) Manciaux explains that confrontational behaviors are related to the response of a specific situation, which is a simultaneous one that shows how an individual or group of individuals cope at a certain time, while in the case of resilience - part innate, part acquired, thanks to adaptation process. (Tomkiewicz, 2003) Thérés Psiuk agrees in her analysis of this process through what Manciaux has presented and refers to resilience as "the ability to leap forward" after "resistance." The fact that this strategy to adapt or compromise in its relationship with mediators and support in its interaction with the environment will allow the individual to endure great pressure. Associated with shock, and this leveling stage is what provides the individual with a kind of balance. Resilience refers to one's ability to reconstruct, in addition to resistance, has a dynamic unstable form, it is thus more than the ability to confront, and more persevering and stable in its timeliness. (Born and Héline, 2000)

Empowerment

Among the concepts that are related to resilience, there is the concept of Empowerment. Linguistically, the word is divided into three syllables. First syllable, being the root: “power” The second being a prefix “em”, which when added to the word “power” means the action to reach power. Gathering the two parts would give us the word “empower” which means to increase strength. The third syllable is followed by «ement», which means the existence of a tangible result related to an increase in capacity, and accordingly Empowerment can be understood as a general movement or process of gaining power in order to reach a specific goal.

The concept has stood out, according to observations, from going through a state of inability and incapacity to a state where an individual finds themselves able to impact their situation. In general, Empowerment is an individual's ability to “regain control over their lives”, which some express as it being a social process, in addition to the self-efficiency it carries, according to Zimmerman, and Kieffer's awareness, or Rappaport's boost of social activity, the goal of which is to enable the individual to analyze their situation. Le Bossé et Lavallée (1993) define the concept as: “The concept by focusing on the psychological appearance as a process that enables individuals who find themselves in difficult life circumstances the ability to develop their sense of the possibility of controlling the manifestations of their psychological and social reality through concrete activities, and as for

the skin in its dependence on the concepts of meaning and connection, the ability to act depends on two elements: The goal to change, and the means of gaining control, usually provided by intervention programs.

As I see accordingly, if the development of the ability to act was originally due to a situation lived at the individual level, why it is supported by a collective effort by providing assistance thanks to external reinforcement to identify its capabilities. The ability to act can facilitate the process of resilience, because the more individuals or groups have a sense of their competence and confidence in their means, the more likely they are to search for solutions to their problems and build a positive vision for the future. (Taleb. 2017 b, pp. 100 - 108)

4- Strategies to develop compassion fatigue and building resilience

- Focusing on oneself before preoccupation with others, so the doctor should learn to receive and give self-healing experimentation, they must not judge their impotence and failure, to admit that their experience is part of the common human experience, and to maintain healthy habits (such as eating adequate and healthy food, to sleep well, to exercise ...) As well as avoiding excessive use of sedatives or stimulants and disconnect from negative dependence on nicotine, caffeine, or other addictive substances.
- Avoid comparing themselves to others, because everyone has their own way to respond to traumatic situations, as there is no right or wrong way to deal with a completely unexpected event.
- Journaling and writing speeches to oneself characterized with compassionate words as if they were sending a friendly letter to a friend every day or every week.
- Journaling or writing about personal deficiencies or weaknesses that are amenable to improvement through mental alertness, and when incorporating these posts with self-critical-altering techniques and positive influence practices can deepen the person's self-compassion.
- Selfesteem, which is related to positive feelings of self-worth and the feeling that it is valued by others.
- The need to balance between neutrality and sympathy in dealing with patients, so that they are neither too neutral nor too sympathetic that they cry with the other, in both cases they will inevitably fail to fulfill their mission.
- Working within multidisciplinary teams and being keen on attending periodic meetings that include all members of the specialized team with the aim of presenting the most important treatment dilemmas in an atmosphere of acceptance and solidarity, exchanging ideas about the most effective strategies for self-care.
- Participating in debriefing courses meant for Doctors working in COVID-19
- Practicing relaxation, sophrology, yoga and deep breathing, daily exercise and walking regularly because of its tremendous advantages on the body and on the mind.
- Maintaining social activities with parents, friends, children, etc, and carrying out recreational activities with them.(Taleb,2012), (Hunter, Perkins, 2010)

So a doctor experiencing symptoms of compassion fatigue should seek professional help, because if the latter remains untreated, it will lead to the inability to perform their duties, as

they will appear tough-hearted, dull of feelings, drained of powers, and lose their relational competencies.

Conclusion

Compassion fatigue is the cost of caring, because reality and studies have proven the limits of human rationality in the face of tragedies and trauma, whether natural disasters, attacks or chronic diseases. Then working with Covid 19 patients will gradually affect the psyche of the doctor and his mood, we have tried through this article to propose strategies based on self-compassion by developing self-acceptance to pave the way for the resilience, which considers the ability to succeed and develop positively despite stress and is related to the abilities inherent in each individual, which can be shared within the group or the environment, depending on the self-protective factors associated with him as an individual in his job, his beliefs and convictions, and the external factors that result from the interaction between the individual and his environment that works to support these beliefs and convictions

Affect In conclusion, it is worthy to mention that compassion and sympathy, are the nucleus of human treatment. In addition, working with people in emotionally intense situations, stimulates all personal, professional and spiritual levels, meaning that by simply offering help to others, a wave of spiritual relief comes upon us. In the other, daily contact with distress and suffering, does not only increase the doctor's wounds to suffering from compassion fatigue, but it also maintains physical and psychological self-care as the utmost preventive measure to protect them from anomalous influence of compassion.

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