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Nursing Students' Level of Compassion and Thoughts About Compassion Fatigue

Hemşirelik Öğrencilerinin Merhamet Düzeyi ve Merhamet Yorgunluğuna Yönelik Düşünceleri

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ABSTRACT

Since humane and good nursing care cannot be provided without compassion, it is undeniable that every intervention made with a sense of compassion will cause less pain to individuals and negative experiences will decrease. This research was conducted to evaluate the compassion levels of nursing students and their strategies to prevent compassion fatigue.

The population consisted of 350 undergraduate nursing students in a state university. The information form consists of questions related to the socio-demographic characteristics of the participants, the nursing profession, empathy and compassion, and the Compassion Scale were used to obtain data. Data were analyzed using descriptive statistics (frequency, percentage, mean and median), Mann Whitney U and Kruskal Wallis test.

It was observed that there was a significant difference in the compassion and conscious awareness dimensions of the scale among those who thought that institutional strategies should be used to prevent compassion. The level of compassion fatigue is mostly experienced in the dimension of emotional problems (36.6%), excessive professional workload (46.9%) is seen as the trigger of compassion fatigue, and the majority of participants think that institutional strategies should be used to prevent compassion fatigue (85.5%). has been found. It was determined that the students' average compassion scale score was 3.97 ± 0.46.

It is concluded that nursing students experienced compassion fatigue due to excessive workload, and they thought that it was important to implement institutional strategies to prevent it. Nursing students' awareness of compassion fatigue should be increased and students should be supported to develop their own strategies to overcome compassion fatigue.

Keywords: Nursing students, Compassion, Compassion fatigue

ÖZ

Amaç: Merhamet olmadan insancıl ve iyi bir hemşirelik bakımı sağlanamayacağı için, merhamet duygusu ile yapılan her girişimin bireylere daha az ağrı vereceği ve olumsuz deneyimlerin azalacağı inkâr edilemez. Bu araştırma, hemşirelik öğrencilerinin merhamet düzeylerini ve merhamet yorgunluğunu önleme stratejilerini değerlendirmek amacıyla yapılmıştır.

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Yöntem: Katılımcılar, devlet üniversitesinde öğrenim gören 350 lisans hemşirelik öğrencisinden oluşmaktadır. Verilerin elde edilmesinde katılımcıların sosyodemografik özellikleri, hemşirelik mesleği, empati ve merhamet ile ilgili sorulardan oluşan bilgi formu ve Merhamet Ölçeği kullanılmıştır. Veriler, tanımlayıcı istatistikler (frekans, yüzde, ortalama ve ortanca), Mann Whitney U ve Kruskal Wallis testi kullanılarak analiz edilmiştir.

Bulgular: Merhameti önlemek için kurumsal stratejilerin kullanılması gerektiğini düşünenlerde ölçeğin merhamet ve bilinçli farkındalık boyutlarında anlamlı bir farklılık olduğu görülmüştür. Merhamet yorgunluğu düzeyinin en çok duygusal problemler boyutunda (%36,6) yaşandığı, aşırı mesleki iş yükünün (%46,9) merhamet yorgunluğunun tetikleyicisi olarak görüldüğü ve katılımcıların büyük çoğunluğunun merhamet yorgunluğunu önlemek için kurumsal stratejilerin kullanılması gerektiğini düşündükleri (%85,5) bulunmuştur. Öğrencilerin merhamet ölçeği puan ortalamalarının 3,97 ± 0,46 olduğu tespit edilmiştir.

Sonuç: Hemşirelik öğrencilerinin aşırı iş yüküne bağlı merhamet yorgunluğu yaşadıkları ve bunu önlemek için kurumsal stratejilerin hayata geçirilmesinin önemli olduğunu düşündükleri bulundu. Hemşirelik öğrencilerinin merhamet yorgunluğuna ilişkin farkındalıkları artırılmalı ve öğrencilerin merhamet yorgunluğunu yenmek için kendi stratejilerini geliştirmeleri desteklenmelidir.

Anahtar Sözcükler: Hemşirelik öğrencileri, Merhamet, Merhamet yorgunluğu

INTRODUCTION

Compassion, one of the basic values of health care, is defined as "the desire to understand and alleviate the pain or misfortune of others" and includes the cognitive process associated with understanding the situation that causes pain and the behavioral process associated with performing acts of compassion (Green, 2019; Strauss et al., 2016; Perez-Bret et al., 2016). Compassion, which is the result of a rational process aiming to ensure the well-being of people and find a solution to pain through specific moral actions and emphatic response, includes the sensitivity shown to understand the suffering of others, and the willingness to find a solution to the situation and increase the well-being of the suffering person (Strauss et al., 2016; Perez-Bret et al., 2016; Polat & Erdem, 2017).

The concept of compassion fatigue is a condition that results from helping individuals who have experienced stress and traumatic events or who are suffering and experiencing pain (Pehlivan & Guner, 2018). The term "compassion fatigue" was first used by Nurse Joinson for emergency service nurses in a nursing journal published in 1992 (Joinson, 1992). Although translations such as "şefkat yorgunluğu" (Uslu & Korkmaz, 2017), "merhamet yorgunluğu" (Dikmen & Aydin, 2016; Gok, 2015; Sirin & Yurttas, 2015) and "eşduyum yorgunluğu" (Hicdurmaz & Inci, 2015) have been used in national literature, "merhamet yorgunluğu" is mostly used as the Turkish equivalent of the expression "compassion fatigue".

Compassion fatigue is defined as "physical, emotional, social, and spiritual exhaustion that takes over the individual and causes a widespread decrease in the caregiver's desire, skill, and energy to empathize with and care for others" (Sorenson et al., 2017). It is seen that the concept of compassion fatigue is defined as "the gradual decrease in the compassion shown to patients who are in severe emotional or physical pain" experienced by healthcare professionals (Sorenson et al., 2016). By its nature, the nursing profession is one of the professions where compassion fatigue is experienced most heavily. Nurses may experience compassion fatigue because of showing compassion for negative situations experienced by patients such as stress, trauma, sadness, and pain, and as a result of being exposed to such situations for a long time. The desire, skill, and energy to care for individuals, empathy skills, and feelings of compassion may decrease in nurses experiencing compassion fatigue (Pehlivan & Guner, 2018). Negative consequences of compassion fatigue such as a decrease in work efficiency, workload, and increased number of days off due to illness (Kelly et al., 2020) constitute an economic burden for both nurses and institutions (Lombardo & Eyre, 2011). Nurses also move away from their patients physically and mentally to protect themselves and the process of care from being negatively affected (Ledoux, 2015).

Considered as a major obstacle to providing humanitarian care, care without compassion should be avoided and compassion fatigue should be prevented to promote the quality of patient care and professional satisfaction (Uslu & Korkmaz, 2017; Sirin & Yurttas, 2015). When practices for coping with compassion fatigue and preventing the development of compassion fatigue in literature are examined, it can be seen that individual strategies such as self-care, exercise, diet, and sufficient sleep; managerial and organizational strategies that include creating a working environment in which emotions and thoughts can be expressed, providing working individuals with training on end-of-life care and communication, planning awareness programs on compassion fatigue and strategies to cope with this and creating a comfortable physical environment; and professional strategies such as having a realistic failure tolerance and being aware of work-related and individual goals have been discussed (Uslu & Korkmaz, 2017; Sirin & Yurttas, 2015; Sacco et al., 2015; Najjar et al., 2009).

Providing care, the most significant role of the nursing profession, is possible through performing nursing care with a sense of compassion. Since humane and good nursing care cannot be provided without compassion, it cannot be denied that every attempt performed with a feeling of compassion will cause less pain to individuals to have less pain and decrease negative experiences. In order to better equip students against the negative effects of compassion fatigue and to develop a sense of compassion, compassion fatigue levels need to be determined

at regular intervals. In addition, during the training process, the student's readiness will be taken into account when determining the unit where he/she will practice, and thus compassion fatigue and its destructive effects can be prevented. Although there are many studies on this subject in the literature regarding health professionals and nurses, studies evaluating compassion fatigue in nursing students are limited (Meyer et al., 2015; Mangoulia et al., 2015; Dikmen & Aydin, 2016; Gok, 2015; Alan, 2018; Jakimowich et al., 2018; Borges et al., 2019; Jarrad & Hammad, 2020; Kilic et al., 2020; Xie et al., 2021). Since compassion is so important in the delivery of health care, this study was conducted to evaluate the compassion levels of nursing department students and their strategies to prevent compassion fatigue.

METHOD

Design

This study is a descriptive study conducted on nursing students to evaluate their compassion levels and their strategies to prevent compassion fatigue with a general perspective. The population consists of 350 students actively studying at the nursing department of the Health School of a university in the Eastern Black Sea region during the academic year of 2018-2019, while the sample consists of 262 students (Nursing 1st, 2nd, 3rd, 4th class) who agreed to participate in the study. The sample size of the study was determined in the G*Power 3.1.9.4 program by considering Cohen's standard effect sizes In the post-hoc analysis performed according to Cohen's standard effect size, the power of the study was calculated as 93% with an effect size of 0.30 and a margin of error of 0.05 in the calculation obtained from this study with a sample size of 262. The sample size was found to be sufficient.The data were obtained by the researchers through the face-to-face interview method using survey forms.

Data Collection and Instruments

The data of the research were collected with the "Personal Information Form" and the "Compassion Scale".

The personal information form

The form, created by the researchers using the literature (Pehlivan & Guner, 2018; Sirin & Yurttas, 2015; Evli, 2023; Cingol et al., 2018; Gok, 2015; Ozdelikara & Babur, 2020), includes six questions related to the socio-demographic characteristics of the participants (age, gender, hometown, level of income, permanent residence, being a vocational health high school graduate) and 13 open-ended questions related to the nursing profession, empathy, and compassion.

The compassion scale (CS)

The original version of the CS used in the study was developed by Pommier, and its Turkish validity and reliability study was conducted by Akdeniz and Deniz (Akdeniz & Deniz, 2016; Pommier, 2011). The scale consists of six factors "self-kindness (6,8,16,24), indifference (2,12,14,18), common humanity (11,15,17,20), separation (3,5,10,22), mindfulness (4,9,13,21), and disengagement (1,7,19,23)". Cronbach Alpha internal consistency of the whole scale which consisted of 24 items of 5-Likert type as "1=Never, 2=Rarely, 3=Occasionally, 4=Often, 5= Always" was found as 0.85, and Cronbach Alpha internal consistency of the factors was found to be between 0.60 and 0.73. The average of the total score is taken after the scale factors of indifference, separation, and disengagement are reversed and calculated. As the total scores from the scale increase, the level of compassion also increases (Akdeniz & Deniz, 2016; Hurtes, 1999).

Ethical Considerations

Before starting the study, written permission was obtained from the relevant institutions (20.06.2019 dated and 2019/90 numbered) and approval was received from Non-interventional Clinical Research Ethics Committee. Written and verbal consent were obtained from the participants.

Statistical Analysis

The data were evaluated using SPSS 23.0 Windows software (SPSS Inc., Chicago, IL, USA). The normality distribution of the data was evaluated using the Kolmogorov-Smirnov test. Frequency, percentage, mean, and median descriptive statistics were used to examine the sociodemographic characteristics of the students, their views on compassion fatigue, and the score distribution of the Compassion Fatigue Scale. Mann Whitney U and Kruskal Wallis tests were used to compare students' thoughts about compassion fatigue and their scale scores. The statistical significance level was accepted as $p<0.05$.

RESULTS

When the distribution of the descriptive characteristics of students was examined, it was found that the students have a median age of 21.00 (min:18; max:27), 74.8% are female, 47.7% are from the Black Sea region, 66.4% have an income equal to their expenditure,

78.6% live in a dormitory, and 24.0% are health vocational high school graduate (Table 1).

It was found that 65.3% of the students chose the nursing profession willingly. It was found that 44.5% of the students chose the department for professionalism, and 39.1% chose the department out of necessity. The majority of the students (76.3%) wanted to perform the nursing profession, and the most common reason was loving the profession (54.4%). The reasons for their reluctance to perform the profession were their unfulfilled expectations and social negative thoughts about the profession (42.2%). 36.3% of the participants described the profession with the concept "helper", 98.5% stated that they emphasized the patients they cared for, and 72.1% stated that the moods of the people around them were effective on them. In terms of the emotions they felt in the case of patients being "needy", the emotion they felt most (63.7%) was "compassionate", while the emotion "sadness" was most felt in the case of "pain" (77.1%) and when the patient did not show the expected recovery (55.0%). In addition, the rate of avoiding activities and situations that reminded them of the painful experiences of the people they helped was 42.7% (Table 2).

Table 1: Descriptive Characteristics of the Students

	n	%
	Median (Min-Max)	
Age	21.00 (18-27)	
Gender		
Female	196	74.8
Male	66	25.2
The region of the hometown is located		
Black Sea region	125	47.7
Aegean, Marmara, Mediterranean region	35	13.4
Eastern, South-eastern, Central Anatolia region	102	38.9
Family level of income		
Income>expenditure	34	13.0
Income=expenditure	174	66.4
Income<expenditure	54	20.6
Permanent residence		
Dormitory	206	78.6
Student house	22	8.4
With family/relatives	34	13.0
The state of being a health vocational high school graduate		
Yes	63	24.0
No	199	76.0

Table 2: Distribution of Students' Views on the Nursing Profession and the Feeling of Compassion

	n	%
The state of choosing the nursing profession willingly		
Yes	171	65.3
No	91	34.7
Reasons of students who chose the nursing profession willingly* (n=155)		
Family	11	7.1
Job opportunity	40	25.8
Helping people	35	22.6
Professionalism	69	44.5
Reasons of students who chose nursing profession unwillingly* (n=69)		
Family pressure	15	21.7
Concerns about finding a job	25	36.2
Helping people	2	2.9
Obligation	27	39.1
The state of performing practice of the nursing profession willingly		
Yes	200	76.3
No	62	23.7
The reasons for performing the nursing profession willingly* (n=147)		
Helping	37	25.2
Job opportunity	10	6.8
Loving the profession	80	54.4
Obligation	20	13.6

Table 2: Cont.

	n	%
The reasons for being reluctant to perform the nursing profession* (n=45)		
Not loving the profession	4	8.9
Career development	3	6.7
Unfulfilled expectations	19	42.2
Negative professional views	19	42.2
The concept students defined their profession with* (n=234)		
Spirituality	53	22.6
Professionalism	15	6.4
Humanism	15	6.4
Helper	85	36.3
Caregiver	24	10.3
Negative definitions	42	17.9
The state of empathizing with the patient care for		
Yes	258	98.5
No	4	1.5
The state of thinking of being affected by the moods of the people around in the hospital		
Yes	189	72.1
No	73	27.9
The emotion felt in the case of patients being “needy”		
Compassionate	167	63.7
Strong	19	7.3
Special	39	14.9
I don’t feel anything	17	6.5
Other	20	7.6
The emotion felt in case of patients feeling “pain”		
Desperate	26	9.9
Sadness	202	77.1
I am not affected	24	9.2
Other	10	3.8
The emotion felt in case of patients not showing the expected recovery		
I don’t feel anything	17	6.5
Sadness	144	55.0
Insufficiency	86	32.8
Guilt	7	2.7
Other	8	3.1
The state of avoiding participation in activities and situations because they remind of the painful experiences of the people they help		
Yes	112	42.7
No	150	57.3

***** *It was evaluated based on the answers given.*

The mean score of the compassion scale was 3.97±0.46, while the median value was 4.00; the lowest and the highest scores to be obtained from the scale are 2.46 and 4.92. The mean scores for the factors were found to be 4.02±0.76 for self-kindness, 4.01±0.66 for indifference, 3.86±0.74 for common humanity, 3.89±0.73 for separation, 3.91±0.71 for mindfulness and 4.10±0.67 for disengagement (Table 3).

Table 3: Mean Scores of the Students on the Compassion Scale and its Factors

Variables	Mean±S.D.	Median	Min-Max
Self-kindness	4.02±0.76	4.00	1.00-5.00
Indifference*	4.01±0.66	4.25	1.75-5.00
Common humanity	3.86±0.74	4.00	1.00-5.00
Separation*	3.89±0.73	4.00	1.75-5.00
Mindfulness	3.91±0.71	4.25	1.00-5.00
Disengagement*	4.10±0.67	4.25	2.00-5.00
Compassion scale	3.97±0.46	4.00	2.46-4.92

**Reversely scored when calculating the total score average.*

When students' thoughts on compassion fatigue were examined, it was found that compassion fatigue was most experienced in the dimension of emotional problems (36.6%), they considered too much professional workload (46.9%) as the trigger of compassion fatigue, and they thought institutional strategies should be used to prevent compassion fatigue (85.5%) (Table 4).

Table 4: Students' Thoughts on Compassion Fatigue

	n	%
Problems thought to cause compassion fatigue		
Work-related problems	84	32.1
Physical problems	82	31.3
Emotional problems	96	36.6
Situations considered triggers of compassion fatigue		
Not being appreciated	21	8.1
The patient's being young	48	18.3
The indifference of the patient's relatives	70	26.7
Too much professional workload	123	46.9
Strategies thought to be used by students to prevent compassion fatigue		
Personal/Professional strategies*	38	14.5
Institutional strategies**	224	85.5

** Personal/Professional strategies: Defining the disrupted schemas, providing a suitable work-life balance, starting personal psychotherapy, defining recovery activities, paying attention to spiritual needs, engaging in appropriate self-care practices, developing, and maintaining professional networks, etc.** Institutional strategies: Developing a working environment as comfortable as possible, providing a supportive and respectful environment with patients and employees in the workplace, etc.*

No statistically significant difference was found between the factors and total scale scores of the scale and students' thoughts on compassion fatigue such as the type of compassion fatigue, situations considered as the triggers of compassion fatigue and strategies used to prevent compassion fatigue ($p>0.05$). A significant difference was found only in self-kindness and mindfulness factors of the students who thought that institutional strategies should be used to prevent compassion fatigue ($p<0.05$) (Table 5).

DISCUSSION

In this study, the compassion fatigue levels of nursing students and their strategies for preventing compassion fatigue were evaluated.

According to the data, 65.3% had chosen the nursing profession willingly, 76.3% wanted to perform their profession, and 54.4% wanted to perform their profession because they loved it (Table 2). Young people need to choose nursing, an important profession in protecting, improving, and developing the health of humans and society, willingly and consciously in terms of developing professional awareness (Bolukbas, 2018). Performing the nursing profession willingly enables individuals entering this profession to get satisfaction from the service they provide, and the individuals who receive service to be satisfied as well. Otherwise, the probability of being successful and useful in the profession is low (Turk et al., 2018).

Our study showed that the sample is a group that can empathize with the patients they care for (98.5%) think that the moods of the people around the hospital affect them (72.1%) and feel compassion when the patient is "in need" (63.7%) (Table 2). In the relevant literature, a parallel relationship between compassion and empathic tendency levels has been shown as an expected result; It has been stated that the person's tendency to put himself in someone else's shoes stems from "the desire to help them relieve their pain", that is, the feeling of compassion (Ozdelikara & Babur, 2020).

The mean Compassion Scale score was found to be 3.97±0.46, their median value was 4.00 and the lowest score was 2.46, while the highest score was 4.92. Considering that the highest score on the scale is 5.0, it can be said that the students in our study had higher compassion levels. While the highest mean score was found in the disengagement factor, the lowest mean score was found in the common humanity factor (Table 3). Çetin and Çevik (2021) indicated that nursing students had high levels of compassion (Cetin & Cevik, 2021). Likewise, Cingol et al. examined the compassion levels of students studying at the nursing department of a health vocational high school and reported that the mean compassion scale scores of the students were high (4.19±0.44), and while their highest mean score was found in self-kindness factor and their lowest mean score was found in disengagement factor (Cingol et al., 2018). As a result of the study conducted by Ozdelikara et al., students were found to have a moderate level of mean compassion scale total score. While the highest mean score was found in the mindfulness factor, the lowest mean score was found in the disengagement factor (Ozdelikara & Babur, 2020). In a

Table 5: Comparison of Students' Thoughts on Compassion Fatigue with Compassion Scale and its Factors

	Self-kindness	Indifference	Common humanity	Separation	Mindulness	Disengagement	Compassion Scale
	Median (Min-Max)	Median (Min-Max)	Median (Min-Max)	Median (Min-Max)	Median (Min-Max)	Median (Min-Max)	Median (Min-Max)
Problems thought to cause compassion fatigue							
Work-related problems	4(1.75-5)	4(1.75-5)	4(1.25-5)	3.75(2-5)	4(2-5)	4.25(2-5)	3.96(2.83-4.79)
Physical problems	4.25(1.25-5)	4.25(2.5-5)	4(1.25-5)	4(2-5)	4(1.25-5)	4.25(2.25-5)	4.06(2.71-4.92)
Emotional problems	4(1-5)	4.25(2.5-5)	4(1-5)	4(1.75-5)	4(1-5)	4.25(2.5-5)	4.04(2.46-4.71)
Test and p-value	KW: 0.553 p: 0.758	KW: 1.571 p:0.456	KW: 0.585 p:0.746	KW: 0.788 p:0.675	KW: 0.450 p:0.799	KW: 0.354 p:0.838	KW: 1.794 p:0.408
Situations considered triggers of compassion fatigue							
Not being appreciated	4(2.75-5)	4.25(2.5-5)	3.75(3-5)	4.25(2.5-4.75)	4(2.5-5)	4.25(2.75-5)	4.04(3.29-4.54)
The patient's being young	4(1-5)	4.25(1.75-5)	3.75(1-5)	3.75(2-5)	3.75(1-5)	4.25(2-5)	3.96(2.46-4.92)
The indifference of the patient's relatives	4.25(2.5-5)	4.25(2.5-5)	3.75(1.25-5)	4(1.75-5)	4(2-5)	4.25(2.75-5)	4.02(2.96-4.75)
Too much professional workload	4(1.25-5)	4(2.25-5)	4(1.25-5)	4(2-5)	4(1.25-5)	4.25(2-5)	4(2.75-4.83)
Test and p value	KW: 6.646 p:0.084	KW: 1.758 p:0.624	KW: 4.144 p:246	KW: 3.253 p:0.354	KW: 4.688 p:0.196	KW: 1.446 p:0695	KW: 3.818 p:0.282
Strategies thought to be used by students to prevent compassion fatigue							
Personal/Professional strategies	3.88(1.25-5)	4(2.75-5)	3.75(1.75-4.75)	4(2.25-5)	3.75(1.25-4.75)	4.25(2.5-5)	3.94(2.71-4.63)
Institutional strategies	4.25(1-5)	4.25(1.75-5)	4(1-5)	4(1.75-5)	4(1-5)	4.25(2-5)	4.04(2.46-4.92)
Test and p-value	U: 3085.00 p:0.006	U: 4241.50 p:0.973	U: 3450.0 p:0.060	U: 3849.50 p:0.344	U: 3195.50 p:0.013	U: 4156.50 p:0.816	U: 3462.50 p:0.066

IU: *Mann-Whitney U test analysis,* ***KW:*** *Kruskal Wallis test analysis.*

study comparing the compassion levels of nurses and nursing students, it was expressed that the compassion level of students and the sub-dimension scores of compassion, indifference, and disconnection were high (Guduk et al., 2022). It can be seen that there are different findings on this subject in the literature.

The study showed that the situations that were assumed to be the causes of compassion fatigue had no effect on the level of compassion. Nonetheless, this study is significant in that it is the first to identify characteristics that may influence compassion levels. The existing literature on compassion fatigue has mostly focused on its relationship with situation determination, individualized care perception, quality of life, and similar variables, yet, to the best of our knowledge, no study has examined the effect of compassion fatigue markers and affecting conditions on the level of compassion (Koca, 2018; Seremet & Ekinci, 2021; Guduk, 2022). It is necessary to provide compassionate patient care to promote patient satisfaction and trust in healthcare personnel. Therefore, comprehensive studies are required to investigate the factors that may affect the level of compassion.

Students' thoughts on compassion fatigue were examined and it was found that they mostly experienced emotional problems (36.6%), this situation was triggered by having too much workload (46.9%), and they preferred institutional strategies to prevent these (85.5%) (Table 4). In the relevant literature, the emotional price of the nursing care given was expressed as compassion fatigue (Sirin & Yurttas, 2015).

Although there is no controversial conclusion with this finding in the literature, the importance of institutional strategies in preventing compassion fatigue is emphasized. In this context, according to Alan, nurse managers need to be trained on compassion fatigue in order to increase both the quality of care and the satisfaction of patients and employees and to ensure continuity of commitment to the profession. Nurses should be provided with environments where they can improve their self-care, and institutional policies and strategies should be developed to effectively combat compassion fatigue. There is a need for institutional regulations to make job definitions to reduce the workload and to draw the boundaries of authority and responsibilities (Alan, 2018).

Different researchers have conducted studies on compassion fatigue and have shown that these symptoms may be work-related, emotional, and physical (Lombardo & Eyre, 2011). Each of these symptoms may indicate the presence of compassion fatigue; however, since compassion fatigue is a personal experience and since it is hard to make sense of these symptoms, it can be identified when more than one symptom is observed (Perregrini, 2019; Lynch & Lobo, 2012). In the study, it was found that students mostly (36.6%) thought emotional problems such as changes in mood, restlessness, irritability, hypersensitivity, anxiety, and anger were experienced, as well as work-related (32.1%) and physical problems (31.3%) (Table 3). It is also emphasized in the literature that nurses who experience compassion fatigue also experience physical and emotional stress due to being exposed to stress, trauma, pain, and deaths experienced by patients and patient relatives (Ruiz-Fernández et al., 2020; Salmond et al., 2019). Knowing about the symptoms of compassion fatigue and realizing its presence early is important in protecting the members of the profession. In an experimental study conducted to find out whether compassion training program affected the compassion levels of university students, Avsaroglu found that having compassion and performing compassionate acts was associated with learning, it was developed with various practices, and it could become permanent (Avsaroglu, 2019). Shih et al. noted that compassion-oriented education given to medical students increased their perceptions of compassionate care (Shih et al., 2017). The fact that students in the study stated that they mostly thought that they had experienced emotional problems shows the necessity for carrying out activities that can increase awareness of compassion fatigue in students, finding out the symptoms of compassion fatigue in early periods, increasing acts that include compassion within the context of psychological counseling and guidance services in schools, and promoting compassionate care perceptions, especially during nursing education.

In the study, in terms of preventing compassion fatigue, a great majority of the students (85.5%) thought institutional strategies (creating a working environment as comfortable as possible, providing a culture of support and respect within the workplace) were used, while a very small proportion (14.5%) thought only personal strategies (defining disrupted schemas, providing an appropriate work-life balance, starting personal psychotherapy, defining healing activities, considering spiritual needs) were used. Yoder (2010) found that nurses performed patient care services in an automated way to prevent experiencing compassion fatigue. The individual strategies nurses used in coping with compassion fatigue were "praying, faith, spiritual awareness, introspection, self-assessment, and developing positive attitudes" (Yoder, 2010). The fact that institutional strategies are preferred by students in study findings clearly shows that the students are not aware of things they can do individually and that they need support or counseling. It is reported in the literature that programs have been developed in some countries to find out the causes of compassion fatigue and cope with the symptoms and effects of compassion fatigue (Gentry et al., 2004; Romano et al., 2013; Micklitz et al., 2021). The necessity of integrating similar practices to the undergraduate education programs of professions such as nursing is obvious. Therefore, it is possible to increase prospective professionals' awareness of compassion fatigue and enable them to determine and apply their own strategies to cope with compassion fatigue.

In the strategies used to prevent students' compassion fatigue, there was a significant difference in the scores of the students who thought that institutional strategies should be used in the self-kindness and mindfulness dimensions of the scale ($p<0.05$) (Table 5). It is shown in the literature that it is very important to know about the symptoms of compassion fatigue (Avsaroglu, 2019) and that compassion-oriented training increases the

perceptions of compassionate care (Shih et al., 2017). The fact that nurses who experience compassion fatigue as a result of being frequently exposed to stress, pain, trauma, and death of patients and patient relatives also experience both physical and emotional stress (Ruiz-Fernández et al., 2020; Salmond et al., 2019) affects working nurses. However, the fact that student nurses are not sufficiently aware of compassion fatigue shows that they are not aware of their own power and what they can do for themselves. The fact that no studies in which views about students' compassion fatigue such as the type of compassion fatigue, situations considered as triggers of compassion fatigue, and strategies used to prevent compassion fatigue evaluated were found shows the need in this regard. It can be recommended to mention studies on compassion fatigue of nursing students.

CONCLUSIONS

Based on the results of this study, it can be stated that a great majority of students chose the nursing profession willingly and want to perform the profession, most of them can empathize and they have feelings of compassion and sadness when patients suffer and do not show the expected recovery. In addition to these, it can be said that nursing department students have a high level of compassion, they frequently experience emotional problems, they consider too much workload as a trigger of compassion fatigue, and a great majority think that institutional strategies should be used to prevent compassion fatigue. Students' compassion levels are higher before they start performing the profession actively and compassion fatigue should be prevented to increase the quality of patient care and to provide compassion fatigue. It can be recommended to evaluate compassion fatigue regularly with scales in both nurses actively working and nursing students, and students and nurses should be involved in programs related to coping compassion fatigue. It is also thought that awareness of the issue will be raised by updating the issue and attracting attention to the issue. The feeling of compassion can be developed and put into practice through in-service training given to graduate nurses and compassionate care subjects included in the curricula of nursing students. In this way, nurses entering this profession will be more satisfied with the service they provide and individuals who receive the service will benefit from the service.

In this context, there is a need for further comprehensive studies focusing on the various aspects of compassion fatigue experienced by both working nurses and student nurses.

Strengths and Limitations

The study is limited to the students who were actively studying at the relevant university.

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