



Investigation of the Relationship between Compassion Fatigue and Psychological Well-Being Levels of Midwives and Nurses Working in a Children's Clinic

Çocuk Kliniğinde Çalışan Ebe ve Hemşirelerin Merhamet Yorgunluğu ve Psikolojik İyi Oluş Düzeyleri Arasındaki İlişkinin İncelenmesi

Büşra Hızlıol, Yasemin Aydın Kartal, Sema Aker, Aleyna Bulut

University of Health Sciences, Hamidiye Faculty of Health Sciences, Department of Midwifery, Istanbul, Türkiye

Abstract

Aim: This study was conducted to examine the relationship between compassion fatigue and psychological well-being levels of midwives and nurses working in pediatric clinics of a public hospital.

Material and Method: The sample of the study consisted of midwives and nurses actively working in pediatric clinics of a public hospital in Istanbul (Participation Rate: 91.66%). Data were collected with the "Introductory Information Form", "Compassion Fatigue Brief Scale (CFBS)" and "Psychological Well-Being Scale (PWBS)". Descriptive statistics, Mann Whitney U and Kruskal Wallis Test were used to evaluate the data.

Results: The mean age of the midwives and nurses who participated in the study was 26.92+3.96 years. It was determined that 62.7% of the midwives and nurses had been working in the pediatric clinic for 1-3 years, 52.7% of them were partially satisfied with the clinic where they worked, and 79.1% of them were affected by the clinical condition of the patient they cared for. The mean CFBS score of the participants was 70.41+18.00, while the mean PWBS score was 42.51+6.47. In the study, it was determined that the income status and duration of professional experience of midwives and nurses significantly affected their psychological well-being, and their willingness to choose the profession and the way they work significantly affected their levels of compassion fatigue and psychological well-being. It was determined that the number of patients cared by the employees in a shift significantly differentiated the level of compassion fatigue. There was no significant relationship between the levels of compassion fatigue and psychological well-being of midwives and nurses in the pediatric clinic.

Conclusion: In line with the findings of the study, it was determined that the levels of compassion fatigue and psychological well-being of the participants were differentiated by many variables related to working conditions. It is recommended that qualitative and quantitative studies should be conducted to periodically evaluate the compassion fatigue of midwives and nurses working in pediatric clinics and to determine the causes of compassion fatigue and coping strategies.

Keywords: Pediatric clinic, midwife, nurse, compassion fatigue, psychological well-being

Öz

Amaç: Bu çalışma bir kamu hastanesinin çocuk kliniklerinde çalışan ebe ve hemşirelerin merhamet yorgunluğu ve psikolojik iyi oluş düzeyleri arasındaki ilişkinin incelenmesi amacıyla yürütülmüştür.

Gereç ve Yöntem: Çalışmanın örneklemini İstanbul'da bir kamu hastanesi çocuk kliniklerinde aktif görev yapan ebe ve hemşireler oluşturmuştur (Katılım Oranı: %91,66). Veriler; "Tanıtıcı Bilgi Formu", "Merhamet Yorgunluğu Kısa Ölçeği (MYKÖ)" ve "Psikolojik İyi Oluş Ölçeği (PIOÖ)" ile toplanmıştır. Verilerin değerlendirilmesinde tanımlayıcı istatistikler, Mann Whitney U ve Kruskal Wallis Testi kullanılmıştır.

Bulgular: Çalışmaya katılan ebe ve hemşirelerin yaş ortalaması 26,92+3,96 olarak saptandı. Ebe ve hemşirelerin; %62,7'sinin 1-3 yıldır pediatri kliniğinde çalıştığı, %52,7'nin çalıştığı klinikten kısmen memnun olduğu ve %79,1'sinin ise bakım verdikleri hastanın klinik durumunun çalışma motivasyonlarını etkilediği belirlendi. Katılımcıların MYKÖ puan ortalaması 70,41+18,00 iken, PIOÖ puan ortalaması 42,51+6,47 olarak bulundu. Çalışmada ebe ve hemşirelerin gelir durumu ve mesleki deneyim sürelerinin psikolojik iyi oluş durumlarını, mesleği isteyerek tercih etme durumu ve çalışma şekilleri ise merhamet yorgunluğu ve psikolojik iyi oluş düzeylerini anlamlı olarak etkilediği belirlendi. Çalışanların bir vardiyada baktıkları hasta sayısının merhamet yorgunluğu düzeyini anlamlı olarak farklılaştırdığı saptandı. Çocuk kliniğinde ebe ve hemşirelerin merhamet yoğunluğu düzeyleri ile psikolojik iyi oluş durumları arasında anlamlı bir ilişki saptanmadı.

Sonuç: Çalışma bulguları doğrultusunda, katılımcıların merhamet yorgunluğu ve psikolojik iyi oluş düzeylerinin çalışma koşullarına ait pek çok değişken tarafından farklılaştığı saptanmıştır. Çocuk kliniklerinde çalışan ebe ve hemşirelerin periyodik olarak merhamet yorgunluğunun değerlendirilmesi, merhamet yorgunluğu düzeyinin nedenleri ve baş etme stratejilerinin belirlenmesi için ise nitel ve nicel desende çalışmalar yapılması önerilmektedir.

Anahtar Kelimeler: Çocuk kliniği, ebe, hemşire, merhamet yorgunluğu, psikolojik iyi oluş



INTRODUCTION

Compassion fatigue affects the physical and psychological health and performance of healthcare providers and thus the quality of patient care. Compassion fatigue is different from "burnout". It can manifest itself with symptoms such as insensitivity, hopelessness, irritability and restlessness. This condition may occur when combined with stress factors such as intense workload, long working hours, severe patient conditions, shift work system and patient deaths.^[1,2] It is defined as a healthcare worker's repeated exposure to patients' suffering and decreased care capacity as a result of knowledge of the patient's traumatic experiences and may affect the psychological state.^[3]

In a study, it was reported that the occurrence of compassion fatigue in midwives and nurses who help suffering, traumatized people and provide health care is a natural end and 25% to 50% of health professionals show symptoms of compassion fatigue.^[4] In a study conducted in pediatric nurses in the USA, it was found that 51% of nurses were in the medium risk and 27.2% in the high risk group in terms of compassion fatigue.^[5] In other studies, it was found that nurses working with deceased or traumatically injured children had a higher risk of compassion fatigue.^[6,7] In addition, midwives and nurses with compassion fatigue are more likely to make erroneous decisions, inattention and insensitivity to patients.

Psychological well-being includes positive states such as emotional satisfaction and the ability to maintain balance between positive or negative life events. Psychological well-being, which enables the person to be psychologically well, especially in overcoming situations with traumatic consequences, also functions to protect mental health.^[4,5]

Assessing compassion fatigue and psychological well-being of midwives and nurses working in pediatric clinics is of great importance both for their own health, motivation and performance and for the quality of health services and patient safety. Therefore, this study was conducted to examine the compassion fatigue and psychological well-being of midwives and nurses working in the pediatric clinic of a public hospital in Istanbul. In addition, the results of the study are aimed to provide important data in terms of developing and improving the quality of patient care, creating methods and coping strategies to reduce compassion fatigue, protecting health personnel from long-term health problems and increasing professional satisfaction.

MATERIAL AND METHOD

Population and Sample of the Study

The study, which was planned in a descriptive design, was conducted between September 2023- October 2023 dates. The population consisted of midwives and nurses actively working in pediatric clinics in a public hospital in Istanbul. In determining the sample group, Berger et al.^[7] The findings of the study conducted by was used and the frequency of compassion fatigue (27.6%) was taken into account. In calculating the sample size, the frequency of occurrence of the event was calculated by using the formula used to calculate the number of individuals to be sampled in cases where the population was known. In the formula, the confidence level is accepted as 95% and the deviation is $d = 0.05$. The minimum sample size of the research was calculated as 92, and 110 midwives and nurses who volunteered to participate in

the research constituted the sample of the research (Participation rate: 91.66%). The criteria for inclusion in the sample included being a midwife and nurse actively working in pediatric clinics for at least 1 year and volunteering to participate in the study.

Data Collection Tools

The data were collected using the "Introductory Information Form", "Compassion Fatigue Short Scale" and "Psychological Well-Being Scale" created by the researchers.

Introductory information form: The form, which was developed by the researchers in line with the literature, includes questions evaluating the sociodemographic characteristics (marital status, age, educational status, etc.) and professional working conditions of midwives and nurses.

Compassion fatigue brief scale (CFBS): The scale was developed by Adams et al. in 2006 to measure the level of compassion fatigue in individuals. The scale was adapted into Turkish by Dinç and Ekinci in 2018. The Likert-type scale consists of 13 items. A minimum score of 13 and a maximum score of 130 can be obtained from the scale, and the increase in the total score obtained from the scale indicates that the level of compassion fatigue experienced by individuals increases. The Cronbach's alpha coefficient of the scale was calculated as 0.87.^[8] For the sample of this study, Cronbach's alpha value was found to be 0.85.

Psychological well-being scale (PWBS): The scale developed by Diener et al. consists of 8 items. It was adapted into Turkish by Telef. A minimum score of 8 and a maximum score of 56 can be obtained from the seven-point Likert-type scale. A high total score indicates that the person has many psychological resources and strengths. Cronbach's alpha coefficient of the scale was calculated as 0.87.^[9] For the sample of this study, Cronbach's alpha value was found to be 0.82.

Data Evaluation

The research data were evaluated in SPSS 16.0 (Statistical Package for Social Science) package program. Descriptive statistics, Mann Whitney U and Kruskal Wallis Test analysis were used in the evaluation of the data. Post-Hoc Bonferroni test was applied to reveal the group or groups that created the difference. Internal consistency analysis (Cronbach Alpha) was performed. The statistical significance level of the data was accepted as $p < 0.05$.

Ethical Principles of the Study

Ethics committee approval was obtained from the Scientific Research Ethics Committee of a public university to conduct the research (Number: 21300, Date: 11.09.2023). In all stages of the study, the rules in the Declaration of Helsinki were followed. Midwives who volunteered to participate in the study were informed about the study and informed consent was obtained.

RESULTS

Table 1 shows the findings related to the descriptive characteristics of midwives and nurses. It was determined that the mean age of the midwives and nurses participating in the study was 26.92 ± 3.96 , 77% were single, 84.5% did not have children and 76.4% were undergraduate graduates.

Table 1. Findings regarding the descriptive characteristics of midwives and nurses (n=110)

	$\bar{x}\pm SS$	Min.	Max.
Age	26.92+3.96	23	49
Marital status	Married	33	30
	Single	77	70
Child Presence	Yes	17	15.5
	No	93	84.5
Income status	Income is less than expenses	21	19.1
	Income equals expenses	77	70
	Income exceeds expenses	12	10.9
Education level	Licence	84	76.4
	Postgraduate	26	23.6
Presence of Chronic Disease	Yes	9	8.2
	No	101	91.8
Smoking Status	Yes	57	51.8
	No	53	48.2
Alcohol Consumption Status	Yes	29	26.4
	No	81	73.6
Situation of Choosing the Profession Willingly	Yes	82	74.5
	No	28	25.5

Table 2 contains the findings regarding the professional experiences of midwives and nurses.

Table 2. Findings regarding the professional experiences of midwives and nurses (n=110)

		n	%
Working time in the pediatric clinic	1-3 years	69	62.7
	4-6 years	24	21.8
	7 years and above	17	15.5
Satisfaction with the clinic you work in	Yes	23	20.9
	No	29	26.4
Average number of patients seen in a shift	Partially	58	52.7
	1-3	62	56.4
	4-6	21	19.1
The clinical condition of the patients receiving care affects their motivation to work.	6 and above	27	24.5
	Yes	87	79.1
	No	6	5.5
Receiving psychological support due to working conditions	Partially	17	15.5
	Yes	17	15.5
	No	93	84.5
Empathy with the patients being cared for	Yes	70	63.6
	No	5	4.5
	Partially	35	31.8
Duration of professional experience	1-3 years	40	36.4
	4-6 years	42	38.2
	7 years and above	28	25.5
How it works	Daytime Weighted	12	10.9
	Night Predominant	37	33.6
	in shifts	61	55.5
Average working hours per month	40 hours	7	6.4
	Between 40-50 hours	19	17.3
	more than 50 hours	84	76.4

Midwives and nurses participating in the study; It was determined that 62.7% of them had been working in a pediatric clinic for 1-3 years and 52.7% were partially satisfied with the clinic they worked in. Participants; It was determined that 56.4% of them cared for an average of 1-3 patients in a shift, and 79.1% of them thought that the clinical condition of the patients they cared for affected their motivation to work. Midwives and nurses; It was determined that 76.4% of them worked more than 50 hours on average per month.

Midwives and nurses; It was determined that 15.5% received psychological support due to their working conditions and 63.6% empathized with the patients they cared for.

Scale total score averages of the participants; Compassion Fatigue Brief Scale was determined as 70.41+18.00, and Psychological Well-Being Scale was determined as 42.51+6.47.

The variables of satisfaction status and number of patients cared for in a shift were found to significantly affect the mean scores of the CFBS (z:-3.870, p=0.000; z:-2.714, p=0.007; z:-6.691, p=0.035; z:21.472, p=0.000; z:8.164, p=0.017) (**Table 3**).

Table 3. Comparison of the Compassion Fatigue Brief Scale and Psychological Well-Being Scale Average Score of Midwives and Nurses According to Their Descriptive and Professional Characteristics

	CFBS	PWBS	
Marital status			
	Married	62.48+16.64	42.18+6.28
	Single	73.81+17.58	42.66+6.59
	U:-3.870, p:0.000	U:-.559, p:.576	
Child presence			
	Yes	61.41+20.06	44.00+6.27
	No	72.06+17.21	42.24+6.51
	U:-2.714, p:0.007	U:-.833, p:.405	
Income status			
	Income is less than expenses	71.04+17.73	37.09+6.74
	Income equals expenses	70.62+17.32	43.96+5.56
	Income exceeds expenses	68.00+23.64	42.75+6.92
	KW:485, p:.785	KW:15.358, p:0.000	
Education level			
	Licence	69.54+18.33	41.76+6.59
	Postgraduate	73.23+16.94	44.96+5.52
	U:-1.278, p:.201	U:-2.090, p:.037	
Situation of choosing the profession willingly			
	Yes	67.63+17.87	43.53+5.90
	No	78.57+16.05	39.53+7.22
	U:-2.564, p:0.101	U:-2.392, p:.017	
Duration Of Professional Experience			
	1-3 year	71.22+20.64	43.86+6.50
	4-6 year	71.63+13.70	42.29+6.09
	7 year and above	70.41+18.00	40.27+6.76
	KW:2.410, p:.300	KW:6.198, p:.045	
How it works			
	Daytime Weighted	60.33+14.71	42.08+6.48
	Night Predominant in shifts	79.37+12.15	45.97+5.78
	66.96+19.45	40.50+6.07	
	KW:18.901, p:0.000	KW:21.124, p:0.000	
Working time in the pediatric clinic			
	1-3 year	71.29+16.52	43.44+6.14
	4-6 year	75.47+17.20	40.39+6.93
	7 year and above	58.46+21.77	41.33+6.81
	KW:6.691, p:.035	KW:5.193, p:.075	
Satisfaction with the clinic you work in			
	Yes	57.04+17.17	43.43+5.63
	No	80.24+13.55	42.10+7.98
	Partially	70.81+17.15	42.36+6.01
	KW:21.472, p:0.000	KW:2.280, p:.869	
Average number of patients seen in a shift			
	1-3	74.48+16.15	43.66+5.75
	4-6	67.57+16.03	40.52+8.00
	6 and above	63.29+21.22	41.44+6.44
	KW:8.164, p:.017	KW:4.499, p:.035	
Empathy with the patients being cared for			
	Yes	71.42+17.26	42.52+6.65
	No	55.60+26.10	41.80+6.61
	Partially	70.51+17.88	42.60+6.27
	KW:2.498, p:.287	KW:1.124, p:.940	

U:Mann Whitney U Test, KW: Kruskal Wallis Test, p:SignificanceValue

It was found that income status, educational level and duration of professional experience had a significant effect on the mean scores of the PWBS ($z:15,357$, $p=0,000$; $z:-2,090$, $p=0,037$; $z:6,198$, $p=0,045$, respectively). In addition, it was determined that the status of preferring the profession willingly and the type of work significantly differentiated the mean scores of both the CFBS and the PWBS scale ($p<0.05$) (Table 3).

No significant correlation was found between compassion fatigue levels and psychological well-being of midwives and nurses working in pediatric clinic.

DISCUSSION

In this study, which examined the relationship between compassion fatigue and psychological well-being of midwives and nurses working in the pediatric clinic of a public hospital in Istanbul, it was determined that compassion fatigue was at a moderate level (70.41 ± 18.00) and psychological well-being (42.51 ± 6.47) was above the moderate level. In a similar study conducted by Tanrikulu and Ceylan with nurses in pediatric clinics, it was found that the participants had high levels of compassion and low levels of compassion fatigue (14.09 ± 8.79).^[10] In a study conducted by Mollamehmetoğlu with midwives, while the mean score of compassion fatigue was determined as 63.02 ± 24.20 , it was determined that the burnout levels of midwives were high, they did not feel psychologically well, but the rate of receiving professional support for this situation was very low.^[11] In a study conducted by Şensoy et al. with health professionals, it was found that their psychological well-being levels were good.^[12] In a similar study conducted by Şimşek with healthcare professionals, it was found that the psychological well-being levels of the participants were above average.^[13] Similar to the studies in the literature, the results of the study showed that the compassion fatigue of health professionals, especially midwives and nurses, was at a moderate level, and their psychological well-being was evaluated as better than average. It can be said that working conditions, social life and personality traits affect these results and that people can cope with these situations even if they feel professional fatigue.

When the variables affecting compassion fatigue and psychological well-being of midwives and nurses were examined, it was found that the compassion fatigue levels of individuals who were single or did not have children were significantly higher. Similarly, Sacco et al. (2015),^[14] in their study with intensive care nurses, found that the level of compassion fatigue was higher in single nurses. However, in a similar study conducted by Mansur et al. it was found that married individuals had higher levels of compassion fatigue.^[15] According to our research findings, single individuals who do not have children may tend to spend more hours at work and work overtime because they do not have family responsibilities, may have less support network arising from family life or may tend to establish a stronger emotional bond

with their patients, which may cause them to feel the pain of their patients more deeply and experience compassion fatigue at a higher level. It is important that colleagues and managers are sensitive to understand and support the needs of their employees.

When the effect of the variable of choosing the profession was examined, it was found that those who chose the profession willingly had low levels of compassion fatigue and high levels of psychological well-being. This is an expected result. In a similar study conducted by Kelly and colleagues, the compassion fatigue level of health professionals who willingly chose their profession and stated that they loved their profession was found to be low.^[16] In a study conducted by Denk, burnout levels and compassion fatigue levels of those who chose their profession willingly were determined to be low.^[17] It is known that individuals who choose their profession willingly are more patient with their work, can manage conflicts, remain calm and are conciliatory when necessary. This situation increases professionalism and therefore prevents the person from burnout at a higher level and in a short time, and the level of being negatively affected may be low despite more compassion and empathy arising from the willingness to do the profession. In addition, it can be said that people who feel that they belong to the profession are better at self-actualization and can meet their psychological needs, so they feel better spiritually.^[18]

While the duration of professional experience did not have any effect on the level of compassion fatigue, it was found that midwives and nurses with less experience (1-3 years) had higher psychological well-being. Unlike our study findings, it has been reported that increasing professional experience increases psychological resilience and self-confidence.^[19-21] It can be said that the fact that midwives and nurses with little experience have fresh desire and interest in the profession, have few negative professional experiences, and have high motivation positively affects their psychological well-being.

When evaluated according to the working style, it was found that midwives and nurses working night shifts had a higher level of compassion fatigue. Night working hours are more than daytime working hours. Therefore, midwives and nurses spend more time with patients, empathize with them and their care time is longer. Intensive work at night may affect circadian rhythm and cause not getting enough and regular sleep and feeling physically and mentally tired. This can affect their ability to show compassion. It can also disrupt the balance between the biological clock and social life, which can lead to emotional imbalances. A combination of these factors may contribute to increased levels of compassion fatigue in nurses working at night. In addition to a decrease in work performance, it can lead to decreased attention, chronic fatigue, and thus reduced tolerance and burnout.^[22,23] While working predominantly at night was expected to negatively affect psychological well-being, a positive effect was found. This may be attributed to the fact

that in some periods, patients are stable after a certain time in the clinics at night and can be calmer than during the day, and that individuals can spare time for themselves and socialize in their free time during the day because they work at night.

While it was determined that the duration of working in the pediatric clinic did not affect psychological well-being, compassion fatigue was found to be higher in midwives and nurses working between 4-6 years. In the studies examined, it was found that working time did not affect the level of compassion fatigue.^[10,11,24] It is an expected result that midwives and nurses with less experience of working in a pediatric clinic have less compassion fatigue. It can be said that the higher incidence of compassion fatigue in those with more working time is due to depersonalization, workload, responsibilities, emotional commitment and tendency to empathize due to spending more time in the profession. Therefore, it is important to provide regular support, psychological help and rest opportunities to healthcare professionals working in these clinics. The level of compassion fatigue was found to be higher in midwives and nurses who were dissatisfied with the clinic where they worked. This finding suggests that the working environment and job satisfaction have a significant impact on the emotional and psychological health of nurses and midwives. Dissatisfaction can often arise due to various factors such as workload, lack of communication, low level of support, unfair management practices. These negative influences can negatively affect health workers' capacity to show compassion for their work and for patients. Moreover, a constant state of dissatisfaction can lead to emotional exhaustion, low motivation and professional dissatisfaction over time, increasing compassion fatigue. Factors such as a more supportive working environment, better communication, fair management practices and ensuring work-life balance can increase the level of professional satisfaction of health professionals and thus reduce compassion fatigue. It was expected that compassion fatigue would increase as the number of patients cared for in a shift increased in the midwives and nurses participating in the study, but the results of the study showed that compassion fatigue increased as the number of patients cared for decreased. This is thought to be due to the sensitivity of providing excellent care and feeling more responsible as the number of patients decreases.

As a result of the study, no correlation was found between compassion fatigue and psychological well-being. This result shows that there is no direct relationship between compassion fatigue and psychological well-being. Research results show that the relationship between compassion fatigue and psychological well-being is complex and may be under the influence of independent factors. Therefore, more in-depth studies involving more variables are needed to determine the relationship between compassion fatigue and psychological well-being.

CONCLUSION

According to the results of the study, the level of compassion fatigue of midwives and nurses working in pediatric clinics was found to be average, while their psychological well-being was above average. It was determined that the psychological well-being and compassion fatigue levels of midwives and nurses were especially affected by willingly choosing the profession, working predominantly night shifts, having children and working time. There are measures that can be taken at both institutional and individual levels to reduce compassion fatigue in midwives and nurses. Institutional measures include training and awareness programs, fair, transparent and supportive leadership, balancing workload, rest and break arrangements, and units offering psychological support and counseling services. These services can help workers understand and cope with their emotional needs. In addition, healthcare organizations should promote a culture of empathy and respect for workers' feelings. An environment where workers can express their feelings can alleviate their emotional burden.

As for individual measures, social support and communication, stress management and effective relaxation techniques, and making time for hobbies, interests and personal projects can increase individuals' personal fulfillment and life satisfaction. Such positive emotional experiences and effective strategies can play an important role in preventing or reducing compassion fatigue.

ETHICAL DECLARATIONS

Ethics Committee Approval: Ethics committee approval was obtained from the Scientific Research Ethics Committee of a public university to conduct the research (Number: 21300, Date: 11.09.2023).

Informed Consent: Midwives who volunteered to participate in the study were informed about the study and informed consent was obtained.

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