Research Article

The Effect of Compassion Fatigue On Nurses' Intention to Leave Work

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Abstract
The study examines the effect of nurses' compassion fatigue levels on their intention to leave work. The research population consists of nurses working in a private hospital in Samsun. The study used an introductory information form containing the socio-demographic characteristics of the participants, the Compassion Fatigue Scale, and the Intention to Leave Work Scale. Descriptive statistical methods, t-tests in two independent samples, one-way analysis of variance, correlation, and regression analyses were used to analyze the data. It was observed that nurses' compassion fatigue, secondary trauma, and job burnout had a significant and positive effect on their intention to leave work. To reduce the dismissal status of nurses in health institutions, it can be recommended to disseminate measures that will reduce nurses' compassion fatigue and increase their motivation (education, appreciation, reducing workload, etc.) during the care process.

Keywords: Compassion, compassion fatigue, intention to leave work
JEL Classification Codes: M10, M12, I10

Hemşirelerde Merhamet Yorgunluğunun İşten Ayrılma Niyetine Etkisi

Öz
Çalışmanın amacı, hemşirelerin merhamet yorgunluğu düzeylerinin işten ayrılma niyetleri üzerinde etkisini incelemektir. Araştırmanın evrenini, Samsun ilinde özel bir hastanede çalışan hemşireler oluşturmaktadır. Çalışmada katılımcıların sosyo-demografik özelliklerinin yer aldığı tanıtıcı bilgi formu, Merhamet Yorgunluğu Kısa Ölçeği ve İşten Ayrılma Niyeti Ölçeği kullanılmıştır. Verilerin analizinde tanımlayıcı istatistiksel yöntemler, iki bağımsız örneklerde t testi, tek yönlü varyans analizi, korelasyon ve regresyon analizlerinden yararlanılmıştır. Hemşirelerin merhamet yorgunluğu, ikincil travma ve mesleki tükenmişliklerinin işten ayrılma niyetleri üzerinde anlamlı ve pozitif yönde etkisinin olduğu görülmüştür. Sağlık kurumlarında hemşirelerin işten ayrılma durumlarını azaltmak için hemşirelerin bakım sürecinde merhamet yorgunluğunu azaltacak ve motivasyonunu arttıracak (eğitim, takdir edilme, iş yükünü azaltma vb.) önlemlerin yaygınlaştırılması önerilebilir.

Anahtar kelimeler: Merhamet, merhamet yorgunluğu, işten ayrılma niyeti
JEL Sınıflandırma Kodları: M10, M12, I10

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1. Introduction

Compassion is defined as pity and sadness felt by a person or another living being due to a bad situation (TDK, 2021). Compassion, which is considered a positive concept in positive psychology, is thought to have a protective effect against negative emotions in human relations. In health services, the constant display of compassion has given rise to compassion fatigue. This concept is considered a negative outcome of health care (Gökoğlan, Altuntaş, and Korkmaz, 2023). Compassion fatigue is defined as the stress arising from helping individuals in the care process who witnessed the trauma and suffering of another person (Figley, 1995). The concept is stated by Stamm (2002) as the emotional cost of care (Stamm, 2002). Compassion fatigue was first addressed by Carla Joinson in 1992 for nurses working in the emergency department. It emerged as a state of physical, social, and emotional burnout caregivers (Joinson, 1992). The caregiver, who stays together and communicates with the suffering patient for a long time, sees himself as tired, hopeless, and exhausted. Compassion fatigue is caused by witnessing patients suffering frequently and not experiencing the positive outcomes of care (McHolm, 2006). This concept is a combination of burnout and secondary traumatic stress disorder. Compassion fatigue begins with the desire of caregivers to help an individual exposed to pain and suffering, their ability to empathize, and their ability to feel compassion. After providing long-term and intensive care, the caregiver experiences trauma symptoms and emotional, mental, and physical exhaustion (Kelly, Runge, and Spencer, 2015). In this case, individuals face many physical and emotional problems. While individuals with compassion fatigue feel anger and resentment, their life satisfaction decreases. Adverse effects such as health problems such as headaches, palpitations, and sleep problems, lack of interest, insensitivity to their environment, and loss of empathy and sympathy skills also occur (Wijdenes, Badge, and Sheppard, 2019). Avoiding working with certain patients, decreased empathy towards patients or their relatives, feelings of guilt and anger, and irritability are experienced (Kaya and Gündüz, 2022). In addition, compassion fatigue negatively affects the professional life level of employees and reduces the quality of patient care and patient satisfaction. It causes low organizational commitment and job satisfaction among employees (Selçuk, Avcı, and Ataç, 2022). Individuals experiencing compassion fatigue may, over time, adopt a blaming attitude toward victims to whom they should show compassion. Alternatively, they may become desensitized and leave their works due to the pressure brought on by the intense emotional burden. As a result, this situation increases employees' intention to leave their work (Berzoff and Kita, 2010).

The destructive and active actions of employees who are not satisfied with working conditions are called intentions to leave work (Rusbelt, Farrell, Rogers, and Maınous, 1988). It is also defined as the possibility of an individual continuing or not continuing their existence in the organization (Price and Mueller, 1981). In other words, the employee desires to leave the enterprise organization and leaves

physically due to dissatisfaction for various reasons (Mobley, 1982). This concept consists of the decision-making processes of thinking about leaving the job, evaluating alternative job opportunities, continuing to search for a new job, staying in the current job, or leaving (Addae, Praveen, and Davis, 2006). Intention to leave work is one of the determinants of the employee's departure process. Therefore, in order to understand the underlying reasons and consequences of the departure action, it is necessary to first focus on the intention to leave work (Chen, Su, Lo, Chiu, Hu, and Shieh, 2014). When the factors affecting the employee's intention to leave work are examined, individual characteristics (age, marital status, gender, personality traits, etc.), organizational reasons (organizational climate, organizational culture, working conditions, low wages, job insecurity, insufficient career development opportunities, injustices encountered, lack of communication, etc.) and environmental reasons are shown (Köroğlu and Bahar, 2021). In addition, intention to leave work is also affected by environmental factors (intention to leave a job, employment conditions and the state of the labor market, welfare level, the state of the economy, advances in automation systems and unemployment rates, etc.) (Kinter and Katı, 2022). This results in increased staff turnover, loss of workforce and production, reduced work motivation, low levels of productivity and performance, and costs associated with recruitment and placement (Lambert, 2006; Menon, 2010).

Carefully alleviating the suffering of patients with the help of compassionate approaches is considered a fundamental characteristic of the nursing profession (Cheng, Tang, and Siu, 2024). Nurses who have long and continuous contact with patients communicate and encounter many problems while providing health care services and are one of the occupational groups that experience compassion fatigue the most (Şirin and Yurttaş, 2015). Nurses who experience compassion fatigue struggle to display objective behaviors, cannot make effective decisions, and become intolerant toward their environment. In addition, nurses who experience this situation do not want to go to work; they hate their profession, their commitment to work decreases, and as a result, they think of quitting their jobs (Tanrıkulu and Ceylan, 2021). From this perspective, this study aims to examine the compassion fatigue of nurses working in health institutions providing health services regarding various variables and to observe the effect on their intention to leave work.

2. Methods

This section of the research includes the purpose and method of the study, the universe and sample, data collection tools, the methods used to analyze the data, and limitations.

2.1. Aim and Type of Study

The type of research is descriptive, cross-sectional, and correlational. The study is aimed at determining the effect of fatigue on the intention to leave work. In addition, the other aim is to determine whether the socio-demographic characteristics (gender, age, marital status, child status, income status, educational status, working time in the profession, worked unit, working time in the unit, way of working, considering leaving work) of the nurses make a significant difference in compassion fatigue and the intention to leave work. Investigation of the fatigue of compassion that causes negative behaviors to leave work is important because of the determination of the measures to be taken to create and reduce awareness. In this regard, answers to the following questions were sought in the study:

• Do nurses' socio-demographic characteristics make a significant difference in their levels of compassion fatigue?

• Do nurses' socio-demographic characteristics make a significant difference in their intention to leave work?

• Is there a relationship between compassion fatigue and intention to leave work?

• Does compassion fatigue significantly affect the intention to leave work?

2.2. Universe and Sample

The research population comprises 175 nurses working in a private hospital in Samsun. No sample was selected for the study, and the aim was to reach the entire universe. Research data was obtained from 173 nurses between 16 and 23 May 2022. In this context, participants who voluntarily agreed to participate in the study were included after data collection forms containing incomplete information were removed. While the research was being conducted, nurses were informed about the purpose of the research, and their verbal permission was obtained.

2.3. Data Collection Tool

The study's data were collected through face-to-face interviews with the nurses using a questionnaire. A questionnaire form consisting of three parts is used to obtain the data.

Introductory Information Form: There are questions to determine the participants' gender, age, marital status, having a child, income level, education level, working time in the profession, the unit worked, time worked in the department, working style, and whether or not to consider quitting the job.

Compassion Fatigue Short Scale: There is a 13-question Compassion Fatigue Short Scale developed by Adams et al. (2006) and validated and reliable in Turkish by

Dinç and Ekinci (2019). The scale consists of 2 factors: secondary trauma and occupational burnout. Five statements that comprise the scale are included in the "secondary trauma" sub-dimension, and eight are in the "occupational burnout" sub-dimension. The expressions in the scale were evaluated as 1-Never, 2-Sometimes, 3-Not Sure, 4-Usually, and 5-Very Often. No scoring algorithm or cut-off point is specified for the scale. The lowest score on the scale is 13, and the highest score is 130. As the scores obtained from the scale increase, the level of compassion fatigue experienced by individuals also increases.

Intention to Leave Work Scale: The intention to leave work scale developed by Rosin and Korabik (1995) and the Turkish validity and reliability study conducted by Tanrıöver (2005) were used. The scale consists of 4 statements gathered under one dimension. The statements in the scale are on a 5-point Likert type: 1-Strongly Disagree and 5-Strongly Agree. High scores on the scale indicate that people have a high intention to leave their jobs.

2.4. Data Analysis

The SPSS 25.0 package program was used to analyze the data obtained as a result of the research. A normality test was performed before analyzing the data used in the study. The suitability of the data for normal distribution was examined with the Kolmogorov-Smirnov test. Descriptive statistical methods (number, percentage, mean, standard deviation, minimum, and maximum) were used to evaluate the data. Since the data showed normal distribution, parametric tests were used. For this reason, a t-test was performed on two independent samples to compare the measurement values of independent groups. One-way analysis of variance (ANOVA) tests were used to compare the measurement values of three or more independent groups. The Tukey test was performed as a result of the variance analysis to determine which group caused the difference between the groups. The study analyzed the relationship between the scales with the help of a correlation test. Additionally, regression analyses were used to test the effect between the scales. The study results were evaluated at the $p<0.05$ significance level and 95% confidence interval.

2.5. Ethical Considerations

Before the study was conducted, ethics committee approval was obtained from a university's Social and Human Sciences Research Ethics Committee with a letter dated 25.03.2022 and numbered 2022-224. Permission to conduct the study was obtained from the health institution where the study was conducted. In addition, permission was obtained from the author who conducted the Turkish validity and reliability study of the scales used in the study. Nurses participating in the study were informed about the content of the study (purpose, process, benefits, confidentiality of participants' information, etc.). Verbal consent was obtained from the nurses for voluntary participation in the study.

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2.6. Limitations of the Research

This study has some limitations. The research was conducted in a relatively small group. The fact that the study was conducted in a private hospital and on nurses constitutes a limitation of the study. In this regard, the results cannot be generalized to the whole country.

3. Results

There are descriptive findings regarding the socio-demographic characteristics of the nurses participating in the study. According to this, 79.8% of nurses were women, and 20.2% were men. 53.8% of the participants were single, and 46.2% were married. It was found that 60.1% of the participants were not children and 39.9% had children. 20.2% of the nurses were aged 23 years or below, 32.9% were between 24 and 27, 19.1% were between 28 and 31, and 27.7% were 32 or above. When the monthly income level is examined, 31.2% of the nurses had 5000 TL or less, 38.7% had 5001-10000 TL, and 30.1% had 10001 TL or more. 29.5% of the nurses were in health vocational high school, 22.5% had associate degrees, 27.7% were undergraduates, and 20.2% were postgraduates from graduate education. 24.3% of nurses had worked for two years or less, 32.9% had 3-6 years between, 19.7% had 7-10 years between, and 23.1% had 11 years and above. When the working units of the participants were examined, 22.5% were in surgical, 37% were in intensive care and the operating room, 17.9% were in the emergency room, and 22.5% were in the services. 32.9% of the nurses reported that their total working time in their current unit was one year and less, 29.5% were 2-4 years, 16,2% were 5-7 years, and 21.4% were 8 years and above. In addition, it was stated that 39.3% of the participants were only during the day, 42.2% were shifted, and 18.5% only worked at night. It was found that 19.1% of the participants considered leaving, and 80.9% did not intend to leave their jobs.

The compassion fatigue scale, its sub-dimensions used in the study, and the mean and standard deviation values of the intention to leave the job are given. It was observed that the levels of secondary trauma (1.86 ± 0.683), job burnout (2.04 ± 0.729), compassion fatigue (1.97 ± 0.641), and intention to leave work (2.17 ± 1.10) of the nurses participating in the study were low.

Compassion fatigue and intention to leave work were subjected to validity and reliability analysis. The Cronbach's alpha reliability coefficient of the compassion fatigue scale was calculated as 0.86, and the reliability values for the sub-dimensions were calculated as 0.71 for secondary trauma and 0.84 for job burnout. The scale's Kaiser-Meyer Olkin (KMO) coefficient is 0.88, indicating the perfect sample size. The Barlett Test of Sphericity result is significant ($x2=775.35$; $p=.000$). The total variance explained was 51.319% (Table 1). The Turkish validity and reliability of the scale were determined by Dinç and Ekinci (2019) as 0.87; the secondary trauma sub-dimension was determined as 0.74, and the job burnout sub-

dimension as 0.85. Also, the KMO value is 0.85; Barlett's Test of Sphericity value x2=700.090; p=.000 was determined.

Table 1: Compassion Fatigue Short Scale Validity and Reliability Analysis

Kaiser-Meyer-Olkin Measure of Sampling Adequacy			0.88
Barlett's Test of Sphericity		Approx. Chi-Square	775.358
		Df	78
		Sig.	0.00
Total Variance	51.319	Cronbach's Alpha	0.86

	Factor Loads	Explained Variance	Cronbach's Alpha
Secondary Trauma			
When I have a traumatic experience with a patient, I lose sleep.	0.75		
I have had disturbing thoughts, especially after working with difficult patients.	0.72		
I have troublesome dreams similar to those experienced by my patients.	0.70	28.633	0.71
I suddenly and involuntarily recall a terrible experience I had while working with a patient.	0.61		
I sometimes recall past situations related to my patients.	0.46		
Job Burnout			
I feel trapped by my job.	0.80		
As a result of being a healthcare worker, I often feel tired, weak or exhausted.	0.77		
I have felt depressed because of my job.	0.73		
I feel worthlessness, disappointment, or anger about my job.	0.72	22.686	0.84
I think that I have not been successful in reaching my goals in life.	0.70		
I sometimes feel hopeless because of working with patients.	0.66		
I feel unsuccessful in separating my work from my private life.	0.62		
I feel like I have "failed" at my job.	0.50		

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The Cronbach alpha value of the Intention to Leave Work Scale was 0.92, and the total variance explained was 82.428%. Since the KMO value of the scale was calculated as 0.84, it was determined that the sample adequacy was perfect, and the Bartlett sphericity test was significant (Table 2). Tanrıöver (2005), who made validity and reliability in Turkish, calculated the Cronbach alpha reliability of the answers given to the items in the intention to leave work scale as 0.93.

Table 2: Intention to Leave Work Scale Validity and Reliability Analysis

Kaiser-Meyer-Olkin Measure of Sampling Adequacy			0.84
Barlett's Test of Sphericity		Approx. Chi-Square	586.153
		Df	6
		Sig.	0.00
Total Varience	82.428	Cronbach's Alpha	0.92
Items		**Factor Loads**	
I've been thinking about leaving my job more often lately.		0.94	
I'm thinking of leaving my job.		0.93	
I am actively looking for a new job.		0.89	
If I had the opportunity, I would leave my job.		0.85	

Table 3 shows whether there is a significant difference between the levels of compassion fatigue and sub-dimensions and the intention to leave work of the nurses in the study in terms of socio-demographic variables. Accordingly, no statistical difference was found according to the nurses' gender, age, marital status, income level, working time in the profession and unit, and working style (p>.05). It was concluded that the nurses who did not have children had a high level of professional burnout and intention to leave work (p<.05). According to the analysis result, there was a significant difference in the extent of job burnout and compassion fatigue in terms of the units they worked in (p<.05). Job burnout and compassion fatigue levels of nurses working in intensive care and operating room departments were high. A statistically significant difference was found between the educational status variable of the participants, compassion fatigue and its sub-dimensions, and intention to leave work. It was concluded that secondary trauma, job burnout, compassion fatigue, and intention to leave work were higher in nurses with postgraduate education. The participants' thinking about leaving work showed a significant difference in terms of compassion fatigue and dimensions and their intention to leave work. Nurses considering leaving the job have higher levels of secondary trauma, job burnout, compassion fatigue, and intention to leave work.

Table 3: Examining the Differences of the Participants According to Various Variables

Variables	Secondary Trauma	Job Burnout	Compassion Fatigue	Intention To Leave Work
Gender				
Women	1.9188	2.0417	1.9944	2.1322
Men	1.6743	2.0429	1.9011	2.3357
	t:0.001	t:0.001	t:0,216	t:0.833
	p= .059	p=.993	p=.444	p=.333
Age				
21-24 years	1.8640	2.2000	2.0708	2.3650
25-27 years	2.0381	2.1161	2.0861	2.2381
28-33 years	1.6900	1.9063	1.8231	1.8500
≥34 years	1.8780	1.9055	1.8949	2.1890
	F:1.797	F:1.895	F:1.775	F:1.708
	p=.150	p=.132	p=.154	p=.167
Marital Status				
Single	1.8624	2.1075	2.0132	2.2446
Married	1.8775	1.9656	1.9317	2.0906
	t: 0.859	t: 1.100	t:0.935	t:0.002
	p=.885	p=.203	p=.406	p=.363
Child Status				
Yes	1.8986	1.8714	1.8818	1.9493
No	1.8500	2.1550	2.0377	2.3221
	t:1.287	t:3.919	t:1.940	t:5.093
	p=.649	**p=.008**	p=.118	**p=.023**
Income Status				
≤5000 TL	1.7577	2.0433	1.9334	2.3077
5001-9999 TL	1.8714	1.9821	1.9396	1.9107
10000-12000 TL	1.9105	2.0954	2.0243	2.2105
≥12001 TL	1.9707	2.0518	2.0206	2.2378
	F:0.806	F:0.162	F:0.256	F:1.106
	p=.492	p=.922	p=.857	p=.348
Educational Status				
Health Professional High School	1.8039	1.9951	1.9216	1.7857
Associate Degree	1.8513	2.1538	2.0375	2.0441
Undergraduate	1.6000	1.7536	1.6945	2.2604
Postgraduate	2.1500	2.2109	2.1875	2.5833
	F:4.994	F:3.172	F:4.484	F:3.712
	p=.002	**p=.026**	**p=.005**	**p=.013**

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Table 3 continuing: Examining the Differences of the Participants According to Various Variables

Variables	Secondary Trauma	Job Burnout	Compassion Fatigue	Intention To Leave Work
Working Time in the Profession				
≤2 years	1.9190	2.0536	2.0018	2.2440
3-5 years	1.8122	2.1607	2.0267	2.1276
6-10 years	1.8190	2.0893	1.9853	2.2500
≥11 years	1.9400	1.8344	1.8750	2.0750
	F:0.402	F:1.591	F:0.454	F:0.254
	p=.752	p=.194	p=.715	p=.858
Worked Unit				
Surgical	1.8615	1.9968	1.9448	2.1346
Intensive Care and Operating Room	1.9719	2.2598	2.1490	2.3477
Emergency	1.7484	1.8185	1.7916	2.0403
Service	1.8051	1.9071	1.8679	2.0321
	F:0.918	F:3.511	F:2.899	F:0.904
	p=.434	**p=.017**	**p=.037**	p=.440
Working Time in the Unit				
≤1 years	1.8140	1.9452	1.8947	1.9518
2-3 years	1.8100	2.0969	1.9865	2.3375
4-5 years	2.0414	2.2845	2.1910	2.3448
≥6 years	1.8809	1.9628	1.9313	2.1968
	F:0.838	F:1.682	F:1.483	F:1.300
	p=.475	p=.173	p=.221	p=.276
Way of Working				
Only during the day	1.8794	2.0018	1.9548	2.1581
Shift	1.9068	2.0651	2.0042	2.2979
Only Night	1.7625	2.0742	1.9543	1.9219
	F:0.505	F:0.169	F:0.125	F:1.299
	p=.605	p=.845	p=.883	p=.276
Considering to Leave Work				
Yes	2.0848	2.7500	2.4942	3.4773
No	1.8186	1.8750	1.8533	1.8661
	t:0.561	t:10.817	t:3.042	t:3.388
	p=.044	**p=.000**	**p=.000**	**p=.000**

Correlation analysis examined the correlations between the compassion fatigue scale and its sub-dimensions and intention to leave work. As a result of the analysis, it was found that there was a positive correlation between compassion fatigue and intention to leave work (r=0.61; p<.01). Compassion fatigue scale and its sub-dimensions (r=0.82) (r=0.94), secondary trauma and job burnout (r=0.59), secondary trauma and intention to leave work (r= 0.35), job burnout and intention

to leave work (r= 0.67) were found to be statistically positive and significant (Table 4).

Table 4: Correlation Between Compassion Fatigue and Its Sub-Dimensions and Intention to Leave Work

	Secondary Trauma	Job Burnout	Compassion Fatigue	Intention To Leave Work
Secondary Trauma	1	0.59[**]	0.82[**]	0.35[**]
Job Burnout		1	0.94[**]	0.67[**]
Compassion Fatigue			1	**0.61[**]**
Intention To Leave Work				1

**The correlation is significant at the 0.01 level (2-way).

After discussing the relationships between the scales used in the study, regression analysis was performed to measure the effect of scales and sub-dimensions. The model dealing with compassion fatigue's effect on intention to leave work is statistically significant (F=105.796; p=.000). It was observed that the compassion fatigue of the nurses included in the study positively affected their intention to leave work (β = 0.61). Compassion fatigue has a 38.2% effect on explaining the intention to leave work. Another finding is that the model measuring the effects of secondary trauma and job burnout on intention to leave work is significant (F=25.075, p=.000; F=142.209, p=0.000). Secondary trauma positively affects intention to leave work (β=0.35); the total variance explained is 12.8%. Job burnout has a positive effect (β=0.67) on intention to leave work. The predictive effect described was found to be 45.4% (Table 5).

Table 5: The Effect of Compassion Fatigue on Intention to Leave Work

Dependent Variable	Independent Variables	Non-Standardized Values		Standardized Values	t	p	R	R²	F	p
		B	SH	Beta						
Secondary Trauma	Constant	1.38	0.10		12.918	.000	0.358	0.128	25.075	.000
	Intention to Leave Work	0.22	0.04	0.35	5.007	.000				
Job Burnout	Constant	1.07	0.09		11.860	.000	0.674	0.454	142.209	.000
	Intention to Leave Work	0.44	0.03	0.67	11.925	.000				
Compassion Fatigue	Constant	1.19	0.08		14.096	.000	0.618	0.382	105.796	.000
	Intention to Leave Work	0.35	0.03	0.61	10.286	.000				

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4. Discussion

The study examined compassion fatigue and intention to leave in health care nurses in terms of socio-demographic variables. In addition, the relationship between compassion fatigue and intention to leave work of the nurses participating in the study was examined, the effect of compassion fatigue on turnover was observed, and the findings were discussed in line with the literature. Within the scope of the research, nurses' compassion fatigue and intention to leave work were low. The studies discussed in the literature reported that nurses experienced a low level of compassion fatigue (Chen, Tsai, Lu, Lin, Lu, and Wang, 2017; Mooney, Fetter, Gross, Rinehart, Lynch, and Rogers, 2017). In addition, studies indicating nurses' intention to leave their work at a low level were found in the literature (Liou and Cheng, 2010; Lynn and Redman, 2005).

When the results of the difference analysis were examined in terms of the socio-demographic characteristics of the nurses, nurses working in intensive care and operating room units had high levels of compassion fatigue and job burnout. Similarly, studies conducted by Young et al. (2011) and Maiden et al. (2011) found that intensive care nurses experience more compassion fatigue (Maiden, Georges, and Connelly, 2011; Young, Derr, Cicchillo, and Bressler, 2011). Nurses working in these units face too many adverse situations (pain, death, etc.). Compassion fatigue develops (Todaro-Franceschi, 2013). Studies have reported that nurses working in oncology (Yu, Jiang, and Shen, 2016), emergency services (Hooper, Craig, Janvrin, Wetsel, and Reimels, 2010), and pediatric intensive care units (Branch and Klinkenberg, 2015) experience more compassion fatigue.

Nurses who do not have children have high levels of job burnout and intention to leave work. Participants with children had low levels of turnover from work since they assumed the responsibility of providing for their families and wanted to provide a good standard of living for their children (Almalki, Fitz, and Michele, 2012). In addition, it was observed that the job burnout of the nurses who did not have children was higher than that of those who had children. This can be thought of as nurses with children taking care of their children increasing their social support, thus reducing their job burnout. Another finding in the study was that there was a significant difference between the education level of the participants and compassion fatigue, secondary trauma, job burnout, and intention to leave work. According to the analysis result, it was found that nurses with postgraduate education had more compassion fatigue and sub-dimensions (secondary trauma, job burnout) and intention to leave work. In the study conducted by Sacco and colleagues on intensive care nurses, compassion fatigue was high in those with postgraduate education (Sacco, Ciurzynski, Harvey, and Ingersoll, 2015). Nogueras (2006) concluded that nurses with higher levels of education have higher intentions to leave their work (Nogueras, 2006). Selçuk and Seren (2024) found that nurses

with postgraduate education have higher intentions to leave their work (Selçuk and Seren, 2024).

High career and suitable working conditions and expectations of graduate-educated nurses are effective in their intention to leave work. The average of secondary trauma, job burnout, and compassion fatigue among the nurses participating in the study was found to be significantly higher in those considering quitting their jobs. Similar findings were obtained in the study of Kelly et al. (2015) and Maiden et al. (2011). Nurses with compassion fatigue show a decreased willingness and ability to provide care. She/He considers leaving due to the occurrence of medical errors, patient satisfaction, and decreased quality of medical care (Alan, 2018). Likewise, it has been determined that the intention to leave the work will emerge in those considering quitting their job. This situation can be explained by the fact that the working conditions and expectations of the employees are not met, and the intention to leave the work will result from the negative situations encountered.

According to another result obtained from this study, there was a significant and positive relationship between compassion fatigue and sub-dimensions and intention to leave work nurses. In addition, it was concluded that compassion fatigue affects the intention to leave, and as the level of compassion fatigue increases, the intention to leave increases. This finding was consistent with studies on nurses in Korea (Sung, Seo, and Kim, 2012) and China (Cao and Chen, 2021). The study conducted by Moç (2023) on nurses found that compassion fatigue had a positive and statistically significant effect on the intention to leave work. In addition, in two different studies conducted among nurses, it was determined that violence in the work environment caused compassion fatigue, and this situation revealed the intention to leave work (Choi and Lee, 2017). Another study observed that compassion fatigue and burnout increased the intention to leave work among nurses during COVID-19 (Christianson, Johnson, Nelson, and Singh, 2023). Studies have found that compassion fatigue has a significant predictive effect on intention to leave work.

Nurses who are with individuals who experience adverse health conditions (death, distress, etc.) for a long and continuous period experience negative emotions such as not enjoying their work, lack of empathy, desensitization, stress, anger, and burnout. Emotional and psychological difficulties cause compassion fatigue to develop. Compassion fatigue can negatively affect patient care and make decision-making difficult. It can cause indifference toward patients and increase the risk of errors and accidents due to increased carelessness (Jenkins and Warren, 2012). As a result of the negative consequences experienced, compassion fatigue negatively affects the professional competence of nurses, decreasing the quality of care and increasing their intention to leave work (Pang, Dan, Jung, Bae, and Kim, 2020). This situation has many adverse effects on individual, organizational, and societal levels. When evaluated in terms of health institutions, it can cause the quality of

service to be negatively affected and institutional performance to decrease, and it can make it challenging to provide care services efficiently and effectively.

5. Conclusion

As a result of compassion fatigue, the quality and quantity of patient care decrease, patient safety is negatively affected, and the job satisfaction of nurses decreases, leading to their intention to leave their work (Wells-English, Giese, and Price, 2019). Thus, leaving the work of nurses in the health institution may increase the workload and stress among the nurses, bring additional financial burdens (hiring, training, etc.), and decrease the efficiency and productivity of the institution. In this respect, examining the reasons that cause nurses' compassion fatigue can be suggested.

In healthcare institutions, managers can comprehensively review institutional policies and procedures to reduce compassion fatigue and intentions to leave work. Psychosocial support groups and units can be established where nurses can share their positive and negative feelings. In this context, psychological counseling services can be provided to nurses in cooperation with experts for stress management. In addition, a positive work environment can be created to increase nurses' motivation. Various activities can be carried out, including balanced planning of working hours and reducing employees' workload. Institutional support and recognition mechanisms can be strengthened in healthcare institutions. Reward and recognition programs can be organized to reward nurses' efforts and successes. Health managers can develop regular and constructive feedback mechanisms for their employees by ensuring the support of senior management. Meetings that support healthy and open communication can be organized to combat these problems. A communication environment can be created where employees can express their demands and problems openly. Healthcare managers should keep their employees in the institution, communicate with the staff, and organize more educational information meetings on compassion fatigue. It should not be forgotten that individual efforts (spending quality time, proper nutrition, adequate sleep, acquiring hobbies such as traveling and sports, participating in social activities, exercising, etc.) are also important in reducing compassion fatigue. As a result, it is thought that thanks to holistic activities, nurses' work stress and compassion fatigue will decrease, and therefore, their intention to leave work will decrease.

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