



ORIGINAL ARTICLE

Investigation of the Relationship Between Compassion Fatigue and Ethical Attitudes in Intensive Care Nurses

Yoğun Bakım Hemşirelerinde Merhamet Yorgunluğu ile Etik Tutum Arasındaki İlişkinin İncelenmesi

Emre BİLGÜCÜ , Durdane YILMAZ GÜVEN 

¹Nursing Science, Graduate Education Institute, Karabük University

²Nursing Department, Faculty of Health Sciences, Karabük University

Correspondence

Durdane YILMAZ GÜVEN
Hemşirelik Bölümü, Sağlık Bilimleri
Fakültesi, Karabük Üniversitesi

E-Mail: durdanegüven@karabuk.edu.tr

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ABSTRACT

Aim: This study was conducted to examine the relationship between compassion fatigue and ethical attitudes among nurses working in intensive care units.

Methods: The research is a descriptive, correlational and cross-sectional study. This research was conducted at Karabük Training and Research Hospital between December 2024 and January 2025 with the voluntary participation of 103 nurses. The data of the study were collected using the Nurse Identification Form, the Compassion Fatigue Brief Scale, and the Ethical Attitude in Nursing Care Scale.

Results: In the study, the total mean score of the Compassion Fatigue Brief Scale was found to be 56.91±17.55, and the total mean score of the Ethical Attitude in Nursing Care Scale was found to be 151.55±15.39. It was determined that there was no statistically significant relationship between the Compassion Fatigue Brief Scale and the Ethical Attitude in Nursing Care Scale.

Conclusions: Compassion fatigue levels were found to be below average among intensive care nurses. In addition, ethical attitude levels in nursing care were found to be high. Various measures need to be taken to ensure that intensive care nurses maintain their commitment to ethical principles and reduce their level of compassion fatigue.

Keywords: Compassion fatigue, ethic, intensive care, nurse.

ÖZ

Amaç: Bu çalışma yoğun bakım ünitelerinde çalışan hemşirelerde merhamet yorgunluğu ve etik tutum arasındaki ilişkiyi incelemek amacıyla yapılmıştır.

Gereç ve Yöntemler: Araştırma tanımlayıcı, ilişki arayıcı ve kesitsel tipte bir çalışmadır. Bu araştırma Karabük Eğitim ve Araştırma Hastanesinde Aralık 2024 – Ocak 2025 tarihleri arasında 103 hemşirenin gönüllü katılımıyla gerçekleştirilmiştir. Araştırmanın verileri; Hemşire Tanıtım Formu, Merhamet Yorgunluğu Kısa Ölçeği ve Hemşirelik Bakımında Etik Tutum Ölçeği ile toplanmıştır.

Bulgular: Çalışmada, Merhamet Yorgunluğu Kısa Ölçeği toplam puan ortalaması 56,91±17,55, Hemşirelik Bakımında Etik Tutum Ölçeği toplam puan ortalaması ise 151,55±15,39 olarak bulunmuştur. Merhamet Yorgunluğu Kısa Ölçeği ile Hemşirelik Bakımında Etik Tutum Ölçeği arasında istatistiksel olarak anlamlı bir ilişkinin olmadığı belirlenmiştir.

Sonuçlar: Yoğun bakım hemşirelerinde merhamet yorgunluğu düzeyinin ortalamasının altında olduğu görülmüştür. Ayrıca hemşirelik bakımında etik tutum düzeyleri de yüksek olarak bulunmuştur. Yoğun bakım hemşirelerinin etik ilkelere bağlılıklarını sürdürebilmeleri ve merhamet yorgunluğu düzeylerinin azaltılması için çeşitli önlemlerin alınması gerekmektedir.

Anahtar Kelimeler: Etik, hemşire, merhamet yorgunluğu, yoğun bakım.

Introduction

Intensive care units, which aim to support and treat individuals with critical illnesses, are units with advanced technological equipment, where vital parameters are monitored 24 hours a day, and where services are provided with a multidisciplinary approach [1, 2]. The intensive care nurse is a health professional who is the first to detect abnormal conditions in the patient and who must be able to make rapid decisions in emergencies, supports the patient and their family physically, psychologically and socially with preventive and rehabilitative practices, can meet complex patient care needs and has advanced problem-solving skills [3, 4].

Intensive care nurses approach patients with an empathic attitude, and compared to nurses in other care areas, they witness human difficulties and complex care needs, patients' pain, painful periods and end-of-life processes. This situation leads to the development of compassion fatigue in nurses [5, 6]. Compassion fatigue, first used by Joinson in 1992 for burnout in nurses, is expressed as the negative results of the phase of providing help to individuals who have experienced a shocking and scarring event, where burnout caused by secondary trauma and triggering elements coexist [7, 8]. This situation affects nurses emotionally, physically, spiritually and socially, causing a decrease in the professional performance of nurses, incorrect clinical decisions to be made and an increase in medical errors [9, 10] and nurses may experience ethical dilemmas. For this reason, nurses must have sufficient knowledge, technical skills and attitudes while providing care, and simultaneously be able to provide compassionate care and apply ethical principles [11].

Prolonged stress and emotional strain may impair nurses' ethical decision-making skills. Ethics is defined as a group of moral principles or values that regulate the actions of an individual or profession, aiming to do what is best and most correct [12, 13]. Planning nursing care in line with professional ethical principles and values is expressed as ethical attitude. In this direction, nursing shows the quality and holistic structure of the art of care [14, 15].

There are many factors that affect the ethical attitudes of intensive care nurses. It is estimated that one of these factors may be compassion fatigue because it causes many negative outcomes in nurses. For this purpose, the study aimed to determine the relationship between compassion fatigue and ethical attitudes in intensive care nurses.

The following questions were answered in the research:

- What is the level of compassion fatigue among nurses working in intensive care?
- What is the ethical attitude level of nurses working in intensive care?
- Is there a relationship between compassion fatigue and ethical attitudes among nurses working in intensive care units?
- Does compassion fatigue affect the ethical attitudes of intensive care nurses?

Materials and Methods

The research was conducted to examine the relationship between compassion fatigue and ethical attitudes among intensive care nurses; it is a cross-sectional, descriptive and correlational study.

The research was conducted in a training and research hospital in Karabük province between December 2024 and January 2025. The universe of the study consisted of 125 nurses working in the intensive care unit of the hospital where the study was conducted. No sample selection was made in the study, and all intensive care nurses who agreed to participate in the study were included in the sample. After the participants were informed about the study, the study was completed with 103 nurses who agreed to participate in the study. Data were collected through face-to-face interviews with intensive care nurses. The purpose of the study was explained to the participants, and they were told that they could leave the study at any time.

Data Collection Tools

Research data were collected using the Nurse Identification Form, the Compassion Fatigue Brief Scale, and the Ethical Attitude in Nursing Care Scale.

Nurse Introduction Form

The Nurse Introduction Form, prepared in line with the literature, consists of 11 questions including sociodemographic and professional characteristics [1, 14, 16, 17].

Compassion Fatigue Brief Scale

The scale was developed by Adams et al. (2006). The scale has 10 items. The items are rated on a Likert-type scale between "1 (Rarely/Never)" and 10 "Very Often". The scale consists of two sub-dimensions: "Secondary Trauma" and "Occupational Burnout." Cronbach's Alpha coefficients of the sub-dimensions of the scale vary between 0.80 and 0.90, indicating adequate internal reliability. The lowest score that can be obtained from the scale is 13 and the highest score is 130. As the scores obtained increase, the level of perceived compassion fatigue also increases. The Turkish validity and reliability study was conducted by Dinç and Ekinci (2019); in the study, the Cronbach alpha coefficient of the Compassion Fatigue Scale Short Form was found to be 0.876; 0.748 in the Secondary Trauma sub-dimension and 0.852 in the Occupational Burnout sub-dimension. In this study, while the Cronbach's alpha coefficient of the Compassion Fatigue Scale Short Form was found to be 0.710, the Cronbach's Alpha coefficients of the Secondary Trauma and Occupational Burnout sub-dimensions were found to be 0.781 and 0.824, respectively [18].

Ethical Attitude Scale in Nursing Care

This scale, developed by Özçiftçi in 2020, contains 34 items and has a 5-point Likert-type measurement system (1: Strongly Disagree, 2: Disagree, 3: Undecided, 4: Agree, 5: Strongly Agree). An increase in the total score obtained from the scale indicates that the ethical attitude increases positively, and a decrease

in the total score indicates that the ethical attitude increases negatively. The lowest and highest scores on the scale vary between 34 and 170. The Cronbach Alpha coefficient of the scale is 0.96, and in this study, it was found to be 0.939 (Özçiftçi, 2020).

Analysis of Data

SPSS 27 (IBM) statistical package program was used to analyze the data. Mean, standard deviation, frequency and percentage distributions for the descriptive characteristics of the nurses are presented. The normality distributions of the Compassion Fatigue-Short Scale and Ethical Attitudes in Nursing Care Scale scores of the intensive care nurses were evaluated with skewness and kurtosis values. Independent Sample t test was used to compare data with two categories with quantitative data, and One Way ANOVA test was used to compare data with more than two categories with quantitative data. The relationship between quantitative data was evaluated with Pearson Correlation Analysis. Regression analysis was used to examine the factors affecting the dependent variable. The internal consistency of the scales used in the study was evaluated with the Cronbach Alpha coefficient. The data were tested at a significance level of $p < 0.05$.

Ethical considerations:

Permission was obtained via mail from the authors who conducted a valid safety study for the scales used in the study. Before starting the research, ethics committee approval was obtained from the Karabuk University Non-Interventional Research Ethics Committee dated 02.12.2024 and numbered E-77192459-050.99-392811. In order to conduct the research, institutional permission was obtained from Karabuk University Training and Research Hospital (dated 25.12.2024, numbered E-34771223-774.99-263532084). Informed consent was obtained from the nurses who participated in the study.

Limitations of the Study

This research is limited to intensive care nurses of Karabuk Training and Research Hospital. The fact that the research results are valid for this research group and cannot be generalized is a limitation of the research. Patients were evaluated after approval was obtained Ethics Committee (Decision No: E-77192459-050.99-392811). The study was conducted under the principles of the Declaration of Helsinki.

Results

The mean age of the intensive care nurses participating in the study was 31.73 ± 6.01 ; 73.8% were female. It was determined that 76.7% of the nurses had a bachelor's degree, 30.1% worked in surgical intensive care, and 96.1% worked day and night. The average length of service of nurses in the profession was determined as 9.32 ± 6.69 years, length of service in the current institution was 6.16 ± 5.12 years, length of service in the current unit was 4.75 ± 4.28 years, and weekly working hours were 46.89 ± 7.62 hours. It was determined that 83.5% of the nurses had previously received training on ethical approaches, and 46.5% received training on ethical approaches from the hospital (Table 1).

Table 1. Distribution of descriptive characteristics of intensive care nurses (n=103).

Age (Mean \pm SD)		31.73 \pm 6.01	
		n	%
Gender	Female	76	73.8
	Male	27	26.2
Level of education	High school/Associate degree	11	10.7
	Undergraduate	79	76.7
	Master's degree	13	12.6
Unit of Assignment	Level 1 general intensive care unit	9	8.7
	Level 2 general intensive care unit	10	9.7
	Surgical intensive care unit	31	30.1
	Medical intensive care unit	31	30.1
	Coronary intensive care unit	13	12.6
Working method	Cardiovascular surgery intensive care unit	9	8.7
	Daytime	4	3.9
	Daytime/ Night	99	96.1
	Status of receiving training on ethical approaches	Yes	86
No		17	16.5
Where he received training on ethical approaches	Hospital	40	46.5
	University	36	41.9
	Hospital and University	10	11.6
Professional working time (Mean \pm SD)		9.32 \pm 6.69	
Length of time working in the current institution (Mean \pm SD)		6.16 \pm 5.12	
Working hours in the current unit (Mean \pm SD)		4.75 \pm 4.28	
Weekly working hours (Mean \pm SD)		46.89 \pm 7.62	

The mean score of the intensive care nurses on the Compassion Fatigue-Short Scale was 56.91 ± 17.55 ; the mean score on the Secondary Trauma sub-dimension was 20.53 ± 8.02 ; and the mean score on the Professional Burnout sub-dimension was 36.38 ± 12.06 . The mean score of the nurses on the Ethical Attitude in Nursing Care Scale was determined as 151.55 ± 15.39 (Table 2).

Table 2. Mean scores of intensive care nurses on Compassion Fatigue-Short Scale and Ethical Attitudes in Nursing Care Scale (n=103).

	Mean \pm SD	Min	Max	Cronbach's Alpha
Compassion Fatigue-Short Scale	56.91 \pm 17.55	13	97	0.710
Secondary Trauma	20.53 \pm 8.02	5	38	0.781
Occupational Burnout	36.38 \pm 12.06	8	65	0.824
Ethical Attitude Scale in Nursing Care	151.55 \pm 15.39	102	182	0.939

The comparison of the descriptive characteristics of the nurses and the mean scores of the Compassion Fatigue-Short Scale and the Ethical Attitude in Nursing Care Scale are presented in Table 3. Accordingly, the mean score of the Ethical Attitude in Nursing Care Scale of nurses working day and night was found to be significantly lower than those working continuously during the day ($p < 0.001$) (Table 3).

Table 3. Comparison of descriptive characteristics of nurses and mean scores of Compassion Fatigue-Short Scale and Ethical Attitude in Nursing Care Scale (n=103).

	Compassion Fatigue-Short Scale	Secondary Trauma	Occupational Burnout	Ethical Attitude Scale in Nursing Care
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
Gender				
Female	58.01±17.85	21.24±8.36	36.78±12.01	151.93±13.22
Male	53.81±16.6	18.56±6.72	35.26±12.37	150.48±20.58
t	1.068	1.501	0.560	0.342
p	0.288	0.136	0.577	0.734
Level of education				
High school/ Associate degree	57.91±22.93	19.91±10.77	38±14.57	154.09±14.75
Undergraduate	56.9±16.72	20.59±7.75	36.3±11.73	150.51±16.01
Master's degree	56.15±19.01	20.69±7.73	35.46±12.73	155.77±11.6
F	0.029	0.037	0.136	0.817
p	0.971	0.963	0.873	0.445
Unit of Assignment				
Level 1 general intensive care unit	54.22±23.97	18.78±8.36	35.44±16.73	159.89±13.97
Level 2 general intensive care unit	52.7±17.36	19.9±9.29	32.8±10.03	153.2±15.32
Surgical intensive care unit	56.84±15.26	19.23±7.38	37.61±12.15	146.81±17.03
Medical intensive care unit	59.71±19.33	21.61±8.98	38.1±12.31	153.55±14.53
Coronary intensive care unit	54.23±15.33	21.46±7.83	32.77±9.49	153.54±13.16
Cardiovascular surgery intensive care unit	58.78±17.61	22.44±5.81	36.33±12.2	148±14.76
F	0.384	0.500	0.598	1.411
p	0.859	0.775	0.701	0.227
Working method				
Daytime	64.25±16.76	24.5±4.65	39.75±12.28	168.25±2.06
Daytime / Night	56.62±17.6	20.37±8.1	36.24±12.1	150.88±15.32
t	0.852	1.009	0.568	9.372
p	0.396	0.315	0.571	<0.001
Status of receiving training on ethical approaches				
Yes	57.4±18	20.88±8.14	36.51±12.43	151.66±15.72
No	54.47±15.3	18.76±7.37	35.71±10.29	151±14.04
t	0.626	0.995	0.251	0.161
p	0.533	0.322	0.803	0.872
Where he received training on ethical approaches				
Hospital	56.7±18.58	19.63±8.09	37.08±13.64	152.73±14.63
University	57.03±18.47	21.19±7.75	35.83±12.24	151.44±16.37
Hospital and University	61.5±14.71	24.8±9.16	36.7±8.17	148.2±18.57
F	0.292	1.690	0.094	0.332
p	0.747	0.191	0.911	0.718

t: Independent Sample t Test, F: One Way ANOVA, p<0.05

No significant difference was found between the Compassion Fatigue-Short Scale and the Ethical Attitude in Nursing Care Scale of the nurses and their gender, level of education, the unit they work in, whether they have received training on ethical issues before, and the place where they received training on ethical issues (p>0.05) (Table 3).

It was determined that there was a weak negative significant relationship between the age and working experience of nurses and the Occupational Burnout sub-dimension (p<0.05). In addition, a weak negative significant relationship was found between weekly working hours and Secondary Trauma (p=0.027) (Table 4).

Table 4. The relationship between nurses' age, work experience, weekly working hours and Compassion Fatigue-Short Scale and Ethical Attitudes in Nursing Care Scale (n=103).

		Compassion Fatigue-Short Scale	Secondary Trauma	Occupational Burnout	Ethical Attitude Scale in Nursing Care
Age	r	-0.090	-0.105	-0.206	0.018
	p	0.367	0.289	0.037	0.853
Professional working time	r	-0.090	-0.038	-0.219	0.037
	p	0.365	0.702	0.026	0.711
Length of time working in the current institution	r	-0.095	0.014	-0.174	0.043
	p	0.341	0.891	0.079	0.665
Working hours in the current unit	r	-0.079	-0.013	-0.146	0.032
	p	0.430	0.899	0.142	0.749
Weekly working hours	r	-0.102	-0.217	-0.128	0.082
	p	0.306	0.027	0.198	0.412

r: Pearson Correlation Analysis, p<0.05

It was observed that there was no significant relationship between the Compassion Fatigue-Short Scale applied to nurses and the Ethical Attitude in Nursing Care Scale (p>0.05) (Table 5).

Table 5. The relationship between the Compassion Fatigue-Short Scale applied to nurses and the Ethical Attitude in Nursing Care Scale (n=103).

		Ethical Attitude Scale in Nursing Care
Compassion Fatigue-Short Scale	r	-0.047
	p	0.636
Secondary Trauma	r	0.068
	p	0.494
Occupational Burnout	r	-0.114
	p	0.251

r: Pearson Correlation Analysis, p<0.05

Examining the effect of the Nurses' Ethical Attitude in Nursing Care Scale on the Compassion Fatigue-Short Scale, it was found that there was no significant effect (p>0.05) (Table 6).

Table 6. The effect of the Nursing Care Ethical Attitude Scale applied to nurses on the Compassion Fatigue-Short Scale (n=103).

	B	Std. Error	Beta	t	p
Constant	65.077	17.261		3.770	<0.001
Ethical Attitude Scale in Nursing Care	-0.054	0.113	-0.047	-0.475	0.636

Dependent variable: Compassion Fatigue-Short Scale, R=0.047 R2=0.002 F=0.226 p=0.6

Discussion

In this study, the relationship between compassion fatigue levels of intensive care nurses and their ethical attitudes in nursing care was investigated, and the results were discussed with other studies in the literature. In the study, it was determined that the compassion fatigue levels of intensive care nurses were below average (56.91 ± 17.55). Similar to the findings of our research, in a study conducted by Polat & Çevik Kaya [9], it was found that nurses' compassion fatigue score was below the average (58.86 ± 24.38). In a study conducted by Diğın et al. [19], the compassion fatigue score of surgical nurses was found to be below the average (48.7 ± 20.8). Similarly, in our study, the compassion fatigue score of surgical intensive care nurses was found to be below the average (56.84 ± 15.26). In the study conducted by Korkmaz & Okgün Alcan [10], it was found that the compassion fatigue score of intensive care nurses was at an average value (62.29 ± 23.44). In the meta-analysis study conducted by Xie [20], it was found that nurses experienced moderate compassion fatigue. In our study, parallel to the literature, it was observed that intensive care nurses experienced low levels of compassion fatigue. Factors such as nurses' short intensive care working hours, high job satisfaction, development of effective coping mechanisms, and low average age are thought to affect the level of compassion fatigue.

In our study, it was determined that the level of ethical attitude in nursing care of nurses working in intensive care was high (151.55 ± 15.39), and it can be said that they exhibit positive ethical attitude in nursing care, are respectful to patient rights and adhere to ethical principles. The fact that 76.7% of the intensive care nurses participating in the study had a bachelor's degree and 12.6% had a master's degree, the high number of nurses who received training in ethics (83.5%), and the high number of young nurses may have affected the high level of ethical attitudes. In a study conducted by Erkuş Küçükkelepçe & Çoşkun Palaz [21], the ethical attitude levels of intensive care nurses were found to be high (150.35 ± 30.53). Similarly, in the study conducted by Özyer Güvener & Özcan [15], the ethical attitude scores of nurses were found to be high (151.79 ± 19.49). In another study conducted by Yılmaz et al. [22], the ethical attitudes of nurses working in surgical clinics were found to be high (149.98 ± 11.90). Similarly, in our study, the ethical attitudes of surgical intensive care nurses were found to be high (146.81 ± 17.03). Contrary to some previous studies, the ethical attitude levels of nurses were found to be low in the studies conducted by Işık et al. [23] and Özpelit Kavak [24] (56.48 ± 15.98 ; 67.00 ± 30.74 , respectively). In this respect, it can be said that the unit worked in, personal values, training received and working conditions affect the level of ethical attitude.

In our study, the relationship between the ethical attitudes of intensive care nurses and their compassion fatigue levels was examined. According to the findings, no statistically significant relationship was found between these two variables ($p > 0.05$). This can be considered as a meaningful result

considering the strong ethical foundations and professional commitment of the nursing profession. Despite working in a highly stressful and emotionally draining field, critical care nurses maintain their commitment to ethical principles. The fact that no significant deterioration was observed in ethical attitudes reveals how strongly the professional values of the nursing profession have been internalized. Nurses view basic ethical principles such as respect for patient rights, justice, autonomy and non-maleficence [25] as an integral part of their professional roles. Consequently, even when they are experiencing emotional exhaustion, they tend to maintain their ethical responsibilities to the individuals they care for.

In the study, it was determined that the levels of ethical attitudes in nursing care of intensive care nurses who worked only during the day were higher than those of nurses who worked on shifts during the day and night ($p < 0.001$). This finding suggests that nurses' working arrangements may be related to environmental and physiological factors that may affect their ethical attitudes. Nurses working on shifts may experience sleep disturbances, physical fatigue, and distraction due to irregular sleep hours; this may negatively affect intensive care nurses' ability to focus on ethical principles during professional practice. On the other hand, the fact that nurses who work only during the day have a more regular life rhythm, receive more social support, and communicate more effectively with their teammates may be among the factors that positively affect their ethical attitudes. However, different results can be found in the literature on this subject. For example, in the study conducted by Cirban Ekrem et al. [17], it was reported that nurses working on shifts had higher ethical attitude levels compared to nurses working only at night or only during the day. This finding can be interpreted as nurses working on shifts gaining more diverse professional experience by encountering different patient groups over extended periods of time, which may increase their ethical awareness. However, in the study of Hamarat Tuncalı [26], it was determined that nurses who work continuously at night have lower ethical attitude levels compared to other working arrangements. This result can be explained by factors such as nurses working at night having more physical and psychological strain, lack of communication, and limited team support. The contradictory findings regarding the effects of different work arrangements on ethical attitudes necessitate a more in-depth investigation of this issue with various samples. It should not be forgotten that ethical attitude is closely related not only to individual factors but also to institutional factors, communication with the team, and environmental dynamics [27]. Therefore, a multidimensional approach should be adopted in evaluating the impact of working hours on nurses' ethical decision-making processes.

In the study, it was determined that as the age and professional work experience of intensive care nurses increased, their professional burnout levels decreased ($p < 0.05$). In a study conducted by Demirci

[28], it was found that nurses in the 20–28 age group experienced more professional burnout than nurses in the 39–48 age group. It is thought that nurses' ability to develop coping strategies and support mechanisms with advancing age and professional experience has an impact on the results. In the study conducted by Dikyol [29], it was determined that the professional burnout scores of nurses with a professional working period of 6–10 years were higher than those of nurses with a professional working period of 5 years or less. These findings show that occupational burnout levels generally tend to decrease as age and experience increase; however, the observation of differences in this relationship in some studies reveals that burnout should be evaluated together with many individual and institutional factors, not just age and experience.

In our study, it was observed that secondary trauma levels decreased as weekly working hours of nurses increased ($p=0.027$). This suggests that increased working hours may play a protective role in coping with trauma by strengthening social ties and support mechanisms within the team. However, in the study conducted by Sezgin [30], contrary to this finding, it was determined that the increase in weekly working hours increased secondary trauma. These contradictory results show that variables such as sample differences and institutional conditions may be effective and indicate that the issue should be addressed multidimensionally.

Conclusion

In this study, the relationship between the level of compassion fatigue of intensive care nurses and the level of ethical attitudes in nursing care was examined. As a result of the research, no statistically significant relationship was found between compassion fatigue and ethical attitude. However, it was determined that as the age and professional experience of the nurses increased, their professional burnout levels decreased, and as their weekly working hours increased, their secondary trauma levels decreased. In addition, it was determined that nurses who work full-time during the day have higher ethical attitude levels compared to nurses who work on shifts during the day and night.

In line with the findings obtained; various measures should be taken to ensure that intensive care nurses maintain their commitment to ethical principles and reduce their levels of compassion fatigue. In this context, it is recommended to increase training programs that support the professional development of nurses, to implement structured mentoring systems under the guidance of experienced nurses, to strengthen social support within the team, and to ensure work-life balance by regulating working hours. In addition, a more in-depth investigation of the effects of the shift system on ethical attitudes and psychological well-being may contribute to the development of a more effective working model for healthcare institutions.

Conflict of interest

The authors declare no conflict of interest.

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