



Determining the Relationship Between Compassion Fatigue and Job Satisfaction and Burnout Levels in Physiotherapists

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Abstract

Aim: The aim of the study is to examine the relationship between compassion fatigue, job satisfaction and burnout levels in physiotherapists.

Material and Methods: A total of 147 physiotherapists were included in this cross-sectional study. Demographic information (age and gender), marital status, working year, field of study (neurological rehabilitation (pediatric rehabilitation, cardiopulmonary rehabilitation) and orthopedic rehabilitation (sports rehabilitation, prosthesis-orthotics rehabilitation)) and institution information (public, private) of the individuals were recorded. Compassion fatigue was evaluated with the Compassion Scale, job satisfaction was evaluated with the Job Satisfaction Scale, and the level of burnout was evaluated with the Maslach Burnout Inventory. Data were filled in by individuals online.

Results: A total of 147 physiotherapists, 40 male and 107 female, were included in the study. A positive significant correlation was found between the compassion scale and the job satisfaction scale ($r=0.261$, $p=0.001$). On the Maslach burnout inventory, there was a negative correlation between the Compassion Scale with emotional exhaustion ($r=-0.195$, $p=0.018$) and personal achievement score ($r=-0.270$, $p=0.001$), and a positive correlation with depersonalization ($r=0.413$, $p=0.000$). In addition, a significant difference was found in the Compassion Scale in terms of gender ($p=0.008$) and field of study ($p=0.044$).

Conclusion: In this study, in which compassion fatigue was evaluated for the first time in physiotherapists, it was determined that as compassion fatigue increased, job satisfaction decreased and exhaustion increased. At the same time, compassion fatigue is more common in male physiotherapists and physiotherapists working in neurology and pediatrics rehabilitation.

Keywords: Burnout, compassion fatigue, job satisfaction, physiotherapist

INTRODUCTION

Compassion is the feeling of sadness and pity that arises as a result of the individual being affected by bad and painful events (1). The individual puts himself in his place, adopts the same pain and dedicates himself to it, in order to help another individual for whom he is sad and pitying. When the literature is examined, it is seen that the motivation and job satisfaction of health workers who have an intense sense of compassion are also affected in the same way.

Motivation is the desire of the employee to do work. In order to be willing to work, the goals and objectives of the individual and the goals of the institution where he/she

works must be in the same direction. Job satisfaction, on the other hand, is the individual's sense of satisfaction with the institution he works for and the positive attitude that the individual develops towards his/her own job.

The health sector is a type of business that provides services to people who have lost their health and who want to protect themselves from the disease, by health workers. For health professionals working in the health sector, compassion is an indispensable feeling for the success of care and treatment of patients (2).

Compassion fatigue studies in the health sector were mostly carried out with nurses, and the scope was expanded by adding other health professionals to these studies (3). When the literature was searched, it was

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determined that emergency room nurses, intensive care and oncology nurses also participated in compassion fatigue studies (4,5). According to the results of the studies, nurses affected by compassion fatigue face many problems in terms of mental, emotional and physical aspects.

In this study, the concept of compassion and compassion fatigue and its symptoms were mentioned, and the concepts related to compassion fatigue were discussed. Then, the definition, importance and techniques of motivation and the concept and importance of job satisfaction are mentioned. The relationship between job satisfaction and the concept of motivation is emphasized.

Although compassion fatigue has been examined in different occupational groups working in the health sector, compassion fatigue of physiotherapists working in many different fields such as disabled individuals, intensive care patients, and elderly patients has not been evaluated. In addition, the relationship between physiotherapists' compassion fatigue and burnout level is unknown. The aim of the study is to examine the relationship between compassion fatigue and job satisfaction and burnout levels in physiotherapists.

MATERIAL AND METHOD

A total of 147 physiotherapists, including 40 men and 107 women, were included in this cross-sectional descriptive study. The inclusion criteria of the individuals were working physiotherapist, being between the ages of 18-65 and volunteering to participate in the study. Those who gave incomplete answers to the questionnaires were excluded from the study. The demographic information (age and gender) of the individuals were recorded. At the same time, the year of work, field of study (neurological rehabilitation (pediatric rehabilitation, cardiopulmonary rehabilitation) and orthopedic rehabilitation (sports rehabilitation, prosthesis-orthotics rehabilitation), marital status and institution (public, private) were recorded. Compassion fatigue was evaluated with the Compassion Scale, job satisfaction was evaluated with the Job Satisfaction Scale, and the level of burnout was evaluated with the Maslach Burnout Inventory. Demographic information form and questionnaires were filled online by individuals via online platforms. Ethics committee approval of the study was obtained from Kahramanmaraş Sütçü İmam University Medical Research Ethics Committee (dated 06.12.2022, decision no: 2022/36-15).

Compassion Scale: The compassion scale was developed by Pommier in 2011 (6). A Turkish adaptation consisting of 24 items was made by Akdeniz and Deniz in 2016 (7). The scale included disengagement (items 1, 7, 19, 23), indifference (items 2, 12, 14, 18), separation (items 3, 5, 10, 22), mindfulness (items 4, 9, 13, 21), kindness (items 6, 8, 16, 24) common humanity (items 11, 15, 17, 20) with a total of 24 questions and 6 sub-dimensions. The sub-dimensions of indifference, disconnection and separation in the original of the scale were calculated by

reversing. With this method, the scores are calculated and the total score average is obtained. It is assumed that when the total score from the scale increases, the level of compassion also increases.

Job Satisfaction Scale: Job satisfaction scale is a subscale of job descriptive scale. It was developed by Hackman and Oldham to determine the level of job satisfaction individuals get from their jobs (8). The scale consists of 14 positive and unfinished statements. Individuals are asked to complete these statements by choosing the most appropriate one from the given options. The Turkish adaptation and validity study of the scale was carried out by Güler (9) (Güler M. 1990). Scoring is between 0 and 5 (1) it does not satisfy me at all, (2) it does not satisfy me enough, (3) I am undecided, (4) very satisfying to me, (5) very satisfying to me). The highest score that can be taken from the scale is "70" and the lowest possible score is "14". A score between 14-32 is low; It is normal to be between 33-52; A score between 53-70 indicates high job satisfaction.

Maslach burnout inventory; It was developed by Maslach and Jackson in 1981 (10). Burnout is evaluated in 3 dimensions as emotional exhaustion (DT), depersonalization (D) and decreased personal achievement (PD). The scale was adapted into Turkish by Ergin in 1992 (11). The scale consists of 22 statements. A 5-point Likert scale is used for scoring the scale. ((0) never, (1) rarely, (2) sometimes, (3) often, (4) always). Volunteers were asked to mark the appropriate option for each jurisdiction. The scores for each subscale were calculated by summing separately. The scores that can be obtained from the subscales range from 0-36 for emotional exhaustion, 0-20 for depersonalization, and 0-32 for personal achievement. According to Maslach and Jackson, burnout cannot be expressed with a single score, so the results of the subscales should be evaluated together. High emotional exhaustion and depersonalization scores and low personal achievement scores indicate exhaustion.

Considering the correlation coefficient ($r=0.784$) between compassion fatigue and job satisfaction in the article titled 'The effect of compassion fatigue level on employee motivation and job satisfaction: an application on health workers' (12), when $\alpha=0.05$, power=0.80, the sample size must be at least 100. According to the relationship between Compassion Scale and Job Satisfaction Scale, which is one of the data of our study, the power of the study was found to be 0.99 when post-hoc power analysis was performed (G*Power 3.1, Düsseldorf, Germany). Mean (X) and standard deviation (SD) values for continuous variables as descriptive statistics; Number (n) and percentage (%) values were given for categorical variables. Whether the data were suitable for normal distribution was evaluated with the Kolmogorov Smirnov test. Independent samples t-test was used to compare normally distributed data. The relationship between two continuous variables was evaluated with the Pearson correlation coefficient. The results were considered significant at the $p<0.05$ level.

RESULTS

Socio-demographic information and personal information of the included individuals are given in Table 1.

Variables (n=147)		X±SD (min-max)
Age (year)		29.82±6.61 (22-55)
Gender	Male n (%)	40 (27.2)
	Female n (%)	107 (72.8)
Marital status	Single n (%)	77 (52.4)
	Married n (%)	70 (47.6)
Working time as a physiotherapist (year)		6.51±6.18 (0-32)
Working time at current workplace (years)		3.42±4.76 (0-30)
Field of study	Neurological rehabilitation n (%)	70 (47.6)
	Orthopedic rehabilitation n (%)	77 (52.3)
Institution of work	Public n (%)	46 (31.3)
	Private n (%)	101 (68.7)
Compassion scale		3.99±0.43 (2.67-5)
Job satisfaction scale		41.37±11.79 (15-69)
Maslach Burnout Inventory	Emotional exhaustion	17.37±8.61 (0-36)
	Depersonalization	13.16±3.66 (1-20)
	Decreased personal achievement	13.34±3.85 (3-25)

When the relationship between the Compassion Scale and age, working time as a physiotherapist, working time at the current institution, Job Satisfaction and Maslach Burnout Inventory was examined, a significant positive

correlation was found between the Compassion Scale and the job satisfaction scale ($r=0.261$, $p=0.001$). On the Maslach burnout inventory, there was a significant negative correlation between the Compassion scale and emotional exhaustion ($r=-0.195$, $p=0.018$) and decreased personal achievement score ($r=-0.270$, $p=0.001$), and a positive correlation with depersonalization ($r=0.413$, $p=0.000$) (Table 2).

When the compassion scale was compared according to gender, marital status, field of study and institution, a significant difference was found in terms of gender ($p=0.008$) and field of study ($p=0.044$) (Table 3).

When the relationship between Compassion Scale and age, working time as a physiotherapist, working time in the current institution, Job Satisfaction Scale and Maslach Burnout Inventory according to gender, in male a significant positive correlation was found between the Compassion Scale and the job satisfaction scale ($r=0.397$, $p=0.011$). On the Maslach burnout inventory, there was a significant negative correlation between the Compassion scale and emotional exhaustion ($r=-0.382$, $p=0.015$) and a positive correlation with depersonalization ($r=0.458$, $p=0.003$). In female, there was a negative correlation in terms of age ($r=-0.207$, $p=0.032$) and working time as a physiotherapist ($r=-0.191$, $p=0.049$). A significant positive correlation was found between the Compassion Scale and the job satisfaction scale ($r=0.255$, $p=0.008$). On the Maslach burnout inventory, there was a significant negative correlation between the Compassion scale and decreased personal achievement score ($r=-0.213$, $p=0.027$), and a positive correlation with depersonalization ($r=0.406$, $p=0.000$) (Table 4).

Table 2. The relationship between compassion scale and age, working time as a physiotherapist, working time in the current institution, Job Satisfaction Scale and Maslach Burnout Inventory

Variables		Age	Working time as a physiotherapist (year)	Working time in the current institution (year)	Job satisfaction scale	Maslach Burnout Inventory		
						Emotional exhaustion	Depersonalization	Decreased personal achievement
Compassion scale	r	-0.138	-0.149	-0.080	0.261	-0.195	0.413	-0.270
	p	0.095	0.071	0.337	0.001*	0.018*	0.000*	0.001*

*Pearson Correlation Analysis

Table 3. Comparison of Compassion Scale by Gender, Marital Status, Field of Study and Institution of Work

Variables	Compassion scale		p
	X±SD (min-max)		
Gender	Male	3.83±0.45 (2.67-4.67)	0.008
	Female	4.04±0.41 (2.96-5)	
Marital status	Single	4.05±0.45 (3-5)	0.052
	Married	3.91±0.40 (2.67-4.58)	
Field of study	Neurological rehabilitation	3.95±0.35 (2.67-4.63)	0.044
	Orthopedic rehabilitation	4.06±0.32 (3.08-5)	
Institution of work	Public	95.13±9.66 (64-120)	0.115
	Private	96.33±10.73 (70-119)	

*Independent sample t test

Table 4. The relationship between compassion scale and age, working time as a physiotherapist, working time in the current institution, job satisfaction scale and Maslach Burnout Inventory according to gender

Variables		Age	Working time as a physiotherapist (year)	Working time in the current institution (year)	Job satisfaction scale	Maslach Burnout Inventory		
						Emotional exhaustion	Depersonalization	Decreased personal achievement
Male compassion scale	r	0.187	0.049	0.176	0.397	-0.382	0.458	-0.309
	p	0.248	0.764	0.277	0.011	0.015	0.003	0.052
Female compassion scale	r	-0.207	-0.191	-0.160	0.255	-0.157	0.406	-0.213
	p	0.032	0.049	0.100	0.008	0.106	0.000	0.027

DISCUSSION

In this study, in which the relationship between compassion fatigue job satisfaction and burnout level in physiotherapists was examined for the first time, it was determined that as compassion fatigue increased, job satisfaction decreased and burnout increased. At the same time, compassion fatigue is more common in male physiotherapists and physiotherapists working in the field of neurological rehabilitation.

Compassion is an important concept in the provision of health care, and it is reported that health professionals are or should be compassionate. Compassion is expressed as "a deep awareness of the suffering of another and the combination of this awareness with the desire to alleviate the pain" (13). Compassionate health care can provide significant benefits, such as increasing trust, patient satisfaction and quality of life among patient-health professionals, and aiding recovery (13,14). At the literature, compassion fatigue and related factors of many health professionals have been examined (12), and compassion fatigue of physiotherapists who work in the rehabilitation field and spend a long time with patients has not been examined to the best of our knowledge.

Job satisfaction is an important tool in determining the feelings and thoughts that employees feel about the organization they are responsible for (15). The physical and mental happiness of individuals significantly affects their job satisfaction. From an organizational point of view, employers who make an effort to keep their employees in the organization and intend to attract talented employees to the organization are significantly effective in ensuring job satisfaction. In organizations where there is no job satisfaction, an increase is observed in the absenteeism of the employees, their complaints about the work and accordingly the turnover of the workforce (16).

There have been studies examining the job satisfaction and related factors of physiotherapists serving patients in many different rehabilitation areas. In a study conducted in 2011, it was determined that the parameters that most affect the job satisfaction of physiotherapists are employers' support for participation in congresses and seminars, a decrease in personal achievement, and emotional exhaustion (17). In the study conducted by

Kişmir et al. in 2020, the relationship between compassion fatigue and job satisfaction of healthcare workers was examined (12). In the study, most of which consisted of nurses and health officials, no relationship was found between compassion fatigue and job satisfaction. In our study, all data were obtained from physiotherapists, and it was found that as compassion increased in physiotherapists, job satisfaction increased. Compassion fatigue in healthcare professionals is defined as the gradual decrease in compassion over time to patients in severe emotional or physical pain (18). We think that it is necessary to develop personal, institutional and professional strategies in the prevention and treatment of compassion fatigue in physiotherapists, since high job satisfaction will also affect patient communication and treatment success.

Burnout is a syndrome of emotional fatigue and pessimism that is frequently seen among individuals who work with people (10). In another aspect, it is 'a feeling of emotional fatigue, apathy and low self-esteem in individuals serving a large population' (19).

There are studies on the determination of burnout and job satisfaction especially in nurses and doctors in the field of health in Türkiye. Sünter et al. compared burnout and job satisfaction in general practitioners (20), Özyurt et al. determined the factors affecting burnout and job satisfaction in doctors (21). Ebrinç et al. evaluated these parameters in comparison with burn center nurses, internal medicine intensive care unit and general surgery nurses (22). Erbil et al. investigated job satisfaction, self-esteem and influencing factors in midwives and nurses (23). Ünal et al. investigated the relationship between burnout and job satisfaction levels and life satisfaction levels in physicians (24).

In our study, the relationship between burnout and compassion fatigue was examined. Burnout was examined under 3 headings. Emotional exhaustion is defined as 'the feeling of being unable to make self-sacrifice as an individual's emotional resources, such as the ability to cope with events, decrease'. desensitization; It is the conflict of the person with the individuals he serves and the effort to get away from them by neglecting their personal characteristics. decline in personal achievement; It is the

tendency of the person to evaluate himself negatively, especially towards his/her job. According to the results of the study, as compassion increases, emotional exhaustion decreases, depersonalization increases and personal achievement score decreases. According to these results, physiotherapists working in different specialization areas feel depersonalization towards work and decrease in professional success, although emotional motivation is higher as compassion increases. Since the time spent with the patient in physiotherapy specialization areas and the prognosis of the patients differ, we think that compassion fatigue should be examined separately in each area.

When the factors affecting compassion fatigue were also examined, it was determined that female physiotherapists had higher compassion. Polat et al. In their study conducted in 2017, the relationship between the level of compassion fatigue and quality of life was examined (25). Similar to our study, it was stated that compassion was higher in female nurses. It was also found that marital status did not affect compassion fatigue. Again, in our study, compassion fatigue was compared according to the physiotherapy specialization area. The areas with the lowest compassion score were found to be neurological rehabilitation. We think that depersonalization and compassion fatigue over time are high in physiotherapists working in these fields due to the long time spent with the patient groups in both fields and the slower prognosis.

The limitations of our study are that our study data consists of a young population and the short duration of the study. One of the limitations of the study is that individuals were not questioned about their use of medications that would cause their emotional states to change. In addition, the lack of diversity in field of study may also be related to compassion fatigue.

CONCLUSION

As a result, we think that it is important to evaluate compassion fatigue, which is associated with physiotherapists' job satisfaction and burnout. We think that personal and institutional measures should be taken to reduce the compassion fatigue seen in male physiotherapists and physiotherapists working in the field of neurological rehabilitation. The concept of compassion and compassion fatigue and relationship factors in undergraduate education will contribute to the field. In addition, there is a need for special studies to be carried out in areas of privatization.

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