

# Effect of compassion level on burnout and job satisfaction in health personnel: Geriatric care center example

## Sağlık personelinde merhamet düzeyinin tükenmişlik ve iş doyumuna etkisi: Yaşlı bakımevi örneği

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### ABSTRACT

**Aim:** This study was conducted to determine the relationship between compassion, burnout and job satisfaction levels of nurses and health care personnel working in geriatric care center. **Materials and Methods:** A cross-sectional, descriptive design was adopted. This study was carried out in June-July, 2019 in three elderly institutions in Istanbul. The sample consisted of 133 health workers who accepted to participate in the study. Data were collected with the General Information Form (GIF), the Compassion Scale (CS), the Minnesota Satisfaction Questionnaire (MSQ), and the Maslach Burnout Inventory (MBI). **Results:** Participants had average age of 30.7±9, 72.2% were female, 53.4% were care personnel and 39% worked in night shift. The mean scores of the participants on the Compassion Scale and the scales' kindness, indifference, common humanity, separation, mindfulness, and disengagement subscales were 4.11±0.49, 4.28±0.63, 4.00±0.80, 4.15±0.69, 4.00±0.80, 4.09±0.66, and 4.14±0.86 respectively. The results showed that the mean scores of the participants on Burnout Inventory's emotional exhaustion, depersonalization, and personal achievement subscales were 1.43±0.70, 0.78±0.63, and 1.38±0.50 respectively. When participants were evaluated for job satisfaction, more than half of the participants (57.9%) were found to have high internal job satisfaction and 66.9% had intermediate external job satisfaction. There was a negative correlation between CS-and-subscale and MBI-and-subscale, and a positive correlation between personal success and awareness of sharing. **Conclusion:** Participants of this study had high compassion scores, good job satisfaction and low burnout scores. Increasing compassion levels decrease burnout levels of personnel giving elderly care.

### ÖZ

**Giriş:** Bu araştırma insanlarla sürekli iletişim ve etkileşim halinde bulunan, insanlara doğrudan hizmet veren ve sürekli yoğun ilgi beklenen kurumlardan biri olan yaşlı bakımevinde çalışan hemşire ve bakım personelinin merhamet, tükenmişlik ve iş doyum düzeyi arasındaki ilişkiyi incelemek amacıyla yapılmıştır. **Gereç ve Yöntem:** Bu araştırma tanımlayıcı ve kesitsel tiptedir. Çalışma Haziran-Temmuz 2019 tarihleri arasında İstanbul'da üç yaşlı bakımevinde çalışmaya katılmayı kabul eden 133 sağlık personeli (63 hemşire, 71 bakım personeli) ile gerçekleştirilmiştir. Veriler "Genel Bilgi Formu", Merhamet Ölçeği (MÖ), Maslach Tükenmişlik Ölçeği (MTÖ) ve Minnesota İş Doyumu Ölçeği (MİDO) ile toplanmıştır. **Bulgular:** Yaş ortalaması 30,7± 9 olan katılımcıların %72,2'si kadın, %53,4'ü bakım personeli, %39'u gece çalışmaktadır. MÖ, sevecenlik, umursamazlık, paylaşımların bilincinde olma, bağlantısızlık, bilinçli farkındalık ve ilişki kesme toplam puan ortalamaları sırasıyla 4,11±0,49, 4,28±0,63, 4,00±0,80, 4,15±0,69, 4,00±0,66, 4,14±0,86'dir. Duygusal tükenme, duyarısızlaşma ve kişisel başarı puan ortalamaları sırasıyla 1,43±0,70, 0,78±0,63, 1,38±0,50'dir. Ayrıca iş doyumunu yüksek olduğunu ve katılımcıların %66,9'unun orta derecede dış iş doyumunu yüksek olduğunu tespit edilmiştir. MÖ ve alt boyutları ile MTÖ alt boyutları negatif bir korelasyon; kişisel başarı ile paylaşımların bilincinde olma arasında pozitif bir korelasyon saptanmıştır. **Sonuç:** Araştırmamızda katılımcıların merhamet puanları yüksek, iş doyumları iyi ve tükenmişlik puanları düşük bulunmuştur. Merhamet düzeyinin artması yaşlı bakımı yapan personelin tükenmişlik düzeyini azaltmaktadır.

**Key Words:**  
Geriatric Care Center,  
Compassion, Burnout, Job  
Satisfaction, Health Personnel.

**Anahtar Kelimeler:**  
Yaşlı Bakımevi, Merhamet,  
Tükenmişlik, İş Doyumu, Sağlık  
Personeli.

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### INTRODUCTION

Today, traditional family structure has changed into nuclear family and women are integrated to work life; hence care service, which was traditionally provided by families gave place to institutional care services and professional care personnel (1). It is important for the nurse and care personnel to show compassion and

sensitivity towards patients and elderly in need of care during treatment and care, as they are together with those people for the longest periods and sometimes are to communicate with them more than anyone else. Compassion feeling is thought to be important for both care givers and care takers (2). Compassion, a basic value in health care, is defined as the will to understand and

relieve the pain or adversity of others (3). Compassion is not only a natural emotional reaction, ethical necessity or rationalist justification series. Compassion does not mean bearing agony; rather it is offering oneself meticulously for the benefit of others. It is defined as cherishing rather than feeling sorrow, patience and listening rather than apprehension and rigor (4). Providing patient care with compassion is expected from all health personnel. Therefore health personnel caring for elderly people should develop knowledge, technical skills, manners and interpersonal relationships, besides they should have compassionate care providing skills (3). On the other hand, witnessing rough times of elderly and providing care for their recovery may not always be easy (4). It is stated that nurses and health personnel could have high risk for experiencing burnout due to the characteristics of disabled and elderly groups (1,4).

Difficulty of care services and necessity of the utilization of qualifications like helpfulness, sensitivity, affection and sacrifice during care makes burnout an important issue for elderly care personnel (5). Maslach and Jackson (1981) defined burnout as insensitivity, emotional scarcity and lowered individual success observed in individuals who work under stress and in intense communication with service receivers (6). Burnout is frequently observed especially in occupations providing services to people. Health care professionals are stated to be in groups with the highest risk for burnout (1). Burnout results in physical burnout, chronic fatigue, desperation and hopelessness feelings and development of a negative self-conception in individuals (7). When burnout arises, it affects the individual's working life primarily. It is determined that individuals experiencing burnout can not show high performance in their work and their productivity in work environment decreases (8). It is important to be able to recognize burnout as it has negative effects on service giving personnel and organizations (7).

Job satisfaction is another concept closely related to burnout in working life and examined together with burnout in studies (8). Burnout and job satisfaction are two concepts in balance as in two pans of a scale; if level of one increases, the other decreases correspondingly (9). Job satisfaction is a personal attitude and defined as the positive emotional state that individuals experience when they reach to their personnel expectations in their work and working life. Dissatisfaction experienced in working life directs individual towards negative feelings. In that case, the individual may show signs of dissatisfaction with thoughts like disaffection from work, leaving work, carelessness towards work, constant complaint from work, hopelessness from the future of job etc. (10).

Although there are many studies in literature on burnout and job satisfaction, there are only few scientific studies on the subject regarding geriatric care centers and special care centers. This study was conducted to determine the relationship between compassion, burnout and job satisfaction levels of nurses and health care personnel working in geriatric care center, which is among the institutions where personnel is continuously in communication and interaction with people, provide service directly and where continuous intense attention is expected from personnel.

## MATERIALS AND METHODS

This descriptive study was carried out in June-July, 2019 in three elderly institutions in Istanbul. The sample consisted of 133 health workers (62 nurses and 71 paid caregivers) who agreed to participate in the study. The inclusion criteria were as follows: a) being willing to participate in the study; b) being working for at least 6 months.

The data were collected with the General Information Form (GIF), the Compassion Scale (CS), the Minnesota Satisfaction Questionnaire (MSQ), and the Maslach Burnout Inventory (MBI). The questionnaires were distributed during working days. The questionnaires were completed in about 10 minutes by each participant.

The GIF, which was developed by the authors, included two sections. The first section contained questions on socio-demographic characteristics including age, gender, marital status, educational status, and perceived economical status. The second section of the GIF comprised of questions related to occupational characteristics such as current job position, working shift, duration of working years, duration of working with elderly, and perceived job satisfaction.

The CS is a 24 item measure on a 5-point scale ranging from 1 (almost never) to 4 (almost always). In Turkey, validity and reliability of the scale was made by Akdeniz and Deniz (2016) (11). The lowest and highest mean scores that can be obtained from CS are between 0-4. Higher scores represent greater self-compassion (11). In our study, Cronbach's alpha value of the scale was 0.80.

The MSQ consists of 20 items with 5-point Likert-type scoring ranging from 1 to 5 (1=I am not satisfied at all, 5=I am very satisfied), including internal and external satisfaction factors. There are 12 expressions in the internal satisfaction sub-dimension and 8 expressions in the external satisfaction sub-dimension. Internal satisfaction sub-dimension includes activity, dependence, variability, social status, morale, security, social service, authority, ability to use, responsibility, creativity and feeling of success. External satisfaction

sub-dimension includes executive-audit, executive-decision-making, corporate policy, remuneration policy, promotion, working conditions, team compliance and honorability.

The scores of the responses given to the items in the internal satisfaction sub-dimension are summed and divided into 12, thus the inner satisfaction score is calculated. For calculation of external satisfaction score, the scores of the responses to the items in the external satisfaction sub-dimension are summed and divided by 8. Thus, scores ranging from 1 to 5 are obtained for internal and external job satisfaction. The scores obtained are interpreted as 1.00-2.33 low level job satisfaction, 2.33-3.66 medium level job satisfaction and 3.66-5.00 high level job satisfaction (14). In the validity and reliability study conducted by Baycan (1985), cronbach alpha values were found to be 0.85 for internal satisfaction and 0.82 for external satisfaction (12). In our study, Cronbach's alpha values were found to be 0.74 for internal satisfaction and 0.73 for external satisfaction.

The MBI was developed by Maslach and Jackson (1981) to measure risk of burnout (6). Validation study of the MBI in Turkish was done by Cam (2001) (16). The Turkish version of MBI consists of 22 items with a 5-point Likert-type scale ranging from 0 to 4, and three sub-dimensions including exhaustion, depersonalization and personal achievement. There are 9 expressions in the emotional exhaustion subscale, 5 expressions in the depersonalization subscale, and 8 expressions in the personal achievement subscale. Emotional exhaustion is the increase in emotions such as despair, tension, restlessness and feeling of being consumed by the profession. Depersonalization is the state in which the individual becomes insensitive, unconcerned about his/her work, does his/her job with his body, not with his/her soul, and is like an object to the people he/she works with. Personal achievement is the state in which individual feels that his/her success, self-confidence decreases and regresses in his/her job. The emotional exhaustion and depersonalization dimensions consist of positive statements while personal achievement dimension consists of negative statements. Statements in personal achievement dimension are reversely scored (6,13). In our study, Cronbach's alpha values were 0.85, 0.70, and 0.70 for the exhaustion, depersonalization, and personal achievement subscales, respectively.

### Statistical analyses

Data analyses were run on SPSS, version 25.0. The demographic and occupational characteristics of healthcare workers were expressed by number, percentage, mean and standard deviation, and the GIF, MBI, and MBQ levels with the minimum, maximum,

average and standard deviation. Cronbach's alpha coefficient was used to evaluate the internal consistency of the GIF, MBI, and MBQ. Independent unpaired t tests were used to compare two group's means. Three or more group means were compared with One-way ANOVA analysis. The relationships between continuous variables were examined by Pearson's correlation analysis. Statistical significance was taken as  $p < 0.05$  for all data.

### Compliance with Ethical Standards

Ethical approval numbered 2019/05 was given by the University Non-Invasive Clinical Ethical Committee. All patients participating in the study were carefully informed about the purpose and goals of the study and then signed a written consent form. All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee and with the 2013 Helsinki Declaration and its later amendments or comparable ethical standards.

### RESULTS

The mean age of the participants was found to be  $30.7 \pm 9$  years, 72.2% were female, 60.9% were unmarried, 42.9% had graduated from high school, and 53.4% were paid caregiver, 39% worked at nights, the average length of service in the profession was  $5.5 \pm 5.9$  years, the average working duration for elderly was  $4.0 \pm 5.3$  years (Table 1).

The mean scores and standard deviations for the compassion, burnout, and job satisfaction subscales are presented in Table 2. The results showed that the mean scores of the participants on the compassion scale and on its subscales of kindness, indifference, common humanity, separation, mindfulness, and disengagement were  $4.11 \pm 0.49$ ,  $4.28 \pm 0.63$ ,  $4.00 \pm 0.80$ ,  $4.15 \pm 0.69$ ,  $4.00 \pm 0.80$ ,  $4.09 \pm 0.66$ , and  $4.14 \pm 0.86$  respectively. The results showed that the mean scores of the participants on emotional exhaustion, depersonalization and personal achievement subscales of the burnout scale were  $1.43 \pm 0.70$ ,  $0.78 \pm 0.63$ , and  $1.38 \pm 0.50$  respectively. When evaluated in terms of job satisfaction, more than half of the participants (57.9%) stated that their internal job satisfaction was high, and 66.9% of the participants had moderate external job satisfaction (Table 2).

The Compassion scores according to socio-demographic and professional characteristics are shown in Table 3. It was hypothesized that women would have higher levels of compassion than men. An independent-samples t test indicated that kindness ( $p < 0.05$ ), separation ( $p < 0.05$ ) and mindfulness ( $p < 0.05$ ) subscale scores and total compassion score ( $p < 0.05$ ) were higher in women than in men. The state of having children affected compassion

**Table 1.** Personal and Occupational Characteristics of the Sample (N= 133)

		(Meant±SD years)	
<b>Age</b>		30.7± 9	(Range=19-54)
<b>Duration of working years</b>		5.5±5.	(Range= 1-29)
<b>Duration of working with elderly</b>		4.0±5.	(Range= 1-29)
<b>Number of children (Mean±SD) (n=50)</b>		2.2±1	(Range=1-5)
		<b>N</b>	<b>%</b>
<b>Gender</b>	Female	96	72.2
	Male	37	27,8
<b>Marital status</b>	Married	52	39.1
	Unmarried	81	60.9
<b>Having children</b>	Yes	50	37.6
	No	83	62.4
<b>Educational status</b>	High school (11-12 yrs education)	57	42.9
	Vocational school (two years education after high school)	41	30,8
	Degree (four year education after high school)	35	26,3
<b>Current job position</b>	Nurse	62	46,6
	Paid caregiver	71	53,4
<b>Working shift</b>	Day	47	35.3
	Night	52	39.1
	Rotation	34	25,6

**Table 2.** Compassion, Job Satisfaction and Burnout Scores (N= 133)

Compassion Subscales	Mean±SD	Range
Kindness	4.28±0.63	2.5-5
Indifference	4.00±0.80	1-5
Common humanity	4.15±0.69	2.2-5
Separation	4.00±0.80	2-5
Mindfulness	4.09±0.66	2-5
Disengagement	4.14±0.86	1-5
Compassion-total	4.11±0.49	1-5
Burnout Subscales		
Emotional exhaustion	1.43±0.70	0.11-3.44
Depersonalization	0.78±0.63	0-2.60
Personal achievement	1.38±0.50	0.25-2.75
Job satisfaction		Significance test, P value
Internal satisfaction		
Medium (42.1%)	3.20±0.32	t=14.18
High (57.9%)	3.96±0.28	p<0.001
External satisfaction		
Low (10.5%)	1.96±0.36	f= 149.58
Medium (66.9%)	3.06±0.41	p<0.001
High (22.6%)	4.10±0.36	

**Table 3.** Compassion According to Socio-Demographic and Professional Characteristics (N=133)

	Compassion Subscales						Compassion Scale
	Kindness	Indifference	Common Humanity	Separation	Mindfulness	Disengagement	
<b>Gender</b>							
Female	4.36±0.56	4.07±0.73	4.13±0.72	4.11±0.72	4.10±0.60	4.21±0.81	4.10±0.81
Male	4.06±0.74	3.83±0.96	4.20±0.64	3.72±0.91	3.90±0.77	3.93±0.95	3.94±0.95
	t=2.51	t=1.58	t=0.44	t=2.52	t=2.13	t=1.68	t=2.54
	<b>p=0.013</b>	p=0.115	p=0.656	<b>p=0.013</b>	<b>p=0.035</b>	p=0.094	<b>p=0.012</b>
<b>Educational Status</b>							
High school	4.33±0.66	3.96±0.95	4.14±0.72	4.00±0.90	4.12±0.69	4.15±0.91	4.12±0.54
Vocational school	4.24±0.58	4.00±0.73	4.13±0.73	4.17±0.70	4.01±0.72	4.07±0.97	4.10±0.51
Degree	4.25±0.64	4.08±0.63	4.17±0.62	3.81±0.70	4.13±0.55	4.19±0.62	4.11±0.36
	f=0.283	f=0.239	f=0.039	f=1.956	f=0.384	f=0.787	f=0.100
	p=0.754	p=0.198	p=0.962	p=0.146	p=0.682	p=0.820	p=0.690
<b>Marital Status</b>							
Married	4.40±0.60	4.00±0.93	4.21±0.72	3.94±0.93	4.20±0.63	4.12±0.89	4.15±0.48
Unmarried	4.20±0.64	4.01±0.72	4.11±0.68	4.04±0.70	4.02±0.67	4.14±0.84	4.09±0.49
	t=1.80	t=0.10	t=0.84	t=0.69	t=1.57	t=0.11	t=0.68
	p=0.073	p=0.920	p=0.399	p=0.516	p=0.118	p=0.905	p=0.495
<b>Having Children</b>							
Yes	4.47±0.56	3.99±0.93	4.19±0.70	3.98±0.93	4.25±0.64	4.19±0.90	4.18±0.49
No	4.17±0.65	4.02±0.72	4.12±0.69	4.02±0.71	3.99±0.65	4.10±0.84	4.07±0.49
	t=2.66	t=0.21	t=0.48	t=0.30	t=2.19	t=0.55	t=1.18
	<b>p=0.009</b>	p=0.830	p=0.630	p=0.760	<b>p=0.030</b>	p=0.577	p=0.238
<b>Current job position</b>							
Nurse	4.25±0.64	4.06±0.70	4.20±0.63	3.98±0.73	4.11±0.66	4.15±0.80	4.12±0.47
Paid caregiver	4.31±0.62	3.96±0.89	4.10±0.75	4.02±0.86	4.07±0.66	4.13±0.91	4.10±0.51
	t=0.60	t=0.67	t=0.75	t=0.26	t=0.30	t=0.15	t=0.27
	p=0.546	p=0.498	p=0.449	p=0.793	p=0.761	p=0.879	p=0.782
<b>Working Shift*</b>							
Day	4.26±0.68	3.93±0.94	3.96±0.74	4.03±0.86	4.13±0.77	4.01±1.07	4.05±0.54
Night	4.26±0.66	4.09±0.68	4.33±0.64	4.16±0.70	4.04±0.56	4.29±0.70	4.19±0.47
Rotation	4.34±0.51	3.98±0.79	4.13±0.66	3.72±0.80	4.11±0.65	4.08±0.73	4.06±0.43
	F=0.201	F=0.532	F=3.480	F=3.180	F=0.212	F=1.418	F=1.269
	p=0.818	p=0.589	<b>p=0.034*</b>	<b>p=0.045**</b>	p=0.809	p=0.246	p=0.285
<b>Age (Meant±SD years)</b>							
	<b>r= 0.12</b>	<b>r= -0.10</b>	r= 0.09	r= -0.09	<b>r= 0.19</b>	r= -0.04	r= 0.03
<b>Duration of working years</b>							
	<b>r= 0.18</b>	<b>r= -0.14</b>	r= 0.09	<b>r= -0.26</b>	<b>r= 0.22</b>	r= -0.05	r= -0.01
<b>Duration of working with elderly</b>							
	<b>r= 0.10</b>	<b>r= -0.20</b>	r= 0.05	<b>r= -0.29</b>	<b>r= 0.20</b>	r= -0.08	r= -0.08

\*Tukey significant difference is between day and night workers (P=0.026) \*\*Tukey significant difference is between night and rotation workers (P=0.036)

**Table 4.** Comparison of Compassion Scores with Job Satisfaction and Burnout Mean Scores (N=133)

	Compassion Subscales						Compassion Scale
	Kindness	Indifference	Common Humanity	Separation	Mindfulness	Disengagement	
<b>Gender</b>							
Female	4.36±0.56	4.07±0.73	4.13±0.72	4.11±0.72	4.10±0.60	4.21±0.81	4.10±0.81
Male	4.06±0.74	3.83±0.96	4.20±0.64	3.72±0.91	3.90±0.77	3.93±0.95	3.94±0.95
	t=2.51	t=1.58	t=0.44	t=2.52	t=2.13	t=1.68	t=2.54
	<b>p=0.013</b>	p=0.115	p=0.656	<b>p=0.013</b>	<b>p=0.035</b>	p=0.094	<b>p=0.012</b>
<b>Educational Status</b>							
High school	4.33±0.66	3.96±0.95	4.14±0.72	4.00±0.90	4.12±0.69	4.15±0.91	4.12±0.54
Vocational school	4.24±0.58	4.00±0.73	4.13±0.73	4.17±0.70	4.01±0.72	4.07±0.97	4.10±0.51
Degree	4.25±0.64	4.08±0.63	4.17±0.62	3.81±0.70	4.13±0.55	4.19±0.62	4.11±0.36
	f=0.283	f=0.239	f=0.039	f=1.956	f=0.384	f=0.787	f=0.100
	p=0.754	p=0.198	p=0.962	p=0.146	p=0.682	p=0.820	p=0.690
<b>Marital Status</b>							
Married	4.40±0.60	4.00±0.93	4.21±0.72	3.94±0.93	4.20±0.63	4.12±0.89	4.15±0.48
Unmarried	4.20±0.64	4.01±0.72	4.11±0.68	4.04±0.70	4.02±0.67	4.14±0.84	4.09±0.49
	t=1.80	t=0.10	t=0.84	t=0.69	t=1.57	t=0.11	t=0.68
	p=0.073	p=0.920	p=0.399	p=0.516	p=0.118	p=0.905	p=0.495
<b>Having Children</b>							
Yes	4.47±0.56	3.99±0.93	4.19±0.70	3.98±0.93	4.25±0.64	4.19±0.90	4.18±0.49
No	4.17±0.65	4.02±0.72	4.12±0.69	4.02±0.71	3.99±0.65	4.10±0.84	4.07±0.49
	t=2.66	t=0.21	t=0.48	t=0.30	t=2.19	t=0.55	t=1.18
	<b>p=0.009</b>	p=0.830	p=0.630	p=0.760	<b>p=0.030</b>	p=0.577	p=0.238
<b>Current job position</b>							
Nurse	4.25±0.64	4.06±0.70	4.20±0.63	3.98±0.73	4.11±0.66	4.15±0.80	4.12±0.47
Paid caregiver	4.31±0.62	3.96±0.89	4.10±0.75	4.02±0.86	4.07±0.66	4.13±0.91	4.10±0.51
	t=0.60	t=0.67	t=0.75	t=0.26	t=0.30	t=0.15	t=0.27
	p=0.546	p=0.498	p=0.449	p=0.793	p=0.761	p=0.879	p=0.782
<b>Working Shift*</b>							
Day	4.26±0.68	3.93±0.94	3.96±0.74	4.03±0.86	4.13±0.77	4.01±1.07	4.05±0.54
Night	4.26±0.66	4.09±0.68	4.33±0.64	4.16±0.70	4.04±0.56	4.29±0.70	4.19±0.47
Rotation	4.34±0.51	3.98±0.79	4.13±0.66	3.72±0.80	4.11±0.65	4.08±0.73	4.06±0.43
	F=0.201	F=0.532	F=3.480	F=3.180	F=0.212	F=1.418	F=1.269
	p=0.818	p=0.589	<b>p=0.034*</b>	<b>p=0.045**</b>	p=0.809	p=0.246	p=0.285
Age (Meant±SD years)	<b>r= 0.12</b>	<b>r= -0.10</b>	r= 0.09	r= -0.09	<b>r= 0.19</b>	r= -0.04	r= 0.03
Duration of working years	<b>r= 0.18</b>	<b>r= -0.14</b>	r= 0.09	<b>r= -0.26</b>	<b>r= 0.22</b>	r= -0.05	r= -0.01
Duration of working with elderly	<b>r= 0.10</b>	<b>r= -0.20</b>	r= 0.05	<b>r= -0.29</b>	<b>r= 0.20</b>	r= -0.08	r= -0.08

scores as well. Kindness ( $p<0.05$ ) and mindfulness ( $p<0.05$ ) scores were higher in health workers with children. Common humanity scores were higher in night workers than in daytime workers ( $p<0.05$ ). Separation scores were highest in night workers and lowest in shift workers ( $p<0.05$ ). Mindfulness score significantly increased with age ( $r=0.19$ ), years of professional experience ( $r=0.22$ ), and years of working with the elderly ( $r=0.20$ ). As the years of professional experience ( $r=-0.26$ ) and working years with the elderly increased ( $r=-0.29$ ), the separation mean scores decreased. Again, as the years of working with the elderly increased ( $r=-0.20$ ), indifference mean scores decreased.

An independent-samples t test indicated that only mindfulness dimension in compassion scale differed by internal job satisfaction, and mindfulness subscale score was significantly higher in the group highly satisfied in their job than the group that was moderately satisfied ( $p<0.05$ ). When the relationship between compassion and burnout was examined, we found that kindness and mindfulness were negatively correlated with emotional exhaustion, but correlations were weak. All subscales in compassion scale, and compassion total scores were negatively correlated with depersonalization. Personal achievement showed a weak negative correlation with kindness, indifference, mindfulness, and compassion-total scores; however it showed a weak positive correlation with common humanity (Table 4).

## DISCUSSION

Care quality and improvement of patient satisfaction in geriatric care centers can be possible when compassion levels, burnout levels and job satisfactions of personnel giving care to elderly are known (14). This study aimed to determine the effect of compassion on nurses and care personnel working in geriatric care centers and its relationship between burnout and job satisfaction.

Compassion mean score was determined as 4.11 in this study. As the CS score increases, compassion level increases. Given the fact that the maximum score from the scale is 5, it can be concluded that the health personnel included in this study had high compassion. Our compassion finding is in accordance with other studies. Other studies determined compassion mean score as 3.9 for intensive care nurses (15). Compassion mean scores were also found high in other studies on nurses (16,17). It can be stated from our study that the compassion of the health personnel was high and they approached individuals under their care compassionately.

Compassion mean scores and kindness, disengagement and mindfulness subscale mean scores in women were

higher than those of men. Similar results were obtained in the study of Ozan (2019). Women's having higher compassion can be explained by maternal instincts and higher emotional feelings of women reflected to patients in working life.

When CS subscales and characteristics of participants like age and length of service were examined by correlation analysis, it was found that as the duration of working with elderly increased, mindfulness level improved. Similar results were also obtained in the literature (15,18). Mindfulness is defined as balanced approach of personnel towards the feelings of a suffering individual (11). It can be said that as the age and occupational experience of participants increased, they became more professional and very capable of managing their feelings.

Most of the health personnel working in centers who provide service to disadvantaged groups (psychiatric hospitals, intensive care units, geriatrics, children) experience problems due to the difficulty of their jobs. Job dissatisfaction and burnout is commonly observed in occupations requiring face-to-face interaction with people (5). In a study investigating the burnout and job satisfaction levels of personnel working in Special Care Center, emotional exhaustion of personnel was found to be high and their job satisfaction level was medium; a very strong negative correlation was stated to be existing between job satisfaction and burnout (9). Another study on job satisfaction and burnout in social service organization showed a negative correlation between these two concepts. Therefore, it was stated that employees with low job satisfaction had high burnout feelings (5). Literature search revealed that elderly care personnel were under high risk of burnout development due to their exposure to physical and psychological burdens which come with the nature of the job (1,19,20). Burnout levels were found to be high in a study conducted on nurses and health personnel working in geriatric care center (20). On the other hand, in our study, burnout scores of the participants were found to be low and their job satisfactions were high. This situation results from high satisfaction from the job and high compassion levels.

When an individual overidentifies with another's pain, personal distress may arise (20). This distress may result in compassion fatigue in individuals (15). Compassion fatigue is a term that evaluates health personnel's burnout level. As health personnel is always together with the patient during patient's suffering process, situations like delay of recovery period may cause compassion feeling of the personnel to be converted to compassion fatigue. Compassion fatigue is expressed as another version of burnout syndrome. Because compassion fatigue arises

not due to personal or institutional reasons but rather due to patients, it is defined as social, physical, spiritual and emotional burnout (2). It was observed that literature did not include studies on compassion level, burnout and job satisfaction. However, compassion fatigue, burnout and job satisfaction have been investigated. As the study stated that personnel with high compassion fatigue have low compassion levels (15,21), the subject is examined in this manner here, as well.

In our study, compassion scores of participants were found to be high, and burnout scores were low. Besides, when participants were evaluated for job satisfaction, more than half were found to have high internal job satisfaction and 66.9% were found to have medium level external job satisfaction. Polat and Erdem (2017) obtained similar results in their study. Cetrano et.al. (2017) found in their study that compassion fatigue negatively affects work performance and service quality and may cause problems in care giving like wrong decisions, clinic errors and poor therapy planning. In their systematic review on compassion fatigue in psychiatry nurses (22), Giles (2011) determined that 54% of the nurses had burnout, resulting in decrease of compassion scores and stated that decrease in compassion scores caused nurses to provide services reluctantly (23). It is stated that elderly care personnel's willingness and sincerity levels show difference when they provide service to individuals that they have no emotional ties. Personnel working passionately and sincerely experience burnout less, compared to personnel displaying reluctant, unwilling and superficial behaviors (19).

When the relation between compassion level and burnout was investigated in our study, a weak negative correlation was found between kindness and mindfulness subscales and emotional exhaustion; an intermediate negative correlation was found between CS, kindness, mindfulness and disengagement subscales and depersonalization; a weak negative correlation was found between indifference, common humanity, separation subscales and depersonalization; a weak negative correlation was found between CS total score, kindness, indifference and mindfulness subscales and personal achievement. Personal achievement and common humanity had a weak positive correlation. A meta-analysis revealed that compassion fatigue and burnout had a positive correlation, high compassion fatigue in personnel increased burnout levels (21). Two studies conducted on mixed group working in health services (caregivers, nurses, doctors etc.) gave results showing positive correlation between compassion fatigue and burnout (24,25). In our study, health personnel were found to have high compassion levels and job satisfaction

and low burnout levels; hence it can be concluded that the personnel worked willingly, therefore tried to help continuously to suffering individuals.

### Limitations of the Study

The first limitation in the study is the fact that the study results are valid only for health personnel included in the study; therefore, they cannot be generalized to all health personnel. The second limitation is the fact that the reliability of data is limited to the accuracy of answers given by all individuals who participated in the study. The third limitation is the fact that the research was carried out only in three centers.

### Conclusion

In our study, compassion scores of the participants were found to be high, job satisfaction was found to be good and burnout scores were found to be low. It was found that the variables of female gender, having children, working in night shift, advanced age and length service affected compassion levels positively. Increasing compassion level decreases burnout level of personnel giving elderly care. Increasing compassion level and job satisfaction or decreasing burnout level of personnel giving elderly care does not affect only personnel, but also an improvement in these areas can be a measurement for increase in the satisfaction levels of individuals receiving service. Determining the level of compassion, job satisfaction and burnout of the personnel working in geriatric care center correctly would be an important step for the measures to be taken later, and plans, strategies and policies to be developed.

### Conflict of Interests

The authors declare that they have no conflicts of interest. All authors reviewed, revised and edited the paper. All authors read and approved the final manuscript submitted for publication.

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### REFERENCES

1. Başol, O., Sağlam, Y., Çakır, N. N. (2018). Engelli ve yaşlı bakım personelinin tükenmişlik seviyeleri ile çalışma yaşamı kalitesi algısı ilişkisi. *Toplum ve Sosyal Hizmet*, 29(2), 71-97.



2. Polat, F. N., Erdem, R. (2017). Merhamet yorgunluğu düzeyinin çalışma yaşam kalitesi ile ilişkisi: Sağlık profesyonelleri örneği. Süleyman Demirel Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 26, 291-312.
3. Bloomfield, J., Pegram, A. (2015). Care, compassion and communication. Nursing Standard, 29(25), 45-50. doi:10.7748/ns.29.25.45.e7653.
4. Dalgacı, B., Gürses, I. (2018). Merhametin sağlık hizmetlerindeki yeri ve önemi. Sinop Üniversitesi Sosyal Bilimler Dergisi, 2(1), 181-204.
5. Bilgin, R., Emhan, A., Bez, Y. (2011). Sosyal hizmet kurumu çalışanlarında iş memnuniyeti, tükenmişlik ve depresyon: Diyarbakır ili alan araştırması. Elektronik Sosyal Bilimler Dergisi, 10(38), 210-228.
6. Maslach, C., Jackson, S. E. (1981). The measurement of experienced burnout. Journal of Occupational Behavior, 2, 99-113.
7. Partlak, N. G., Üstün, B. (2010). Türkiye’de ikinci basamak sağlık hizmetlerinde çalışan hemşire ve hekimlerde tükenmişlik: Literatür incelemesi. Dokuz Eylül Üniversitesi Hemşirelik Yüksekokulu Elektronik Dergisi, 3(1), 40-51.
8. Çoban, M. A. I., Özbesler, C. (2016). Hastanelerde çalışan sosyal hizmet uzmanlarında tükenmişlik ve iş doyumunu. Başkent Üniversitesi Sağlık Bilimleri Fakültesi Dergisi, 1(2), 90-109.
9. Çimen, M., Şahin, B., Akbolat, M., Işık, O. (2010). Özel bakım merkezinde çalışan personelin tükenmişlik ve iş doyum düzeylerine yönelik bir çalışma. Acıbadem Üniversitesi Sağlık Bilimleri, 3(1), 21-31.
10. Yalçın, S. (2018). Muhasebe meslek mensuplarının tükenmişlik ve iş doyum düzeyleri. Alanya Akademik Bakış, 2(3), 235-257.
11. Akdeniz, S., Deniz, M. E. (2016). Merhamet ölçeğinin türkçeye uyarlanması: Geçerlik ve güvenilirlik çalışması. The Journal of Happiness & Well-Being, 4(1), 50-61.
12. Baycan, A. (1985). An analysis of several aspects of job satisfaction between different occupational groups. Yayımlanmamış Yüksek Lisans Tezi, Boğaziçi Üniversitesi, Sosyal Bilimler Enstitüsü, İstanbul.
13. Cam, O. (2001). The burnout in nursing academicians in Turkey. Int J Nurs Stud., 38(2), 201-207.
14. Diren, Z. (2018). Yaşlı bakım çalışanlarında duygusal zeka, kişilik özellikleri, örgütsel güven ve merhamet duyguları ile yaşlılara yönelik tutumlar arasındaki ilişkiler. Yüksek Lisans Tezi, İstanbul Arel Üniversitesi, Sosyal Bilimler Enstitüsü, İşletme Anabilim Dalı Hastane ve Sağlık Kurumları Yönetimi Programı, İstanbul.
15. Ozan, A. (2019). Yoğun bakım hemşirelerinde merhametin ve merhamet yorgunluğunun belirlenmesi. Yüksek Lisans Tezi, Atatürk Üniversitesi Sağlık Bilimleri Enstitüsü, İç Hastalıkları Hemşireliği Anabilim Dalı, Erzurum.
16. Arkan, B., Yılmaz, D., Düzgün, F. (2019). Determination of compassion levels of nurses working at a university hospital. J Relig Health. Doi: <https://doi.org/10.1007/s10943-019-00786-x>.
17. Arlı, Ş. K., Bakan, A. B. (2018). Cerrahi Hemşirelerde Merhamet ve Kültürlerarası Duyarlılığı Etkileyen Faktörler. Sted., 27, 277-283.
18. Kolthoff, K. L., Hickman, S. E. (2017). Compassion Fatigue among nurses working with older adults. Geriat Nurs., 38, 106-109.
19. Gürsoy, G. (2016). Yalova Aile ve Sosyal Politikalar İl Müdürlüğü çalışanlarının duygusal emek davranışları ve tükenmişlik düzeyleri arasındaki ilişkinin incelenmesi. Yayımlanmamış yüksek lisans tezi, Yalova Üniversitesi, Yalova.
20. Kandelman, N., Mazars, T., Levy, A. (2018). Risk factors for burnout among caregivers working in nursing homes. Journal of Clinical Nursing, 27, 1-2, e147-e153.
21. Zhang, Y. Y., Zhang, C., Han, X. R., Li, W., Wang, Y. L. (2018). Determinants of compassion satisfaction, compassion fatigue and burn out in nursing: A correlative meta-analysis. Medicine (Baltimore), 97, e11086.
22. Cetrano, G., Tedeschi, F., Rabbi, L., Gosetti, G., Lora, A., Lamonaca, D., ... & Amaddeo, F. (2017). How are compassion fatigue, burnout, and compassion satisfaction affected by quality of working life? Findings from a survey of mental health staff in Italy. BMC health services research, 17(1), 1-11.
23. Giles, C. W. (2011). Compassion Fatigue in home care nurses. A thesis submitted to The Faculty of Gardner-Webb University School of Nursing in Partial Fulfillment of the Requirements for the Degree of Master of Science in Nursing.
24. Slocum-Gori, S., Hemsworth, D., Chan, W. W., Carson, A., Kazanjian, A. (2011). understanding compassion satisfaction, compassion fatigue and burnout: A survey of the Hospice Palliative Care Workforce. Palliative Medicine, 27(2), 172-178.
25. Smart, D., English, A., James, J., Wilson, M., Daratha, K.B., Childers, B., Magera, C. (2014). Compassion fatigue and satisfaction: A cross-sectional survey among US Healthcare Workers. USA Nursing and Health Sciences, 16, 3-10.