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<b>THE EFFECT OF COMPASSION FATIGUE ON WORK SATISFACTION IN HEALTHCARE PROFESSIONALS DURING THE COVID-19 PANDEMIC PERIOD</b>		
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### ABSTRACT

The aim of this study is to examine whether the level of compassion fatigue has an effect on work satisfaction in healthcare workers. The population of the research consists of 210 healthcare professionals from different professions working at Elazığ Fırat University Hospital. The data were obtained by face-to-face survey method. While collecting data in the study, the Compassion Scale consisting of 24 statements developed by Pommier (2011) and the Turkish validity and reliability study of which was conducted by Akdeniz and Deniz (2016) and the Work Engagement Scale consisting of 17 statements by Schaufeli et al. (2006) were used. The relationship between compassion fatigue and work satisfaction and the effect of compassion fatigue on work satisfaction were investigated by correlation and regression analyzes.

According to the results of the research, health workers experience moderate compassion fatigue and their work satisfaction level is moderate. In addition, it was determined that the level of compassion fatigue in healthcare workers had a significant effect on work satisfaction.

**Key Words:** Covid-19 pandemic, Health employee, Compassion, Compassion fatigue, Work satisfaction

## 1. INTRODUCTION

The concept of compassion has been defined as "showing compassion, pity, being gentle" (Serinsu et al., 2009). In the field of health, compassion is defined as the feeling of pity and sadness that occurs as a result of an individual's realization of the trauma experienced by another individual (Akın, 2018). It is very important for employees to have a sense of compassion during the care and treatment of patients. However, the abuse of this feeling by the patients or the bad influence of the employees from the situation in which the patients are, can cause compassion fatigue.

Compassion fatigue, which manifests itself especially in the health sector, occurs when employees, who are in contact with patients for a long time, experience intense stress (Coetzee & Klopper, 2010). Compassion fatigue is expressed as the combination of physical, emotional and spiritual exhaustion that occurs when dealing with the care or treatment of physically or emotionally distressed patients (Rafferty, 2016). Work satisfaction has been defined most comprehensively as "pleasurable or positive feelings that result from an individual's evaluation of his/her job and work experience" (Locke, 1976). It is predicted that compassion fatigue experienced by healthcare workers may cause a decrease in the level of job satisfaction of

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employees. In order for health workers to have a high work satisfaction level, the factors that cause compassion fatigue should be determined. In addition, necessary steps should be taken by health institution administrators to prevent compassion fatigue.

The World Health Organization declared a pandemic on March 11, 2020, with the rapid increase in the number of Covid-19 cases, which started with the People's Republic of China reporting an unidentified pneumonia case in Wuhan in late December 2019 and then spread around the world. During a pandemic, primary care is at the forefront of fighting the epidemic. Reinforcing messages about public health, managing patients in their homes, and identifying patients who need hospital care are carried out by primary care physicians (Saatçi, 2020). Providing equitable, consistent and adequate service in the pandemic period of the health system largely depends on the health workers.

Healthcare workers are among the occupational groups at high risk in pandemics. The world has experienced an extraordinary period in the last two years due to the Covid-19 pandemic. Healthcare professionals are trying to carry out their duties with much more devotion than ever before, in a much more workload, long working hours and extreme fatigue, mental distress, stigmatization in the society, risk of getting sick and/or death, and uncertainty. In addition, some psychological disorders occur in healthcare workers due to exposure to Covid-19 stress. Post-traumatic stress disorder, acute stress reaction and burnout are among these disorders. This situation increases the possibility of experiencing compassion fatigue and may lead to a decrease in work satisfaction. In line with this theoretical framework, it was aimed to examine the effect of compassion fatigue experienced by healthcare professionals on their work satisfaction, and in this context, the relationship between the variables was tried to be tested with a research.

## **2. COMPASSION AND COMPASSION FATIGUE**

The word of mercy, which is of Arabic origin, is expressed in the Western language as the equivalent of the word "compassion", which has its origin in Latin, and means "sharing one's troubles" in Latin (Dalgacı & Gürses, 2018). The concept of compassion has been defined as "the sadness, pity felt by a person for the bad situation faced by another living thing" according to the TDK (2020). In the Dictionary of Religious Terms, the concept of compassion is defined as "showing compassion, pity, being mild-tempered" (Serinsu et al., 2009).

In the field of health, compassion has been defined as the feeling of pity and sadness that occurs as a result of an individual's realization of the trauma experienced by another individual (Akin, 2018). Compassion fatigue has been expressed as the combination of physical, emotional and spiritual exhaustion that occurs when caring for patients who are physically or emotionally challenged (Rafferty, 2016). Compassion fatigue, which manifests itself mostly in the health sector, has occurred as a result of a process resulting from exposure to stress as a result of prolonged contact with patients (Coetzee & Klopper, 2010). The reason why the feeling of compassion is very important for patients is that patients need the compassion of their service providers (Polat, 2016). In addition to the positive consequences of compassion, there are also some negative consequences. For example, health workers feel compassion towards their patients in order to provide a good service, but being under the influence of this situation for a long time can negatively affect health workers physically, mentally and socially (Polat, 2016).

The concept of compassion fatigue was first used by Joinson (1992) for nurses working in the emergency room. According to Joinson, a stressful work life can cause loss of function in

employees, and as a result, employees become indifferent to their work and become depressed. In Turkey, the first study on compassion fatigue was conducted by Gök (2015). In this study, there were evaluations for intensive care nurses. It was also mentioned that compassion fatigue has some patient-related, work-related and personal trigger factors (Gök, 2015).

Compassion fatigue has also been expressed as a kind of burnout that occurs in caregivers (Joinson, 1992). Compassion fatigue has been used synonymously with Post Traumatic Stress Disorder, but unlike Post Traumatic Stress Disorder, it has been stated to result from exposure to sufferers (Figley, 1995).

There are many factors that cause compassion fatigue in healthcare workers. Especially seeing the suffering patients, listening to the stories of the patients, seeing the dying patients and witnessing the traumatic events are the main factors (Rafferty, 2016). It is stated by researchers that there are also some administrative reasons that cause compassion fatigue. For example, health workers working weekend or evening shifts, excessive workload, shortage of personnel, low wages for the work done, inadequate working conditions and insufficient resources are among these reasons (Koca, 2018).

When the symptoms are examined in a wider perspective, it is seen that more factors are effective. Physical symptoms of compassion fatigue are fatigue, poor performance, lack of strength, weight loss, headaches, and various stomach ailments. Emotional/psychic symptoms are fractures, restlessness, anger and irritability, decreased enthusiasm, depersonalization, substance abuse (alcohol, cigarettes, drugs, etc.), isolation, dejection, and anxiety. Social symptoms can be listed as callousness, unresponsiveness, decreased time spent with patients, decreased desire to help, indifference to the problems and pain of patients, frequent leave of absence of healthcare professionals, and reluctance to care for patients. Mental symptoms are symptoms such as lack of attention, making too many mistakes while working, and not being able to focus on work. Spiritual symptoms are listed as ignoring beliefs and values, and insensitivity to patients (Alan, 2018).

Compassion fatigue, which negatively affects health workers not only physically but also spiritually and morally, causes disappointment, sadness and depression in employees. The activities they used to enjoy are no longer an activity they enjoy. Employees begin to question themselves and their beliefs when appropriate (Boyle, 2015). Compassion fatigue also causes wide-ranging effects on the relationship between the institution and the staff. The increase in absenteeism, increase in staff turnover, high demands for compensation, and the continuation of conflicts between health workers and the managers of the institution are among the main effects (Gamblin, 2011). According to the results of a recent study on healthcare workers, it was determined that there is a significant relationship between the compassion and disconnection dimension of compassion fatigue and the intention to leave the job (Karaca et al., 2021).

The application of measures that measure compassion fatigue levels to healthcare workers is also an important factor in the fight against compassion fatigue. According to the results of the measurements, experts in the field try to understand the situations that cause compassion fatigue (Hiçdurmaz & İnci, 2015).

### **3. WORK SATISFACTION**

Work satisfaction is the evaluation by the employee of the conditions in the work environment and the results of having a job. In order to provide positive work satisfaction in the work

environment, employees should have good feelings about the work and the work should meet the expectations of the employees (Scheider & Synyder, 1975).

It has been emphasized that there are individual and organizational factors that determine the level of work satisfaction of employees. Individual factors include demographic characteristics such as gender, age, marital status, educational status. Organizational factors are listed as wage and promotion, physical working conditions, work characteristics, participation in decisions and communication (Kuzulugil, 2012). As in all occupational groups, it is very important for health workers to have a high level of work satisfaction (Erođlu, 2015).

Especially, healthcare professionals working in emergency and intensive care units deal with patients with serious conditions and serve under intense stress and working conditions. In this respect, the high work satisfaction levels of healthcare professionals contribute to providing a better healthcare service (Erol et al., 2012).

#### **4. MATERIALS AND METHODS**

##### **4.1. Purpose and Importance of the Research**

The aim of this research is to draw attention to the effect of compassion fatigue, which is considered as an emotional trauma indirectly experienced by healthcare professionals while helping people, and which is a kind of burnout, on job satisfaction. If it is known how to fight compassion fatigue, it is predicted that the job satisfaction levels of the employees will be high. Our study gains importance at this point.

##### **4.2. Population and Sample of the Research**

The population of the research consists of healthcare professionals working at Fırat University Hospital in Elazig. The research was carried out with the data collected by face-to-face survey method from 210 health workers who were randomly selected from different professions who participated in the research voluntarily. The research was carried out on 01-30 May 2020, after obtaining the necessary institutional permissions.

##### **4.3. Research Method**

In the study, three forms consisting of 52 expressions were used to obtain the data. These are demographic questions form, compassion fatigue form and work satisfaction form.

In the first part of the questionnaire, there are demographic questions (11 questions). In the second part of the questionnaire, the Compassion Scale, which consists of 24 statements developed by Pommier (2011) and tested for Turkish validity and reliability by Akdeniz and Deniz (2016), measures the level of compassion of individuals. The scale has 6 sub-dimensions: compassion, indifference, awareness of sharing, disconnection, mindfulness, and disengagement. The scale type is 5-point Likert (1=Never, ..., 5=Always).

In the third part of the questionnaire, the Work Engagement Scale consisting of 17 statements developed by Schaufeli and colleagues (2006) was used to determine the work satisfaction level of the employees. The scale has three sub-dimensions: vigor, dedication, and absorption. The scale type is 5-point Likert (1= Never, ..., 5= Always).

#### **4.4. Research Hypotheses**

The main hypothesis of the research was determined as follows:

*H1*: Compassion fatigue has a significant effect on work satisfaction.

The sub-hypotheses of the research are;

*H2*: Compassion fatigue sub-dimension has a significant effect on work satisfaction.

*H3*: The indifference sub-dimension of compassion fatigue has a significant effect on work satisfaction.

*H4*: The awareness of sharing sub-dimension of compassion fatigue has a significant effect on work satisfaction.

*H5*: The disconnection sub-dimension of compassion fatigue has a significant effect on work satisfaction.

*H6*: The mindfulness sub-dimension of compassion fatigue has a significant effect on work satisfaction.

*H7*: The disengagement sub-dimension of compassion fatigue has a significant effect on work satisfaction.

### **5. FINDINGS**

#### **5.1. Frequency and Percentage Distributions of Demographic Characteristics**

The socio-demographic data of the participants are given below.

**Table 1.** Frequency and Percentage Distribution of Demographic Characteristics of the Participants

<b>Gender</b>	<b>Number</b>	<b>Percentage</b>
Male	97	46.2
Female	113	53.8
<b>Total</b>	<b>210</b>	<b>100</b>
<b>Age</b>	<b>Number</b>	<b>Percentage</b>
18-25	68	32.4
26-33	107	51.0
34-41	21	10.0
42-49	10	4.8
50 and above	4	1.9
<b>Total</b>	<b>210</b>	<b>100</b>
<b>Marital Status</b>	<b>Number</b>	<b>Percentage</b>
Married	93	44.3
Single	117	55.7
<b>Total</b>	<b>210</b>	<b>100</b>
<b>Number of Children</b>	<b>Number</b>	<b>Percentage</b>
0	135	64.3
1	41	19.5
2	21	10.0
3 and above	13	6.2
<b>Total</b>	<b>210</b>	<b>100</b>
<b>Educational Status</b>	<b>Number</b>	<b>Percentage</b>
Primary education	2	1.0
Secondary education	6	2.9
High school	25	11.9
Associate degree	36	17.1
License	92	43.8
Post-graduate	44	21.0
Doctorate	5	2.4
<b>Total</b>	<b>210</b>	<b>100</b>
<b>Occupation</b>	<b>Number</b>	<b>Percentage</b>
Doctor	44	21.0
Nurse	135	64.3
Laboratorian	6	2.9
Nurse	14	6.7
Secretary	11	5.2
<b>Total</b>	<b>210</b>	<b>100</b>
<b>Professional Working Year</b>	<b>Number</b>	<b>Percentage</b>
1-6	126	60.0
7-12	61	29.0
13-18	13	6.2
19-24	6	2.9
25 and above	4	1.9
<b>Total</b>	<b>210</b>	<b>100</b>
<b>Profession Preference Status</b>	<b>Number</b>	<b>Percentage</b>
Willingly	157	74.8
Unwillingly	53	25.2
<b>Total</b>	<b>210</b>	<b>100</b>
<b>Status of Choosing the Department of Study</b>	<b>Number</b>	<b>Percentage</b>
Willingly	132	62.9
Unwillingly	78	37.1
<b>Total</b>	<b>210</b>	<b>100</b>

When the demographic characteristics of 210 health workers participating in the research were examined, it is seen that:

- 113 people (53.8%) were women.
- 107 people (51.0%) are between the ages of 26-33.
- Marital status of 117 people (55.7%) was single.
- 135 people (64.3%) did not have children.
- 92 people (43.8%) have a bachelor's degree and 44 (21.0%) have a master's degree.
- 135 people (64.3%) worked as nurses and 44 (21.0%) as doctors.
- 126 people (60.0%) whose professional working years are in the range of 1-6 years
- 157 people (74.8%) chose the profession voluntarily.
- 132 people (62.9%) chose the department they work voluntarily.

### 5.2. Normality, Factor and Reliability Analyzes Used in the Research

The normality test, factor and reliability analysis of the compassion fatigue and job satisfaction scales used in the study are shown in Tables 2, 3, 4 and 5.

**Table 2.** Reliability Analysis for Compassion Fatigue and Work Satisfaction

Compassion Fatigue Scale	Cronbach's Alfa
Compassion Fatigue	0.769
Kindness	0.772
Indifference	0.730
Awareness of Sharing	0.761
Disconnection	0.544
Mindfulness	0.695
Disengagement	0.657
Work Satisfaction Scale	Cronbach's Alfa
Work Satisfaction	0.955
Vigor	0.877
Dedication	0.896
Absorption	0.883

When Table 2 is examined, it is seen that the Compassion Fatigue and Work Satisfaction Scales used in the research are reliable.

**Table 3.** Kurtosis and Skewness Values of Compassion Fatigue and Job Satisfaction Scales

Variable	Number of Items	Skewness	Kurtosis
<b>Compassion Fatigue</b>	24	.073	.544
Kindness	4	-.815	.404
Indifference	4	.408	-1.058
Awareness of Sharing	4	-.753	-.007
Disconnection	4	.593	-.628
Mindfulness	4	-.631	-.183
Disengagement	4	.445	-1.093
<b>Work Satisfaction</b>	17	-.305	-.059
Vigor	6	-.183	-.260
Dedication	5	-.574	-.031
Absorption	6	-.083	-.483

When the values given in Table 3 are examined, it is seen that the kurtosis and skewness values related to the compassion fatigue and job satisfaction scale and the sub-dimensions of these scales are in the range of the normal distribution criteria, therefore the data show a distribution close to

the normal distribution. Since skewness and kurtosis values ranged from -2 to +2, it was assumed that the variables showed a normal distribution (from George & Mallery, 2010 as cited in Sezgin & Düşükcan, 2020). For this reason, parametric test techniques were used.

**Table 4.** Explanatory Factor Analysis on Compassion Fatigue Scale

Factors	Number of Items	Weight of Factor Loads	Variance Explained for Scale Overall (%)
Compassion Fatigue	24	.369 - .817	59.551
Kindness	4	.461 - .645	
Indifference	4	.766 - .624	
Awareness of Sharing	4	.786 - .566	
Disconnection	4	.817 - .480	
Mindfulness	4	.754 - .512	
Disengagement	4	-.786 - .369	
<i>Kaiser-Meyer-Olkin sample adequacy value: .851</i>			
<i>Bartlett test of sphericity: chi-square = 2104.340; df=276; p=,000</i>			

When the findings regarding the factor analysis in Table 4 are examined; The KMO value of the scale was found to be .851 and the Bartlett value as  $p < 0.000$ . It is seen that the factor loads vary between .369 - .817 and the total variance is 59.551%. According to these findings; It can be said that Compassion Fatigue Scale is suitable for factor analysis (Büyüköztürk, 2012).

**Table 5.** Explanatory Factor Analysis on Job Satisfaction Scale

Factors	Number of Items	Weight of Factor Loads	Variance Explained for Scale Overall (%)
Work Satisfaction	17	.819 - .475	66.472
Vigor	6	.798 - .598	
Dedication	5	.819 - .571	
Absorption	6	.812 - .475	
<i>Kaiser-Meyer-Olkin sample adequacy value: .938</i>			
<i>Bartlett test of sphericity: chi-square = 2911.976; df=136; p=,000</i>			

When the findings regarding the factor analysis in Table 5 are examined; The KMO value of the scale was found to be .938 and the Bartlett value as  $p < 0.000$ . It is seen that the factor loads vary between .475 - .819 and the total variance is 66.472%. According to these findings; It can be said that the Job Satisfaction Scale is suitable for factor analysis (Büyüköztürk, 2012).

### 5.3. Findings Related to Compassion Fatigue and Work Satisfaction Scales

The arithmetic means are taken into account when looking at the scale mean scores. In this context, mean and standard deviation values of compassion fatigue and work satisfaction scales participation levels will be examined.

### 5.4. Findings Related to Compassion Fatigue in Healthcare Professionals

The arithmetic mean, standard deviation and the mean score of the answers given to the statements in the Compassion Fatigue scale of the healthcare professionals participating in the research are shown in Table 6.



**Table 6.** Findings on Compassion Fatigue in Healthcare Workers

Compassion Fatigue	Mean	Standard Deviation	The Mean's Equivalent Score on the Scale
1. I don't feel anything when people cry in front of me.	1.91	1.11	2
2. Sometimes I feel like I don't care when people talk about their problems.	1.85	0.96	2
3. I do not feel emotionally close to people who are suffering.	2.02	1.18	2
4. When people talk to me, I give them my full attention.	3.90	1.12	4
5. When people tell me about their sadness, I feel distant from them.	1.87	1.07	2
6. When someone is in a difficult situation, I try to help them.	4.06	1.12	4
7. When people tell me their problems, I often ignore it.	1.76	1.06	1
8. I like to be around people in difficult times.	3.96	1.09	4
9. I notice that people are upset even if they don't say anything to me.	3.65	1.18	4
10. When people are sad, it feels like I can't relate to them.	2.31	1.14	2
11. Everyone feels bad sometimes, it's part of being human	3.91	1.26	4
12. When people are depressed, I sometimes feel alienated from them.	2.11	1.16	2
13. When people tell me their problems, I listen patiently.	3.81	1.21	4
14. I think that other people's problems do not concern me.	2.10	1.24	2
15. It is important to accept that all people have weaknesses and no one is perfect.	4.14	1.20	4
16. When people are unhappy, I come to their aid.	3.71	1.08	4
17. I know that despite my differences with others, everyone feels pain just as I do.	3.37	1.22	3
18. When people are in distress, I usually want others to take care of them.	2.39	1.21	2
19. I don't think much about other people's problems.	2.24	1.20	2
20. Suffering is a common experience for all people.	3.68	1.32	4
21. I try to be objective when people tell me about their problems.	3.82	1.12	4
22. When people are suffering, I cannot communicate with them.	2.36	1.13	2
23. I try to stay away from people who are in a lot of pain.	2.25	1.28	2
24. When people are upset, I try to comfort them.	3.86	1.12	4
Compassion Fatigue Sub-Dimensions	Mean	Standard Deviation	The Mean's Equivalent Score on the Scale
Compassion Fatigue	3.89	0.85	4
Kindness	2.90	1.23	3
Indifference	3.77	0.95	4
Awareness of Sharing	2.70	1.09	3
Disconnection	3.79	0.85	4
Mindfulness	2.90	1.26	3
<b>Compassion Fatigue Mean</b>	<b>3.33</b>	<b>0.58</b>	<b>3</b>

When the general average of the compassion fatigue scale was examined, it was determined that the average response score on the scale was 3 and corresponded to the "Sometimes" option. Therefore, it can be concluded that the health workers participating in the study experienced moderate compassion fatigue.

### 5.5. Findings Related to Work Satisfaction in Healthcare Professionals

The arithmetic mean, standard deviation and the mean score of the answers given to the statements in the Work Satisfaction scale of the healthcare professionals participating in the research are shown in Table 7.

**Table 7.** Findings Related to Work Satisfaction in Healthcare Workers

<b>Work Satisfaction</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>The Mean's Equivalent Score on the Scale</b>
1. I feel full of energy while working.	4.01	1.69	4
2. I find my work meaningful and purposeful.	4.97	1.78	5
3. Time flies while I'm working, I don't understand how it goes.	4.53	1.72	5
4. I feel strong and vigorous at work.	3.97	1.74	4
5. I am enthusiastic about my work, I am very avid.	4.44	1.70	5
6. While working, I forget everything but my work.	3.86	1.79	4
7. My work inspires me.	4.12	1.76	4
8. I like to go to work when I get up in the morning.	3.45	1.85	3
9. I feel happy when I work intensely.	3.28	1.88	3
10. I am proud of the work I do.	4.92	1.79	5
11. I get carried away with my work.	4.57	1.75	5
12. I can continue to work uninterruptedly for extended periods of time.	3.91	1.97	4
13. For me, my work is a great effort that forces my capacity to develop.	4.34	1.84	4
14. I am entranced while working.	3.84	1.86	4
15. At work, I clear my mind quickly and strongly.	4.40	1.79	4
16. It is difficult for me to separate myself from my work.	3.71	1.86	4
17. Even when things go wrong in my work, I am tenacious – I don't give up.	4.27	1.92	4
<b>Work Satisfaction Sub-dimensions</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>The Mean's Equivalent Score on the Scale</b>
Vigor	4.00	1.44	4
Dedication	4.56	1.49	5
Absorption	4.01	1.47	4
<b>Work Satisfaction Mean</b>	<b>4.19</b>	<b>1.39</b>	<b>4</b>

When the average of the "Work Satisfaction" scale was examined, it was determined that the average response score on the scale was 4 and it corresponded to the "Half and Half" option. Therefore, it is seen that the health workers participating in the research have a moderate level of work satisfaction.

### 5.6. Results of Correlation Analysis between Compassion Fatigue Scales and Work Satisfaction Scales

Correlation analysis was applied to examine the relationships between the participants' levels of participation in the "Compassion Fatigue" scales and the "Work Satisfaction" scales. The results of the correlation analysis showing the relationships between the levels of participation in the "Compassion Fatigue" and "Work Satisfaction" scales are given in Table 8 and Table 9.

**Table 8.** Correlation Analysis between Compassion Fatigue and Work Satisfaction Scales

	<b>Compassion Fatigue</b>	<b>Work Satisfaction</b>
<b>Compassion Fatigue</b> Correlation Coefficient (r)	1	.153
p		.026
n	210	210
<b>Work Satisfaction</b> Correlation Coefficient (r)	.153	1
p	.026	
n	210	210

When Table 8. was examined, a significant relationship was found between the participants' compassion fatigue levels and their work satisfaction levels ( $r = .153, p < 0.05$ ).

**Table 9.** Correlation Analysis between Compassion Fatigue Sub-Dimensions and Work Satisfaction Sub-Dimensions' Scales

Dimensions		1	2	3	4	5	6	7	8	9
COMPASSION FATIGUE	1. Kindness	1								
	2. Indifference	r= -.247 p= .000	1							
	3. Awareness of Sharing	r= .632 p= .000	r= -.157 p= .023	1						
	4. Disconnection	r= -.244 p= .000	r= .726 p= .000	r= -.187 p= .006	1					
	5. Mindfulness	r= .732 p= .000	r= -.170 p= .014	r= .709 p= .000	r= -.151 p= .029	1				
	6. Disengagement	r= -.247 p= .000	r= .671 p= .000	r= -.143 p= .039	r= .631 p= .000	r= -.162 p= .019	1			
WORK SATISFACTION	7. Vigor	r= .263 p= .000	r= .024 p= .729	r= .180 p= .009	r= .009 p= .892	r= .163 p= .018	r= .089 p= .199	1		
	8. Dedication	r= .298 p= .000	r= -.071 p= .308	r= .252 p= .000	r= -.049 p= .484	r= .212 p= .002	r= .026 p= .712	r= .850 p= .000	1	
	9. Absorption	r= .195 p= .005	r= .006 p= .930	r= .092 p= .185	r= .040 p= .561	r= .064 p= .359	r= .106 p= .127	r= .845 p= .000	r= .833 p= .000	1

When Table 9. is examined, it has been determined that there are significant relationships between the sub-dimensions of "kindness", "awareness of sharing" and "mindfulness" of compassion fatigue and "vigor" and "dedication" sub-dimensions of work satisfaction ( $p < 0.05$ ). In addition, a significant relationship was found between the "kindness" sub-dimension of compassion fatigue and the "absorption" sub-dimension of work satisfaction ( $p < 0.05$ ).

### 5.7. Regression Analysis Results between Compassion Fatigue Scales and Work Satisfaction Scales

Regression analysis was applied to examine the relationships between the participants' levels of participation in the "Compassion Fatigue" and "Work Satisfaction" scales in more detail. The results of the applied regression analysis are given in Table 10 and Table 11.

**Table 10.** Regression Analysis between Compassion Fatigue and Work Satisfaction Scales

Dependent Variable	Independent Variable	B	Beta	P	R <sup>2</sup>
Work Satisfaction	(Constant)	2.969	.153	.026	.023
	Compassion Fatigue	.367			

When Table 10. is examined, the compassion fatigue scale constitutes the independent variable, while the work satisfaction scale constitutes the dependent variable. The R<sup>2</sup> value reveals how much of the change in the dependent variable is determined by the independent variable. The P value shows whether compassion fatigue has a significant effect on work satisfaction. According to this:

- R<sup>2</sup> value is calculated as 0.023. This value shows that compassion fatigue explains the work satisfaction scale by the rate of 0.023%.
- Compassion fatigue was found to have a significant effect on work satisfaction ( $p < 0.05$ ).

The effect of compassion fatigue sub-dimensions on work satisfaction in healthcare workers was determined as a result of the multiple linear regression analysis examined in Table 11.

**Table 11.** Regression Analysis between Compassion Fatigue Sub-Dimensions and Work Satisfaction Scales

Dependent Variable	Independent Variables	B	Beta	P	Adjusted R <sup>2</sup>
Work Satisfaction	Constant	1.926		.002	.077
	Kindness	.568	.348	.001	
	Indifference	-.137	-.084	.428	
	Awareness of Sharing	.115	.080	.416	
	Disconnection	.027	.014	.888	
	Mindfulness	-.222	-.137	.219	
	Disengagement	.339	.200	.034	

When Table 11. is examined, it is seen that while the sub-dimensions of the compassion fatigue scale constitute the independent variables, the work satisfaction scale constitutes the dependent variable.

The Adjusted R<sup>2</sup> value expressed here has revealed how much of the change in the dependent variable is determined by the independent variables. P values have showed whether the dimensions of compassion fatigue have a significant effect on work satisfaction. According to this:

- The adjusted R2 value was calculated as 0.077. This value shows that the independent variables explain the dependent variable by 0.77%.
- Compassion fatigue sub-dimensions of compassion and disconnection seem to have a significant effect on work satisfaction ( $p < 0.05$ ).

The acceptance/rejection status of the hypotheses created in the research is shown in the table below.

**Table 12.** Acceptance/Rejection of Hypotheses

No	Hypotheses	Acceptance/rejection
1	Compassion fatigue has a significant effect on work satisfaction.	Acceptance
2	Compassion fatigue sub-dimensions have a significant effect on work satisfaction.	Acceptance
3	The indifference sub-dimension of compassion fatigue has a significant effect on work satisfaction.	Rejection
4	The awareness of sharing sub-dimension of compassion fatigue has a significant effect on work satisfaction.	Rejection
5	The disconnection sub-dimension of compassion fatigue has a significant effect on work satisfaction.	Rejection
6	The mindfulness sub-dimension of compassion fatigue has a significant effect on work satisfaction.	Rejection
7	The disengagement sub-dimension of compassion fatigue has a significant effect on work satisfaction.	Acceptance

## CONCLUSION AND RECOMMENDATIONS

In this study, the effect of compassion fatigue level on work satisfaction in healthcare workers during the Covid-19 pandemic was investigated. The effect of compassion fatigue on work satisfaction has examined with the sub-dimensions of compassion fatigue, "kindness", "indifference", "awareness of sharing", "disconnection", "mindfulness " and "disengagement"; and with the sub-dimensions of work satisfaction "vigor", "dedication " and "absorption". 52 statements consisting of demographic questions about compassion fatigue and work satisfaction were directed to healthcare professionals.

The relationship between compassion fatigue and work satisfaction was determined by the correlation analysis. According to these results;

- A significant relationship was found between compassion fatigue and work satisfaction.
- It has been determined that there are significant relationships between the "kindness", "awareness of sharing" and "mindfulness" sub-dimensions of compassion fatigue and the "vigor" and "dedication" sub-dimensions of work satisfaction.
- It has been determined that there is a significant relationship between the "kindness" sub-dimension of compassion fatigue and the "absorption" sub-dimension of work satisfaction.

According to the findings, health workers experienced moderate compassion fatigue, and their work satisfaction levels were found to be moderate. The following recommendations can be made within the scope of the research:

- When the literature is examined, it has been seen that compassion fatigue is mostly associated with health workers. Despite this, compassion fatigue can be observed in occupational groups working under intense stress, such as social workers, policemen, lawyers, teachers, as well as healthcare workers. In this regard, it is necessary to include other occupational groups in compassion fatigue research (Karaca et al., 2021).
- The relationship between compassion fatigue and work satisfaction should be examined in the wider universe by including private hospital employees as well as public hospitals.
- The factors that cause compassion fatigue in health care workers should be determined and necessary precautions should be taken by health institution managers. In addition, health workers should be trained on compassion fatigue by experts in the field. In this way, the level of compassion fatigue in healthcare workers will be minimized and the employee's work satisfaction level will be high.

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