*Original Research Article*

# Determination of Compassion and Compassion Fatigue in Intensive Care Nurses

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## Abstract

**Introduction:** Compassion is defined as the sadness felt by a living thing or a person due to a negative situation. Compassion fatigue describes emotional, physical, social and spiritual exhaustion or a decrease in these feelings. The concept of compassion, which is at the center of nursing, may be related to compassion fatigue in nurses.

**Objective:** The aims of the study were to determine the level of compassion fatigue and compassion among intensive care nurses and to examine the relationship between them.

**Methods:** This study was conducted through descriptive research and cross-sectional survey. The population of the research consisted of intensive care nurses from two hospitals in Turkey. Since the universe is accessible, the sample selection method was not used ($n = 182$). Demographic data form, Compassion Fatigue sub-dimension of the Professional Quality of Life Scale and Compassion Scale were used in the study.

**Results:** The mean score of the nurses' compassion fatigue was $15.86 \pm 7.22$, and compassion was $72.21 \pm 7.28$. There was a moderate negative relationship between compassion and compassion fatigue ($r = -.405$). It was determined that the nurses' compassion was at a moderate level and their compassion fatigue was at a low level.

**Conclusion:** It can be assumed that ICU nurses' compassion is at a medium level and their compassion fatigue is at a low level. It was established that as the compassion level of the nurses increased, the level of compassion fatigue decreased. Developing a sense of compassion in nurses working in intensive care units can reduce compassion fatigue.

## Keywords

Compassion, compassion fatigue, intensive care, nurses

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## Introduction

Compassion is defined as the sadness felt by a living thing or a person due to a negative situation (Turkish Language Association, 2020). Nursing is one of the occupational groups that most intensely experience feelings of compassion. With compassion, nurses increase the quality of care they provide to their patients. Compassion can leave its place to compassion fatigue in nurses who witness the trauma, pain, and hospitalization process of patients (Şirin & Yurttaş, 2015).

Compassion fatigue describes emotional, physical, social, and spiritual exhaustion or a decrease in these feelings (McHolm, 2006). The factor that causes compassion fatigue is repeated and prolonged exposure to stressful events. Nurses can sometimes be remiss in their own self-care while caring for traumatized patients. Compassion fatigue may occur when the time spent by nurses for self-care and rest is less than the time spent caring for the patient (Şirin & Yurttaş, 2015). Compassion fatigue can cause stress-related symptoms, job dissatisfaction, decreased work energy, social, emotional and physical burnout, making medical mistakes, absenteeism or quitting, decreased productivity as well as decreased patient satisfaction, safety problems and loss of workforce in nurses (Branch, 2018; Dikmen & Aydın, 2016).

Since nursing practices are more sensitive and critical in intensive care units (ICUs), the needs of nurses working in

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ICUs should be considered from this perspective. Patients in ICU are patients whose physiological vital functions fluctuate; require continuous monitoring; have acute illnesses, surgical interventions or multiple organ failures, critical vital signs, such as cardiovascular, renal, respiratory, and cerebral problems; and are in the terminal phase of their disease (Uslu & Demir Korkmaz, 2016). The duty of the nurse in the ICU is to provide the most appropriate nursing care and treatment for sick individuals, to prevent life-threatening problems, and to serve the patient in the most beneficial way in line with ethical principles (Durmuş, 2018).

Nurses should provide compassionate care to traumatized patients who suffer from pain and suffering. However, many reasons may prevent nurses from providing compassionate care. The patient's long hospital stay, illness, pain and the nurse's extreme closeness or distance from the patient affect the nurse's willingness to be compassionate and help him or her (Şirin & Yurttaş, 2015). Compassionate care is a smile, a reassuring look or a touch. These are simple actions but the process itself is complex. What makes compassion complex is that it is a subjective experience. Nursing is the art of professional care. Compassion is the "feeling side" of the nurse. It has been stated that compassion, competence, trust, commitment and conscience are the basic characteristics of professional care (Dewar et al., 2011; Dinç, 2010 Uslu & Demir Korkmaz, 2016;). Particularly patients in hospital need to be treated with compassion. For this reason, healthcare professionals help patients with compassion in the treatment, hospitalization process and reducing the pain they feel (Polat & Erdem, 2017).

## Review of Literature

There are many studies on nurses' compassion fatigue in the literature (Başkale et al., 2016; Branch, 2018; Cetrano et al., 2017; Duarte et al., 2016; Jakimowicz et al., 2018; Kara, 2018; Kavlu & Pınar, 2009). There are studies to determine the factors affecting the compassion level of nurses and nursing students. It has been determined that there is a relationship between nurses' professional values, levels of patience, empathic tendencies, and compassion (Süzen & Çevik, 2020). A study has shown that nurses' level of education and empathy influence compassion (Arkan et al., 2020). A study determining the level of compassion in nursing students found that gender, family structure, place of growth, taking an active role in solving friends' problems and mother's education level affected compassion (Seven et al., 2019). In addition, another study found that nursing students' levels of compassion differed according to their gender and academic grade (Gündüzoğlu, 2019). It was also found that there was a positive relationship between nursing students' level of compassion and their level of empathic tendency (Özdelikara & Babur, 2020). It has been found that the levels of compassion among nursing students vary based on their gender, academic grade, and income status (Çingöl et al., 2018). Two studies have examined the relationship between compassion fatigue and compassion (Polat & Erdem, 2017; Tanrıkulu & Ceylan, 2021). Excessive compassion may result in devotion, whereas inadequate compassion may lead to neglect. ICU can be highly exhausting and can become an unbearable place for both staff and patients (Cole-King & Gilbert, 2011 Uslu & Demir Korkmaz, 2016;).

Previous research has been carried out to determine the factors that influence compassion and compassion fatigue (Arkan et al., 2020; Cingi & Eroglu, 2019; Çingöl et al., 2018; Gündüzoğlu, 2019; İşgör, 2017; Karaca, 2019; Kişmir & İrge, 2020; Kılıç et al., 2020; Özdelikara & Babur, 2020 Polat & Erdem, 2017;). The studies have identified that education levels (Karaca, 2019; Kişmir & İrge, 2020) and working hours (Karaca, 2019; Kişmir & İrge, 2020 Kılıç et al., 2020;) are the factors influencing compassion fatigue. Compassion fatigue was influenced by gender (Çingöl et al., 2018) and working unit (Arkan et al., 2020). This study aimed to ascertain the intensity of compassion and compassion fatigue in ICU nurses, the influencing factors, and the relationship between compassion and compassion fatigue.

## Methods

### Study Design

The research was conducted as descriptive and correlational.

## Research Questions

The research questions were the following:

1. What are the compassion levels of intensive care nurses?
2. What is the compassion fatigue level of intensive care nurses?
3. Is compassion corraleted to compassion fatigue?

### Population and Sample of the Study

This research was conducted with nurses working in the ICU of a state and a university hospital in the Black Sea region of Turkey. The population of the research consisted of 213 nurses working in the intensive care units of two hospitals between the dates of data collection (June–July 2018).

### Inclusion/Exclusion Criteria

Volunteer nurses who had been working in intensive care for at least 6 months were included in the study. The research attempted to reach the entire population. Since 20 nurses were on leave and 11 nurses did not want to participate in the research, the study was completed with 182 nurses. In the study, 86% of the nurses were reached. In this research,

a power analysis was calculated by determining the sample size as a post-hoc analysis using the G*Power 3.1.9.2 program. The relationship between the "compassion scale and compassion fatigue" was tested with Pearson correlation analysis. Accordingly, the power was calculated as 0.99 with an effect size of 0.4 (medium effect size), coefficient of determination p2 was 0.161 and the alpha error value was 0.05. This result showed that the sample size was sufficient.

## Data Collection

Data were collected on certain days between June and July 2018. The intensive care units of the two hospitals where the research was conducted were visited by the researcher in the afternoon. During the visits, the nurses were interviewed (one on one) in a suitable room at their convenience and the purpose of the research was explained. After the explanation, nurses were invited to participate in the research. Data collection tools were given to nurses who agreed to participate in the research. The survey forms, which took approximately 10 min to answer, were taken back by the researcher. Questionnaire included demographic data form, compassion fatigue sub-dimension of the Professional Quality of Life Scale and Compassion Scale.

## Instruments

*Demographic Data Form.* There were nine questions in total to determine the gender, age, marital status, education level, income level, children, years of employment, years of work in intensive care, and general health status of the nurses participating in the research (Akdeniz & Deniz, 2016; Çingöl et al., 2018; Karaca, 2019; Polat & Erdem, 2017). Income status (high, middle, low) and health status (bad, middle, good, very good) were evaluated subjectively by nurses.

*Compassion Scale (CS).* This scale was developed by Pommier in 2011 (Pommıer, 2011). The scale assesses compassion for others. This scale consists of six sub-dimensions: disengagement, conscious awareness, irrelation, awareness of sharing, kindness, and indifference. The scale, which is a five-point Likert type (1, never, to 5, always), consists of 24 items. The scale scores range between 24 and 120. The questions in the sub-dimension of the scale are as follows: kindness, 6th, 8th, 16th, and 24th; indifference, 2nd, 12th, 14th, and 18th (reverse scoring); awareness of sharing, 11th, 15th, 17th and 20th; Irrelation: 3rd, 5th, 10th, and 22nd (scoring in reverse); conscious awareness, 4th, 9th, 13th, and 21st; disengagement: 1st, 7th, 19th, and 23rd (scoring in reverse). Some items may need to be reverse-scored before the total score of the scale is calculated. The total score of the scale is calculated after reversing the indifference, irrelation, and disengagement subscales (Akdeniz & Deniz, 2016). The Turkish validity and reliability study of the scale was conducted by Akdeniz and Deniz (2016), and the Cronbach's alpha value was determined to be 0.850 (Akdeniz & Deniz, 2016). For this study, the Cronbach's alpha value of the scale was determined to be 0.876. The values of the sub-dimensions were as follows: kindness: 0.778; indifference: 0.722; awareness of sharing: 0.587; irrelation: 0.529; conscious awareness: 0.612; disengagement: 0.571.

*Compassion Fatigue Subdimension of the Professional Quality of Life Scale (ProQLS).* This scale was prepared by Stamm in 2010. The translation of the scale into Turkish, along with its reliability and validity study, was carried out by Yeşil et al. (2010). There are three sub-dimensions in the scale: compassion satisfaction, burnout and compassion fatigue. In this research, the compassion fatigue sub-dimension was used to measure the symptoms that occur due to an individual's encounter with a stressor-induced situation. It is recommended that personnel receive support or help if they get a high score on this scale. This sub-dimension of the scale, which is a self-report assessment tool, consists of 10 items. Items 2, 5, 7, 9, 11, 13, 14, 23, 25, and 28 in the ProQLS measure compassion fatigue. The evaluation of the items on the Likert-type scale is scored from never (0) to very often (5) (Yeşil et al., 2010). The scale scores range between 0 and 50. Cronbach's alpha value of the scale was 0.80. The Cronbach's alpha value for this research was 0.769.

## Statistical Analysis

The SPSS 18 statistical package program was used for the analysis of the research data. In the comparison of expressions for intensive care nurses and the dimensions in which these expressions were collected according to demographic variables, in cases where parametric assumptions were fulfilled, the significance test of the difference between two means ($t$-test) was used to compare the two groups, and when more than two groups were compared, an analysis of variance ($F$-test) was used. When the parametric assumptions were not fulfilled, the Kruskal–Wallis analysis of variance was used to compare more than two groups. For Kruskal–Wallis analysis, Mann–Whitney U (MWU) was used in the post hoc analysis. The relationship between the compassion scale and the sub-dimensions of quality of work life was examined by Pearson correlation analysis. In the study, $p < .05$ indicates statistically significance. The scale obtained scores are expressed as low, medium and high, taking into account the lowest and highest possible scores.

## Ethical Consideration

Official permission was obtained from the Ethics Committee of Atatürk University Faculty of Nursing (27.02.2018, 217–12/4) and the management of the two hospitals where the research was conducted. In addition, permission was obtained from the researchers who conducted the Turkish

validity and reliability of the scales to be used in the research. The nurses participated in the research voluntarily and their written or verbal consent was obtained.

## Results

### Sample Characteristics

In the study, a total of 213 nurses responded to the survey, and there were no missing data. It was determined that 66.5% of the intensive care nurses participating in the research were women, 34.1% were 25–30 years old, 63.7% were married, 59.3% were undergraduate graduates, 87.4% had medium income, and 56.6% had children. It was determined that 30.8% of the intensive care nurses had worked for 5–10 years and 40.7% of them had worked in the intensive care unit for 1–5 years. It was found that 54.4% of the nurses participating in the research evaluated their health status as good (Table 1).

### Compassion and Compassion Fatigue Levels of Intensive Care Nurses

The scale mean scores of the nurses were as follows: compassion fatigue was determined as $15.86 \pm 7.22$ (item score averages $1.58 \pm 0.72$) and compassion $72.21 \pm 7.28$ (item score averages $3.01 \pm 0.30$). The compassion and compassion fatigue scales minimum and maximum scores ranging from 40–120 and 0–50 respectively. Based on these scores, it can be assumed that ICU nurses' compassion is at a medium level and their compassion fatigue is at a low level. The compassion scale sub-dimensions were as follows: kindness $16.01 \pm 2.81$, indifference $8.20 \pm 2.88$, awareness of sharing $15.62 \pm 2.93$, irrelation $8.64 \pm 2.52$, conscious awareness $15.75 \pm 2.59$, and disengagement $7.99 \pm 2.50$ (Table 2).

The difference in the average compassion score of nurses according to their gender and years of working in intensive care is statistically significant ($p < .05$, Table 3). Women's average compassion score is higher. The analysis aimed to identify the group responsible for the variance in nurses' compassion levels based on their work years, found that there was a significant difference between those who had worked in ICU for 0–1 years (median = 3.58) and those who had worked in ICU for 10–20 years (median = 4.33) (MWU = 189.5, $Z = -3.505$, $p = .000$).

According to Table 3, the mean score for compassion fatigue significantly differs based on age, level of education, and working year ($p < .05$, Table 3).

It was determined that the mean score of compassion fatigue of nurses was higher in nurses aged 19–24, were high school graduates and had 0–1 working years, and the difference between them was statistically significant (Table 3, $p < .05$). The analysis conducted to determine which group caused the difference in compassion scores among nurses according to age found that there was a significant difference between

**Table 1.** Characteristics of Intensive Care Nurses.

| Characteristics | *N* | % |
|---|---|---|
| Gender | | |
| Woman | 121 | 66.5 |
| Man | 61 | 33.5 |
| Age | | |
| 19–24 | 34 | 18.7 |
| 25–30 | 62 | 34.1 |
| 31–40 | 53 | 29.1 |
| 41 and above | 33 | 18.1 |
| Marital status | | |
| Married | 116 | 63.7 |
| Single | 66 | 36.3 |
| Education | | |
| High school | 40 | 22.0 |
| Associate degree | 22 | 12.1 |
| Licence | 108 | 59.3 |
| Graduate | 12 | 6.6 |
| Income | | |
| High | 2 | 1.1 |
| Middle | 159 | 87.4 |
| Low | 21 | 11.5 |
| Status of having a child | | |
| No | 79 | 43.4 |
| Yes | 103 | 56.6 |
| Working year | | |
| 0–1 | 10 | 5.5 |
| 1–5 | 49 | 26.9 |
| 5–10 | 56 | 30.8 |
| 10–20 | 38 | 20.9 |
| 20 and above | 29 | 15.9 |
| Working years in intensive care unit | | |
| 0–1 | 25 | 13.7 |
| 1–5 | 74 | 40.7 |
| 5–10 | 47 | 25.8 |
| 10–20 | 33 | 18.2 |
| 20 and above | 3 | 1.6 |
| Health situation | | |
| Bad | 12 | 6.6 |
| Middle | 57 | 31.3 |
| Good | 99 | 54.4 |
| Very good | 14 | 7.7 |

**Table 2.** Compassion and Compassion Fatigue Score Averages.

| Scale | Mean ± SD | Min.–max. |
|---|---|---|
| Compassion fatigue | $15.86 \pm 7.22$ ($1.58 \pm 0.72$[a]) | 0–50 |
| Total compassion score | $72.21 \pm 7.28$ ($3.01 \pm 0.30$[a]) | 24–120 |
| Kindness | $16.01 \pm 2.81$ | 4–20 |
| Indifference[b] | $8.20 \pm 2.88$ | 4–20 |
| Awareness of Sharing | $15.62 \pm 2.93$ | 4–20 |
| Irrelation[b] | $8.64 \pm 2.52$ | 4–20 |
| Conscious awareness | $15.75 \pm 2.59$ | 4–20 |
| Disengagement[b] | $7.99 \pm 2.50$ | 4–20 |

[a]Item score averages. [b]It was reverse scored when calculating the total score average.

**Table 3.** Comparison of Nurses' Descriptive Characteristics and Compassion Scale and Compassion Fatigue Scores.

| Characteristics | Compassion scale $\bar{X} \pm SD$ | Compassion fatigue $\bar{X} \pm SD$ |
|---|---|---|
| Gender | | |
| Woman | 4.012 ± 0.484 | 1.538 ± 0.675 |
| Man | 3.808 ± 0.493 | 1.675 ± 0.738 |
| | *t*: 0.237/*p* = .008* | *t*: 0.201/*p* = .214 |
| Age | | |
| 19–24 | 3.849 ± 0.563 | 1.914 ± 0.685 |
| 25–30 | 3.934 ± 0.434 | 1.543 ± 0.583 |
| 31–40 | 3.898 ± 0.520 | 1.566 ± 0.819 |
| 41 and above | 4.132 ± 0.458 | 1.351 ± 0.597 |
| | *F*: 2.208/*p* = .089 | *F*: 4.037/*p* = .008* |
| Marital status | | |
| Married | 3.983 ± 0.461 | 1.541 ± 0.700 |
| Single | 3.875 ± 0.547 | 1.660 ± 0.692 |
| | *t*: 4.977/*p* = .156 | *t*: 0.094/*p* = .269 |
| Education | | |
| High school | 3.846 ± 0.540 | 1.875 ± 0.674 |
| Associate degree | 4.043 ± 0.363 | 1.481 ± 0.665 |
| Licence | 3.951 ± 0.510 | 1.538 ± 0.694 |
| Graduate | 4.017 ± 0.399 | 1.216 ± 0.611 |
| | KW: 0.904/*p* = .666 | KW: 3.910/*p* = .019* |
| Income | | |
| High | 3.875 ± 0.412 | 1.050 ± 0.353 |
| Middle | 3.966 ± 0.486 | 1.584 ± 0.693 |
| Low | 3.783 ± 0.559 | 1.638 ± 0.754 |
| | KW: 1.282/*p* = .365 | KW: 0.645/*p* = .345 |
| Status of having a child | | |
| No | 3.908 ± 0.527 | 1.672 ± 0.691 |
| Yes | 3.971 ± 0.469 | 1.517 ± 0.699 |
| | *t*: 2.444/*p* = .400 | *t*: 0.023/*p* = .139 |
| Working year | | |
| 0–1yıl | 3.620 ± 0.645 | 1.830 ± 0.760 |
| 1–5 yıl | 3.919 ± 0.507 | 1.824 ± 0.648 |
| 5–10 yıl | 3.876 ± 0.467 | 1.517 ± 0.732 |
| 10–20 yıl | 4.045 ± 0.464 | 1.418 ± 0.722 |
| 20 and above | 4.096 ± 0.459 | 1.441 ± 0.558 |
| | KW: 2.516/*p* = .065 | KW: 2.837/*p* = .030* |
| Working years in intensive care | | |
| 0–1 | 3.683 ± 0.500 | 1.708 ± 0.741 |
| 1–5 | 3.922 ± 0.506 | 1.671 ± 0.692 |
| 5–10 | 3.971 ± 0.470 | 1.570 ± 0.713 |
| 10–20 | 4.131 ± 0.440 | 1.360 ± 0.632 |
| 20 and above | 4.166 ± 0.325 | 1.100 ± 0.519 |
| | KW: 3.293/*p* = .008* | KW: 1.725/*p* = .139 |
| Health situation | | |
| Bad | 3.791 ± 0.404 | 1.658 ± 0.575 |
| Middle | 3.890 ± 0.556 | 1.671 ± 0.700 |
| Good | 3.983 ± 0.458 | 1.511 ± 0.710 |
| Very good | 4.014 ± 0.553 | 1.685 ± 0.706 |
| | KW: 0.906/*p* = .349 | KW: 0.803/*p* = .443 |

*Note*. *F*, one-way ANOVA, *t*, *t*-test, KW, Kruskal–Wallis test.
*$p < .05$.

those aged 41 and over (median = 1.4) and those aged 19–24 (median = 1.75) (MWU = 304.5, $Z$ = -3.226, $p$ = .001). It was found that a significant difference between nurses' compassion fatigue scores according to their level of education was between postgraduate (median = 1.35) and high school (median = 1.7) (MWU = 118.5, $Z$ = -2.645, $p$ = .008). In the analysis performed to determine which group caused the difference according to the study year, it was determined that there was no significant difference between the groups ($p > .05$).

### *The Relationship Between Compassion Fatigue and Compassion*

After conducting Pearson correlation test found that it was determined that there was a moderately negative and significant relationship between compassion fatigue and total score of compassion ($r = -.405$, $p < .05$). There was a weakly significant negative relationship between compassion fatigue and the "conscious awareness" and "disengagement" subscales. There was a weakly significant positive relationship between compassion fatigue and the "awareness of sharing" and "kindness" subscales ($p < .05$, Table 4).

## Discussion

### *Compassion and Compassion Fatigue Levels of Intensive Care Nurses*

Nurses, as the occupational group that experiences the feeling of compassion most intensely, may be exposed to compassion fatigue, defined as the cost of care (Şirin & Yurttaş, 2015). In this research, it was determined that the average score of the nurses on the compassion scale was moderate. It is mentioned in the relevant literature that compassion supports positive well-being, causes fewer depressive symptoms and provides positive psychological benefits, such as an increase in self-esteem (Akdeniz & Deniz, 2016; İşgör, 2017). In their study of nursing students, Çingöl et al. (2018) found the mean score of the compassion scale to be 4.19 ± 0.44. In another study conducted with physicians, it was determined as 4.24. According to these results, health professionals have a high level of compassion in the studies carried out. Patients and their relatives want to be treated with compassion in the health institutions where they are experiencing the most difficult times (Şeremet & Ekinci, 2021). Especially in intensive care units, compassionate care, rather than treatments, relieves pain (Uslu & Demir Korkmaz, 2016). It has been determined that nurses have feelings of compassion, but the term "fears of compassion" is also mentioned in the literature. This has been defined as a fear arising from the fear of the presence of compassion (Şeremet & Ekinci, 2021). It is recommended that this aspect be considered in future studies. In this study, compassion fatigue was specifically examined.

**Table 4.** Correlation of Compassion Scale With Compassion Fatigue.

| | Compassion fatigue |
|---|---|
| Compassion | $r = -.405$ $p < .05$ |
| Kindness | $r = .212$ $p < .05$ |
| Indifference | $r = .042$ $p = .57$ |
| Awareness of sharing | $r = .190$ $p < .05$ |
| Irrelation | $r = -.048$ $p = .57$ |
| Conscious awareness | $r = -.170$ $p < .05$ |
| Disengagement | $r = -.181$ $p < .05$ |

It was determined that the mean scores for compassion fatigue among nurses were low. Yeşil et al. (2010) found compassion fatigue to be $1.46 \pm 0.72$. These results are similar to those of the present research. There are also studies in the literature with different results (Jakimowicz et al., 2018; Polat & Erdem, 2017). Duarte et al. (2016) determined the mean score for compassion fatigue to be $2.53 \pm 0.48$. Kara (2018) determined the nurses' mean compassion fatigue score to be $2.01 \pm 0.89$. Cetrano et al. (2017) determined the mean score of compassion fatigue to be $1.44 \pm 0.41$ in their study, which consisted mainly of nurses. Jakimowicz et al. (2018) determined compassion fatigue to be $2.14 \pm 0.46$ in their study of intensive care nurses. It was thought that the difference in score averages might be affected by the fact that the research was conducted in different clinics and hospitals in different cities.

When the genders of the intensive care nurses were compared with the mean score of the compassion scale, it was determined that the mean item score of women was significantly higher than that of men (Table 3, $p < .05$). Tatum (2012), and Çingöl et al. (2018) found that women's average score on compassion was higher than men's. Women's high compassion scores may reflect their sense of motherhood in the workplace and tendency to be more emotional toward patients. The mean score for compassion amongst male participants in the study was lower. Based on the negative correlation between compassion and compassion fatigue, it was thought that compassion fatigue might affect the average score.

Jakimowicz et al. (2018) determined the average compassion fatigue score of women to be higher. The reason why the level of compassion fatigue is higher in men can be attributed to the fact that factors outside the hospital affect men more (financially); working shifts that keep them away from their families or children, their spouses working shift jobs and negative attitudes are effective in men's profession. In addition, it is noteworthy that women who had a high level of compassion in the study had lower average scores for compassion fatigue compared with men. It is possible that the feeling of compassion reduces compassion fatigue. Compassionate behavior distinguishes itself from empathy, sympathy, and pity. It is stated that compassionate behavior begins with the recognition that someone is suffering.

It is considered a driving force for taking action toward relieving others' pain. However, compassion fatigue is described as the adverse impact of aiding those who have undergone traumatic events or are enduring agony and distress (Ledoux, 2015; Pehlivan & Güner, 2018 Şirin & Yurttaş, 2015). Karaca (2019) determined that there was no difference between gender and mean scores for compassion fatigue.

When the mean scores of the nurses' compassion scale were compared according to age, marital status, education level, income status, having a child, working year and health status, it was found that the difference was not significant (Table 3, $p > .05$). It was determined that the mean scores of compassion of the nurses increased significantly as the years of working in the intensive care unit increased (Table 3, $p < .05$). There are studies that try to determine whether compassion is an attitude that can be developed (Avşaroğlu, 2019). Nursing is a professional job and throughout nursing education, care and altruism are at the forefront. Uslu and Korkmaz drew attention to the issue of compassion using Florence Nightingale and Florence Lees' views about nurses as follows:

> According to Florence Nightingale (1873–1897), good nurses are good people and have developed their virtues and good qualities in their characters; one of them is compassion. According to Florence Lees, nursing education focuses on being polite and compassionate, as well as technical competence. (Uslu & Demir Korkmaz, 2016)

After the training is received, it is thought that the experiences gained in working life can increase nurses' compassion.

It was determined that the average compassion fatigue of intensive care nurses was higher in the 19–24 age group (Table 3, $p < .05$). Başkale et al. (2016) and Kavlu and Pınar (2009) concluded that depersonalization decreases as age increases. According to Taycan's (2006) research, it was determined that nurses feel more successful in parallel with an increase in age. Burtson and Stichler (2010) also found that compassion fatigue decreased significantly as age and professional experience progressed. Different results have been obtained in the literature regarding age (Kılıç et al., 2020). More and varied studies on the subject are recommended.

When the income levels of intensive care nurses were compared with the level of compassion fatigue, the mean of nurses with low income was found to be higher (Table 3, $p > .05$). According to the data obtained in his study, İşgör (2017) found higher subjective well-being scores among students with high income levels. In this study, the majority of nurses had a middle income status.

When the child status of the intensive care nurses was compared with the mean score of compassion fatigue, it was determined that the mean of the nurses without children was higher (Table 3, $p > .05$). These research results are compatible with

those of some of the literature (Duarte et al., 2016; Kavlu & Pınar, 2009; Taycan et al., 2006). Tanrıkulu and Ceylan (2021) determined that there is no significant relationship between the number of children and compassion fatigue.

Considering the working years of nurses in this study, the mean score of compassion fatigue was higher in the group that was new to the profession and had 0–1 year working years and the difference was found to be statistically significant (Table 3, $p < .05$). In their study, Taycan et al. (2006) concluded that as the working year increased, personal success increased. Süzen and Çevik;s (2020) study determined that there was a relationship between nurses' professional values and compassion. Professional values have been reported to be related to years of employment (Subaşı & Özbek Güven, 2022). It was thought, therefore, that the professional values of nurses in their first year of working life might influence compassion.

### *The Relationship Between Compassion Fatigue and Compassion*

It was determined that there was a moderately negative and significant relationship between compassion fatigue and total score of compassion (Table 4, $r = -.405$, $p < .05$). It was determined that as the compassion level of the nurses increased, the level of compassion fatigue decreased. It can be concluded that nurses' high levels of compassion lead to low levels of compassion fatigue. In his research, İşgör (2017) found that compassion is related to subjective well-being. There was also a significant relationship between compassion fatigue and the sub-dimensions of compassion among kindness, awareness of sharing, conscious awareness and disengagement. However, no study has been found in the literature comparing nurses' compassion and compassion fatigue. In their research, Polat and Erdem (2017) established that there was a relationship between indifference, awareness of sharing, conscious awareness and disengagement, the sub-dimensions of compassion, and compassion fatigue. For this reason, this study makes an important contribution to the literature.

## Strengths and Limitations

This study provided information about nurses' compassion levels and compassion fatigue. The research is cross-sectional; it was conducted with intensive care nurses working in two hospitals. The use of a self-report questionnaire can be considered a limitation of the study and may cause social desirability bias. It is possible to generalize the results obtained from the research to this sample.

## Implications for Practice

Compassion fatigue is seen, especially in nurses working in intensive care units with critically ill patients. Developing a sense of compassion in nurses working in intensive care units can reduce compassion fatigue. It is important to conduct research that includes implementations to develop compassion and to take the necessary precautions by monitoring the early symptoms of compassion fatigue.

## Conclusion

According to the results obtained in the study, it was concluded that high compassion reduces compassion fatigue. Conducting studies that will improve attitudes toward compassion can be used to reduce compassion fatigue. According to these results, studies should be carried out to determine the factors affecting compassion fatigue in intensive care nurses, to raise awareness of compassion fatigue in order to prevent compassion fatigue, to cooperate with official institutions at the stage of treating compassion fatigue, and to take precautions. In addition, research into fear of compassion should be conducted. It is recommended to conduct prospective longitudinal studies that periodically evaluate changes in nurses' compassion and compassion fatigue.

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### Author Contributions

All authors have agreed on the final version and meet at least one of the following criteria recommended by the ICMJE (http://www.icmje.org/recommendations). Study conception and design: AO, HP; Data collection: AO; Data analysis and interpretation: AO, HP; Drafting and critical revision of the article: AO, HP.

### Data Availability Statement

Data are available on request from the authors.

### Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Ethical Principles

The ethics committee permission was obtained from the Ataturk University Faculty of Nursing Scientific Ethics Committee (date and number: February 27, 2017/12-4) in order to conduct the research and written institution permission (date and number: April 30, 23845617-044) was obtained from hospitals for the application of the questionnaire forms.

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