



Compassion Fatigue and Satisfaction Among Triage Nurses in Public Health Institutions in National Capital Region: A Quantitative Study

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ABSTRACT

Background

While nurses have long borne witness to the suffering of patients and their families, their own responses to profound loss and untimely death have not undergone systematic examination. Scarce research exists on strategies to mitigate or prevent the impact of frequent exposure to stressful situations in the clinical workplace. The term "compassion fatigue" has emerged to describe the routine experience of tragedy through personal vicarious exposure, yet the causes of this weariness remain unclear. Patients in care, often unwell, injured, traumatized, or vulnerable, receive nursing care, subjecting them to significant pain, trauma, and suffering (Coetzee & Klopper, 2010; Hooper et al., 2010). Despite viewing their work as a calling, many nurses do not foresee the emotional ramifications resulting from their deep interpersonal ties with patients and families (Aycock & Boyle, 2009; Walton & Alvarez, 2010).

Methods

A correlation design to capture a snapshot of nurse experiences were used. Statistical analyses like regression or correlation to identify potential relationships were employed. The researchers considered factors such as workload, support systems, and coping mechanisms in this study for a comprehensive understanding of the given phenomenon. Various tools were used to measure level of compassion fatigue and compassion satisfaction.

Results

The largest age group is 31-35 years old, comprising 28.48% of the total participants, followed by 26-30 years old at 16.56%. The age range of 36-40 years old also shows a substantial representation at 25.83%. About 46.70% of participants are single, while 54.30% are married. The largest proportion falls within the 6-10 years category, comprising 34.44% of the participants. Subsequently, those with 1-5 years of experience constitute 31.13%, followed by 11-15 years (21.85%), 21-25 years (6.62%), and the smallest group with 16-20 years of experience (5.96%). A significant portion, 59.60%, are associated with Primary Hospitals. Secondary Hospitals represent 5.96% of the participants, while Tertiary Hospitals constitute a substantial 30.46%. RHU accounts for 0.66%, and Health Centers for 3.331%. Triage nurses in selected public hospitals in the National Capital Region exhibit a generally average level of compassion fatigue in terms of burnout. The average weighted mean of 2.54 falls within the "Average" range. Nurses express an average level of secondary traumatic stress, with a mean of score of 2.72 falling within the "Average" verbal interpretation range. On average, the level of compassion satisfaction among triage nurses in the National Capital Region is high, with an average weighted mean of 3.76. Data expressed that there is a negative moderate relationship (Pearson $r=-0.46$; $p\text{-value}=0.00$) between the level of compassion fatigue and compassion satisfaction. This suggests that as compassion fatigue increases, compassion satisfaction tends to decrease among the selected nurses, and vice versa. In contrast, compassion satisfaction had a weighted mean of 3.77 and a standard deviation of 0.54, reflecting a relatively higher level of satisfaction. The critical value of 0.1593 at a 0.05 level of significance further supports the significance of these findings.

Conclusion

In this study, the researchers obtained a deeper understanding of the actual situations faced by triage nurses in the National Capital Region's public health institutions through surveys and structured assessments. The experiences of the triage nurses answered the questions on how they managed their stress to maintain their well-being and efficiency in their workplace. Although this study shows the level of compassion satisfaction is relatively average, the significant relationship of compassion fatigue and compassion satisfaction revealed a negative moderate relationship which suggests that as compassion fatigue increases, compassion satisfaction tends to decrease. This exhibits that having compassion fatigue will not lessen the concern and compassion that nurses have on their patients and the nursing profession. In the middle of the physically daunting task of a nurse, there comes the burning passion to make a difference in a person's life through their ability to facilitate healing. Nurses find meaning in their privilege to touch human lives and this does not tone their compassion down, no matter how challenging the task ahead is.

Introduction

"Compassion fatigue" has emerged to describe the routine experience of tragedy through personal vicarious exposure, yet the causes of this weariness remain unclear. Patients in care, often unwell, injured, traumatized, or vulnerable, receive nursing care, subjecting them to significant pain, trauma, and suffering (Coetzee & Klopper, 2010; Hooper et al., 2010). Despite viewing their work as a calling, many nurses do not foresee the emotional ramifications resulting from their deep interpersonal ties with patients and families (Aycock & Boyle, 2009; Walton & Alvarez, 2010). Compassion, the emotion that arises when one is moved by the suffering of another, is at the core of nursing practice (Hooper et al., 2010; Schantz, 2007). The consistent development of compassion is a vital nursing skill that fosters connectedness and provides support to those in need of care (Dunn, 2009).

A study conducted on Filipino registered nurses from August to November 2017 shed light on compassion satisfaction and compassion fatigue. Among the findings, 90.09% reported moderate to high levels of compassion satisfaction, while burnout and secondary stress, facets of compassion fatigue, had a prevalence of 74.38% and 83.47%, respectively. Occupational determinants, including job satisfaction and nurse-colleague relationships, were identified (Balinbin et al., 2020). Job satisfaction and nurse-colleague relationships positively influenced compassion satisfaction, while higher monthly income positively influenced both dimensions of compassion fatigue. The negative effect of nurse-colleague relationships on compassion fatigue was particularly pronounced.

Given the unique context of the National Capital Region, characterized by diverse patient populations and high patient volumes, this study aims to explore the experiences of triage nurses. Through this exploration, the study seeks to contribute valuable insights into the emotional well-being of healthcare professionals, thereby enhancing patient care in public health institutions.

Methods

Research Design

The researchers conducted a quantitative approach which involves collecting numerical data through surveys or structured assessments. Validated scales to measure compassion fatigue and job satisfaction, ensuring reliability and validity were utilized. A correlation design to capture a snapshot of nurse experiences were used. Statistical analyses like regression or correlation to identify potential relationships were employed. The researchers considered factors such as workload, support systems, and coping mechanisms in this study for a comprehensive understanding of the given phenomenon.

Research Locale

This study was conducted at several public hospitals and Health institutions in the city of Manila and Malabon. These Government Institutions mainly cater to the less fortunate population that are in need of health care services. Therefore, the number of people utilizing the services is relatively large. Furthermore, the main objective of these established health institutions is to accommodate the health care needs of Manilenos and Malabonians.

Study Design

This researcher utilized quantitative research design. In particular, correlational study was sought as the best method. It is aimed at casting light on a problem through data collection and analysis which enables the researchers to describe the situation of the respondents more completely. This research design was applied and utilized with the aim to describe the lived experiences of Triage nurses in several public hospital / healthcare institutions in the National Capital Region while handling stress management for them to maintain their well-being and efficiency in their workplace.

Selection study of participants

Stratified random sampling was employed to identify the number for each category wherein the type of hospital was used. Basically, it includes the tertiary, secondary and primary health care institutions within the city of Manila and Malabon. This sampling technique was appropriate for the researcher to obtain the sample according to the participants of the different demographic profile.

The researchers used disproportionate stratified random sampling wherein the total sample is divided into three subgroups: Tertiary, secondary and primary health care institutions.

The following are the criteria for the selection of the informants for the study:

1. A registered Nurse working in a public hospital / Institution in the National Capital Region.
2. Actively working or has worked in the Triage Department.
3. They can answer questions on how they managed their stress to maintain their well-being and efficiency in the workplace.

Data Measure

The researchers adapted and utilized Professional Quality of Life Scale Version 5 to measure levels of Compassion Fatigue and Satisfaction of the nurses. The Positive (Compassion Satisfaction) and the negative (Compassion Fatigue). Compassion fatigue breaks into two: Burnout and Secondary Traumatic Stress. The ProQOL tool is adapted and the researchers have included demographic questionnaires to gather the data needed for the respondents' respective profiles. The first part of the form is about the demographic profile of the participants, specifically the years of clinical experience and the type of hospital

they are working. The second part of the form is to assess their level of compassion satisfaction and compassion fatigue, through a rating scale. This part aims to scale the participant's daily experiences, both positive and negative. Thirty questions was adapted to assess their level of compassion satisfaction and compassion fatigue.

Sampling:

- Used stratified random sampling to ensure representation across different public health institutions and varying levels of demographics.

Data Analysis:

- Quantitative Data: Analyze survey responses using statistical tools (e.g., regression analysis) to identify factors associated with compassion fatigue and compassion satisfaction. In this particular study, the researcher utilized the Pearson correlation in order to determine the relationship among the variables.

Ethical Considerations:

The participants were be informed completely of the purpose of the research, and they provided written acceptance by signing a Consent and Briefing Letter. The researchers ensured that their participation is voluntary, and they can withdraw from the project without any penalty.

All the personal information provided by the participants were treated as confidential and remained confidential throughout the entire study and even until the project has been completed. Personal data and information were not used without obtaining consent from the participants.

Results

Table 1.1 Demographic profile of the participants in terms of Age

Indicators	f	Percentage
20 - 25 years old	8	5.30%
26 - 30 years old	25	16.56%
31 - 35 years old	43	28.48%
36 - 40 years old	39	25.83%
41 - 45 years old	14	9.27%
46 - 50 years old	13	8.61%
51 - 55 years old	9	5.96%
Total	151	100.00%

Table 1.1 shows the demographic profile of triage nurses in the National Capital Region in terms of age indicates a diverse distribution. The largest age group is 31-35 years old, comprising 28.48% of the total participants, followed by 26-30 years old at 16.56% The age range of 36-40 years old also shows a substantial representation at 25.83%. The distribution gradually decreases in the older age categories, with 41-45 years old at 9.27%, 46-50 years old at 8.61% and 51-55 years old at 5.96%. The age group of 20-25 years old has the smallest representation at 5.30%. Overall, the table appears to cover a broad spectrum of age groups.

Table 1.2 Demographic profile of the participants in terms of Civil Status

Indicators	f	Percentage
Single	69	45.70%
Married	82	54.30%
Total	151	100.00%

Table 1.2 shows the demographic profile of triage nurses in the National Capital Region suggests that 45.70% of participants are single, while 54.30% are married. Understanding the civil status distribution is crucial for contextualizing compassion fatigue and satisfaction level within the specific demographic groups.

Table 1.3 Demographic profile of the participants in terms of years of clinical experience

Indicators	f	Percentage
1 - 5 Years	47	31.13%
6 - 10 Years	52	34.44%
11 - 15 Years	33	21.85%

16 - 20 Years	9	5.96%
21 - 25 Years	10	6.62%
Total	151	100.00%

Table 1.3 shows the demographic profile of triage nurses in the National Capital Region, based on years of clinical experience, indicates a diverse distribution. The largest proportion falls within the 6-10 years category, comprising 34.44% of the participants. Subsequently, those with 1-5 years of experience constitute 31.13%, followed by 11-15 years (21.85%), 21-25 years (6.62%), and the smallest group with 16-20 years of experience (5.96%). This data suggests a relatively balanced distribution of clinical experience among the surveyed triage nurses.

Table 1.4 Demographic profile of the respondents in terms of Types of Hospital

Indicators	f	Percentage
Primary Hospital	90	59.60%
Secondary Hospital	9	5.96%
Tertiary Hospital	46	30.46%
RHU	1	0.66%
Health Center	5	3.31%
Total	151	100.00%

Table 1.4 shows the demographic profile of triage nurses in the National Capital Region categorized by the types of hospitals, indicating that a significant portion, 59.60%, are associated with Primary Hospitals. Secondary Hospitals represent 5.96% of the participants, while Tertiary Hospitals constitute a substantial 30.46%. RHU accounts for 0.66%, and Health Centers for 3.331%.

Table 2.1 Level of compassion fatigue of triage nurses in selected public hospitals in National Capital Region in terms of Burnout

Burnout	Mean	Verbal Interpretation
1. I am happy.	2.07	Average
4. I feel connected to others.	2.40	Average
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I nurse.	2.19	Average
10. I feel trapped by my job as a nurse.	2.72	Average
15. I have beliefs that sustain me.	2.39	Average
17. I am the person I always wanted to be.	2.26	Average
19. I feel worn out because of my work as a nurse.	3.11	Average
21. I feel overwhelmed because my workload seems endless.	3.34	Average
26. I feel "bogged down" by the system.	2.85	Average
29. I am a very caring person.	2.05	Average
Average Weighted Mean	2.54	Average

Legend: 1.00 – 1.67: Low; 1.68 - 3.34: Average; 3.35 – 5.00: High

Table 2.1 shows that the triage nurses in selected public hospitals in the National Capital Region exhibit a generally average level of compassion fatigue in terms of burnout. The average weighted mean of 2.54 falls within the "Average" range, suggesting that while there are some aspects indicating an average levels of compassion fatigue, there are also indications of moderate challenges related to burnout. Specifically, the highest level of burnout is reported in feeling overwhelmed by an endless workload (3.34) ranking as the highest among the factors assessed. Feeling worn out because of work as a nurse (3.11) and feeling trapped by the job (2.72) are also notable contributors to compassion fatigue, ranking second and fourth respectively. On the positive side, nurses express feeling happy (2.07) and connected to others ranking ninth and fifth in terms of burnout, suggesting a degree of resilience and social support. Beliefs that sustain them (2.39) and feeling like the person they always wanted to be (2.26) rank sixth and seventh, indicating some personal fulfillment. The data emphasizes the need for interventions and support to address specific areas contributing to burnout, such as workload management and emotional exhaustion, while recognizing and building on the positive aspects of job satisfaction and personal fulfillment.

Table 2.2 Level of compassion fatigue of triage nurses in selected public hospitals in National Capital Region in terms of Secondary Traumatic Stress

Secondary Traumatic Stress	Mean	Verbal Interpretation
2. I am preoccupied with more than one person I nurse.	3.43	High
3. I get satisfaction from being able to help people.	4.11	High
7. I find it difficult to separate my personal life from my life as a nurse.	2.42	Average

9. I think that I might have been affected by the traumatic stress of those I nurse.	2.25	Average
11. Because of my nursing care, I have felt "on edge" about various things.	2.62	Average
13. I feel depressed because of the traumatic experiences of the people I nurse.	2.46	Average
14. I feel as though I'm experiencing the trauma of someone I nurse.	2.39	Average
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I nurse.	2.60	Average
25. As a result of my nursing care, I have intrusive, frightening thoughts.	2.16	Average
28. I can't recall important parts of my work with trauma victims.	2.71	Average
Average Weighted Mean	2.72	Average

Legend: 1.00 – 1.67: Low; 1.68 - 3.34: Average; 3.35 – 5.00: High

Table 2.2 shows that data suggests on average, triage nurses in selected public hospitals in the National Capital Region experience a low level of compassion fatigue. Specifically, nurses express a low level of secondary traumatic stress, with a mean of score of 2.72 falling within the "Average" verbal interpretation range. Satisfaction from helping people is evident, as reflected in the mean score of 4.11, as categorized as "Average Rank 1" in verbal interpretation. Difficulty in separating personal life from the nursing role is reported at a mean score of 2.42 classified as "Average Rank 7". The perceived impact of traumatic stress on nurses themselves is relatively average, with means ranging from 2.16 to 2.71 placing them within "Average Rank 3 to Average Rank 10" range in verbal interpretation. Overall, the nurses' responses indicate an average level of compassion fatigue, emphasizing the importance of monitoring and addressing these concerns in the healthcare setting.

Table 3 Level of Compassion satisfaction of the participants

Compassion Satisfaction	Mean	Verbal Interpretation
3. I get satisfaction from being able to help people.	4.11	High
6. I feel invigorated after working with those I nurse.	3.37	High
12. I like my work as a nurse.	3.95	High
16. I am pleased with how I am able to keep up with nursing techniques and protocols.	3.71	High
18. My work makes me feel satisfied.	3.77	High
20. I have happy thoughts and feelings about those I nurse and how I could help them.	3.72	High
22. I believe I can make a difference through my work.	3.60	High
24. I am proud of what I can do to nurse my patient.	3.91	High
27. I have thoughts that I am a "success" as a nurse.	3.52	High
30. I am happy that I chose to do this work.	3.97	High
Average Weighted Mean	3.76	High

Legend: 1.00 – 1.67: Low; 1.68 - 3.34: Average; 3.35 – 5.00: High

Table 3 shows the level of compassion satisfaction of the participants. It indicates an overall high level of compassion satisfaction among triage nurses in the National Capital Region. The average weighted mean of 3.76 falls within the "high" range, reflecting positive sentiments among participants. Specifically, the verbal interpretations of each indicator highlight consistently high satisfaction levels across various aspects of their work, such as helping people, feeling invigorated, liking their nursing role, keeping up with the protocols, and deriving satisfaction from their work. The participants express pride, belief in making a difference and a sense of success in nursing roles and reflecting a positive and fulfilling perception of their work in public health institutions.

Table 4 Significant Relationship between the Levels of Compassion Fatigue and Compassion Satisfaction of triage nurses of selected nurses in National Capital Region

Indicators	WM	sd	Pearson r	t computed	P value	Remarks
Compassion Fatigue	2.63	0.42	- 0.46 (Negative Moderate Relationship)	- 6.32	0.00	Significant
Compassion Satisfaction	3.77	0.54				

Critical Values is 0.1593 @ 0.05 Level of Significance

Table 4 demonstrates the relationship between the level of compassion fatigue and compassion satisfaction among triage nurses of selected nurses in National Capital Region. It indicates that among triage nurses in Public Health institutions in the National Capital Region, it shows a negative moderate relationship (Pearson $r=-0.46$) between the level of compassion fatigue and compassion satisfaction. The weighted mean for compassion fatigue was 2.63 with a standard deviation of 0.42, indicating a significant relationship with a t-computed value of -6.32 and a p-value of 0.00. This suggests that as compassion fatigue increases, compassion satisfaction tends to decrease among the selected nurses, and vice versa. In contrast, compassion satisfaction

had a weighted mean of 3.77 and a standard deviation of 0.54, reflecting a relatively higher level of satisfaction. The critical value of 0.1593 at a 0.05 level of significance further supports the significance of these findings.

Discussion

It is evident that nurse of this study suffered from an average level of burnout during their dispense of professional practice. This was attributed by the tremendous amount of work that was given to them coupled by their personal intake of the profession. They have also felt that there is no other life outside their work affecting their work-life balance mentioning that they even lacked sleep as a result. On the contrary, there were also evidences of positive experiences. They still got some feelings of happiness in their job also because of their opportunity to connect with other people. The result show that generally, the nurses in this study has experienced secondary trauma stress on an average level. It is evident though that they are stressed at nursing more patients than they can handle effectively. This has led them to feel the trauma from the various victims that they have handled. In addition, the respondents have explicated feeling on the edge of various things because of their job. On the other hand, a positive insight has emerged out of their fears and stress trauma. Majority of the respondents gets a satisfaction on their hand because of the privilege of being able to help people as part of their profession. This is a good sign that despite the odds of the urgency in nursing profession, they still cannot move away from the gratitude of having the chance to make a difference in the life of the people that they have touched. With the above results, it can be gleaned that generally, the respondents of the study had a promising level of compassion satisfaction. Consistent with other findings from this study, their source of satisfaction is their ability to help other people that fuels them more. Despite their level of burnout from the doing nursing care, the respondents still take pride in choosing the nursing profession. They take inspiration from the amount and level of relevance in the work that they do being a nurse. In the end, all these things make them feel the satisfaction because of the nature of their job. However, not much of them have felt invigorated after doing the nursing care, implying that it is the physical aspect of the job that is on the other side. This have led some of them to feel that they are not much of a success in the profession as a nurse. It has been discovered that the healthcare environment affects the professionals' quality of life. Primary care was found to be a predictor of compassion fatigue, with a higher prevalence of it among these professionals. On the other hand, hospital professionals experienced a higher level of compassion fatigue. Maybe this relationship results from the strong emotional bonds that can be formed in a community setting with patients and their families over the course of their lives.

Conclusion

In this study, the researchers obtained a deeper understanding of the actual situations faced by triage nurses in the National Capital Region's public health institutions through surveys and structured assessments. The experiences of the triage nurses answered the questions on how they managed their stress to maintain their well-being and efficiency in their workplace. Although this study shows the level of compassion satisfaction is relatively average, the significant relationship of compassion fatigue and compassion satisfaction revealed a negative moderate relationship which suggests that as compassion fatigue increases, compassion satisfaction tends to decrease. This exhibits that having compassion fatigue will not lessen the concern and compassion that nurses have on their patients and the nursing profession. In the middle of the physically daunting task of a nurse, there comes the burning passion to make a difference in a person's life through their ability to facilitate healing. Nurses find meaning in their privilege to touch human lives and this does not tone their compassion down, no matter how challenging the task ahead is.

Acknowledgements

First of all, we give thanks to the Almighty God for the opportunity, guidance and knowledge He has bestowed upon us. We also would like to convey our genuine appreciation to Dr. Alfred Raymund Panopio and Dr. Armando Camana for their expertise which significantly contributed to the depth and quality of our research outcomes. A heartfelt acknowledgement also goes to our Research Professor Dr. Erwin Faller for his unending support and to St. Bernadette of Lourdes College for their commitment to promote research. Lastly, to the participants from selected public health institutions whose contributions have been the cornerstone of this study's achievement.

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