

ORIGINAL RESEARCH

The Association of Compassion Fatigue and Psychological Resilience With Work–Family Life Balance in Healthcare Professionals

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Abstract

Objective: The aim of this study is to examine the relationships between compassion fatigue, psychological resilience, and work–family life balance among healthcare professionals, and to determine whether these variables differ significantly according to professional group and the unit of employment.

Methods: This quantitative, cross-sectional study was conducted with a sample of 469 healthcare professionals (115 physicians, 143 nurses, 106 licensed healthcare professionals, and 105 other healthcare personnel) working in the province of Sivas and reached through an online survey. Data were collected using a Personal Information Form, the Compassion Fatigue Short Scale, the Brief Psychological Resilience Scale, and the Work–Family Life Balance Scale. Data analysis included independent samples t-tests, one-way ANOVA, Tukey and Tamhane post hoc multiple comparison tests, and Pearson correlation analysis.

Results: Healthcare professionals were found to have moderate levels of compassion fatigue and work–family life balance, and high levels of psychological resilience. Psychological resilience differed significantly across professional groups, with higher levels observed among licensed healthcare professionals; however, it did not differ significantly according to the unit of employment. Compassion fatigue varied significantly by both professional group and unit, with higher levels identified among physicians and those working in surgical units. Work–family life balance was significantly higher among outpatient clinic staff. Furthermore, a moderate, negative correlation was found between compassion fatigue and psychological resilience; a moderate, negative correlation between compassion fatigue and work–family life balance; and a weak, positive correlation between psychological resilience and work–family life balance.

Conclusion: The findings indicate that psychological resilience functions as a protective factor for healthcare professionals, whereas compassion fatigue exerts a detrimental effect on work–family life balance. Accordingly, institutional and individual interventions aimed at strengthening psychological resilience may contribute to reducing compassion fatigue and supporting work–family life balance.

Keywords: Compassion fatigue, Psychological resilience, Work–family life balance

INTRODUCTION

Compassion fatigue is a significant phenomenon that particularly affects healthcare professionals and has received increasing attention in the literature in recent years. Encompassing the dimensions of burnout and secondary traumatic stress, this concept adversely impacts healthcare workers who are in continuous

interaction with traumatized patients and their families. Due to the demanding nature of illness processes and the necessity to respond to patients' physical, emotional, and psychological needs, healthcare professionals are exposed to intense stressors (1). In such circumstances, the inability to maintain adequate self-regulation may reduce the capacity to cope with burnout and secondary traumatic stress, thereby

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leading to the development of compassion fatigue (2). Compassion fatigue can be defined as a recurring process that emerges as a result of the intense empathy displayed by healthcare professionals during their professional interactions. Experiencing high levels of compassion fatigue may result in a decline in the quality of healthcare services and disruptions in service delivery. Therefore, identifying the symptoms of compassion fatigue and developing strategies to cope with this condition are of critical importance for maintaining healthcare professionals' occupational competence and supporting their overall well-being (3).

By the very nature of their profession, healthcare professionals adopt an empathetic approach toward patients and their relatives. Over time, increasing levels of empathy may contribute to elevated stress levels among these professionals (4). At this point, the concept of psychological resilience becomes particularly salient. Psychological resilience refers to the cognitive, emotional, and behavioral resources that enable individuals to cope effectively with stressors (5). An effective resilience process allows individuals to adapt to challenging life events and to grow stronger through these experiences (6). The literature indicates a negative relationship between psychological resilience and compassion fatigue (7).

The adverse impact of work life on family life constitutes another important dimension of this issue. The necessity for employees to respond to work-related expectations even outside official working hours underscores the importance of maintaining a healthy balance between work and family life (8). Work–family life balance refers to the sustainable harmony individuals achieve between their professional and family responsibilities. Disruptions in this balance may increase stress levels and negatively affect both work and family domains. The literature suggests a positive relationship between work–family life balance and personal well-being, indicating that maintaining this balance reduces work–family conflict and enhances life satisfaction (9). Furthermore, individuals who are able to preserve work–family balance have been found to experience lower levels of job-related stress and higher overall quality of life (10).

The units in which healthcare professionals work and the professional groups to which they belong differ substantially in terms of working conditions, levels of stress exposure, patient profiles, and areas of responsibility. These differences are thought to play a

determining role in employees' levels of psychological resilience, experiences of compassion fatigue, and work–family life balance. Indeed, the literature reports that healthcare professionals working in high-stress units such as intensive care, emergency departments, and oncology tend to experience higher levels of compassion fatigue and work–family conflict, whereas levels of psychological resilience vary depending on individual and professional factors. Additionally, findings indicate that psychosocial risks differ among physicians, nurses, and other healthcare personnel due to variations in roles and responsibilities (11–15).

Within the scope of the present study, the concepts of compassion fatigue, psychological resilience, and work–family life balance were examined not only in terms of their interrelationships but also with regard to whether these variables differ according to the units in which healthcare professionals work and the professional groups to which they belong.

METHODS

Research Model

In this study, a quantitative research method was adopted, and in line with the study's objective, a correlational survey model—one of the general survey models—was employed. The correlational survey model aims to determine the co-variation between two or more variables and to identify the degree of this association (16).

The selection and description of the participants

The population of the study consisted of healthcare professionals aged 18 years and older working throughout the province of Sivas. During the data collection process conducted via an online survey, a total of 469 healthcare professionals who met the inclusion criteria and voluntarily agreed to participate were reached. Of the participants, 66.3% were female, and 34.8% were aged 29 years or younger. Additionally, 67.4% of the participants held a bachelor's degree. The sample comprised 115 physicians (24.5%), 143 nurses (30.5%), 106 licensed healthcare professionals (22.6%), and 105 other healthcare personnel (22.4%). Regarding workplace units, 22.8% of the participants were employed in surgical units, 22.6% in internal medicine units, 6.2% in outpatient clinics, and 48.4% in other units.

Data Collection Instruments

The data collection instrument consisted of two sections. The first section included questions regarding participants' socio-demographic characteristics. The second section comprised the following measurement tools:

Compassion Fatigue Short Scale (CFS-SF)

The scale was developed by Adams et al. (17) and adapted into Turkish by Dinç and Ekinci (18). It consists of 13 items and two subdimensions: secondary traumatic stress and occupational burnout. Higher scores indicate higher levels of compassion fatigue. Reliability analysis demonstrated good internal consistency for the present sample (total scale $\alpha = .876$; secondary trauma $\alpha = .748$; occupational burnout $\alpha = .852$).

Brief Resilience Scale (BRS)

Developed by Smith et al. (19) and adapted into Turkish by Doğan (20), the scale consists of five items and a single factor. Higher scores indicate higher levels of psychological resilience. The scale demonstrated good internal consistency in this sample ($\alpha = .83$).

Work–Family Life Balance Scale (WFLBS)

Developed by Apaydın (21) in 2011, the scale consists of 11 items and three subdimensions: negative impact of work on family, negative impact of family on work, and family–work harmony. Higher scores indicate a higher level of work–family life balance. The scale demonstrated good internal consistency in this sample (total scale $\alpha = .84$; negative impact of work on family $\alpha = .89$; negative impact of family on work $\alpha = .83$; family–work harmony $\alpha = .59$).

Legal and Ethical Considerations

Both verbal and written informed consent were obtained from all healthcare professionals who constituted the study group.

Statistical Analysis

The data obtained in this study were analyzed using the SPSS 25.0 statistical software package. The normality of the data distribution was assessed using Skewness and Kurtosis coefficients, and the assumption of normal distribution was found to be satisfied (Skewness ranged between -0.688 and 0.384 ; Std. Error = 0.113 ; Kurtosis ranged between -0.641 and 0.434 ; Std. Error = 0.226). Categorical variables were summarized using

frequencies and percentages, while continuous variables were presented as means and standard deviations.

The Independent Samples t-test was used to compare two independent groups, and the One-Way ANOVA was employed to compare more than two independent groups. When a significant difference was detected in ANOVA, the Tukey test was applied if the assumption of homogeneity of variances was met; otherwise, the Tamhane test was used. Relationships between two continuous variables were analyzed using Pearson's Correlation Test. In all analyses, the level of statistical significance was set at $p < 0.05$.

RESULTS

Descriptive statistics regarding the scales used in the study are presented in Table 1. An examination of the findings indicates that the healthcare professionals included in the study demonstrated relatively high levels of psychological resilience ($M = 19.03$; $SD = 4.59$). In contrast, their levels of compassion fatigue were found to be moderate ($M = 59.79$; $SD = 23.86$). Similarly, the mean score for work–family life balance was also at a moderate level ($M = 2.20$; $SD = 0.40$). These findings suggest that while participants exhibited a strong profile in terms of psychological resilience, they experienced moderate levels of compassion fatigue and work–family life balance. (Table 1).

Table 1. Descriptive Statistics of the Scales Used in the Study

	N	Min.	Max.	$\bar{x}$	SS
Psychological Resilience Scale	469	6	30	19,03	4,59
Compassion Fatigue Scale	469	13	130	59,79	23,86
Work–Family Life Balance Scale	469	1	5	2,20	0,40

The results of the one-way analysis of variance (ANOVA) conducted to examine differences among professional groups are presented in Table 2. The findings revealed a statistically significant difference in psychological resilience levels across professional groups ($p < 0.05$). An examination of the Brief Psychological Resilience Scale scores showed that licensed healthcare professionals ($M = 19.96$; $SD = 4.36$) had higher levels of psychological resilience compared to physicians ($M = 19.37$; $SD = 4.93$), nurses ($M = 18.71$; $SD = 4.48$), and

other healthcare personnel ($M = 18.12$; $SD = 4.42$).

Post hoc comparisons using the Tukey test indicated a statistically significant difference between licensed healthcare professionals and other healthcare personnel, with the latter demonstrating lower psychological resilience scores. No statistically significant differences were observed among the remaining professional group comparisons.

Similarly, statistically significant differences were found among professional groups with respect to Compassion Fatigue Short Scale scores ($p < 0.05$). Mean scores indicated that physicians ($M = 63.52$; SD

$= 25.08$) exhibited higher levels of compassion fatigue compared to nurses ($M = 61.12$; $SD = 23.89$), licensed healthcare professionals ($M = 54.12$; $SD = 21.50$), and other healthcare personnel ($M = 59.60$; $SD = 23.97$).

Tukey post hoc analysis revealed a statistically significant difference between physicians and licensed healthcare professionals, indicating higher levels of compassion fatigue among physicians.

In contrast, no statistically significant differences were found among professional groups with respect to Work–Family Life Balance Scale scores ($p > 0.05$). (Table 2).

Table 2. Comparison of Compassion Fatigue, Psychological Resilience, and Work–Family Life Balance by Profession

	Profession	n	Mean	SS	F	p	Different (Tukey)
Psychological Resilience Scale	1. Physician	115	19,37	4,93	3,31	0,020	4<3
	2. Nurse	143	18,71	4,48			
	3. Licensed Professional (e.g., Midwife, Dietitian, etc.)	106	19,96	4,36			
	4. Other (e.g., Emergency Medical Technician, Paramedic, etc.)	105	18,12	4,42			
Compassion Fatigue Scale	1. Physician	115	63,52	25,08	3,12	0,026	3<1
	2. Nurse	143	61,12	23,89			
	3. Licensed Professional (e.g., Midwife, Dietitian, etc.)	106	54,12	21,50			
	4. Other (e.g., Emergency Medical Technician, Paramedic, etc.)	105	59,60	23,97			
Work–Family Life Balance Scale	1. Physician	115	2,16	,40	1,79	0,147	
	2. Nurse	143	2,17	,39			
	3. Licensed Professional (e.g., Midwife, Dietitian, etc.)	106	2,27	,38			
	4. Other (e.g., Emergency Medical Technician, Paramedic, etc.)	105	2,18	,42			

One-Way ANOVA Test; $p < 0,05$

According to the ANOVA results presented in Table 3, participants' Brief Psychological Resilience Scale scores did not differ significantly according to the unit in which they were employed ($p > 0.05$). However, Compassion Fatigue Short Scale and Work–Family Life Balance Scale scores varied significantly by unit of employment ($p < 0.05$).

An examination of Compassion Fatigue Short Scale scores indicated that participants working in surgical units ($M = 66.42$; $SD = 25.73$) had higher compassion fatigue levels compared to those working in internal medicine units ($M = 59.19$; $SD = 21.27$), outpatient clinics ($M = 54.79$; $SD = 23.80$), and other units ($M = 57.58$; $SD = 23.63$). Tukey post hoc analysis demonstrated that compassion fatigue scores of participants working in

surgical units were significantly higher than those of participants working in other units. No other significant differences were observed among the remaining unit comparisons.

Work–Family Life Balance Scale scores also differed significantly according to unit of employment ($p < 0.05$). Participants working in outpatient clinics ($M = 2.37$; $SD = 0.41$) had higher work–family life balance scores compared to those working in surgical ($M = 2.15$; $SD = 0.41$), internal medicine ($M = 2.16$; $SD = 0.36$), and other units ($M = 2.21$; $SD = 0.40$). Tukey test results indicated that outpatient clinic staff had significantly higher work–family life balance scores than those working in surgical and internal medicine units. (Table 3).

Table 3. Comparison of Compassion Fatigue, Psychological Resilience, and Work–Family Life Balance by Work Unit

	Unit of Employment	n	Mean	SS	F	p	Different (Tukey)
Psychological Resilience Scale	1. Surgical Unit	107	18,07	4,70	2,10	0,098	
	2. Internal Medicine Unit	106	19,20	4,70			
	3. Outpatient Clinic	29	19,07	4,17			
	4. Other Units	227	19,39	4,50			
Compassion Fatigue Scale	1. Surgical Unit	107	66,42	25,73	3,92	0,009*	4<1
	2. Internal Medicine Unit	106	59,19	21,27			
	3. Outpatient Clinic	29	54,79	23,80			
	4. Other Units	227	57,58	23,63			
Work–Family Life Balance Scale	1. Surgical Unit	107	2,15	,41	2,85	0,037*	1<3
	2. Internal Medicine Unit	106	2,16	,36			
	3. Outpatient Clinic	29	2,37	,41			
	4. Other Units	227	2,21	,40			

One-Way ANOVA Test; * $p < 0,05$

The results of the correlation analysis examining the relationships among the Brief Psychological Resilience Scale, Compassion Fatigue Short Scale, and Work–Family Life Balance Scale are presented in Table 4.

The findings revealed a moderate, negative, and statistically significant relationship between psychological resilience and compassion fatigue ($r = -0.503$; $p < 0.05$), indicating that higher levels of psychological resilience were associated with lower levels of compassion fatigue.

A moderate, positive, and statistically significant relationship was found between psychological resilience and work–family life balance ($r = 0.455$; $p < 0.05$), suggesting that individuals with higher psychological resilience tended to report higher levels of work–family life balance.

Finally, a moderate, negative, and statistically significant relationship was identified between compassion fatigue and work–family life balance ($r = -0.567$; $p < 0.05$), indicating that as compassion fatigue increased, work–family life balance decreased. (Table 4).

Table 4. Correlational Distribution of Scale Scores

		1	2	3	4	5	6	7	8
1- Psychological Resilience Scale	r	1	-,503**	-,425**	-,495**	,455**	,387**	,354**	,129*
	p		<,001	<,001	<,001	<,001	<,001	<,001	,005
2- Compassion Fatigue Scale	r		1	,888**	,958**	-,567**	-,585**	-,325**	-,057
	p			<,001	<,001	<,001	<,001	<,001	,221
5- Work–Family Life Balance Scale	r					1	,887**	,699**	,304**
	p						<,001	<,001	<,001

Pearson Correlation Test; * $p < 0,05$

DISCUSSION

The findings of the present study reveal significant relationships among compassion fatigue, psychological resilience, and work–family life balance in healthcare professionals. The results indicate that while healthcare professionals demonstrated high levels of psychological resilience, their levels of compassion fatigue and work–family life balance were at a moderate level.

The finding that compassion fatigue was at a moderate level is consistent with the literature identifying this phenomenon as a prevalent issue among healthcare professionals (22–26). In this context, it may be argued that although healthcare professionals possess a strong psychological resilience profile, they may nevertheless experience certain levels of strain due to the intense emotional burden and role-based responsibilities inherent in their profession. The high level of psychological resilience observed in this study may be associated with the development of coping skills over the course of professional experience and the capacity to adapt to demanding working conditions. Working in healthcare settings characterized by continuous exposure to stressors may, over time, strengthen individuals' resilience resources and enhance their coping capacities. Conversely, the moderate level of work–family life balance suggests that healthcare professionals may experience difficulties in maintaining this balance due to irregular and demanding working hours and role-related conflicts intrinsic to their profession.

Analyses conducted according to professional groups demonstrated that psychological resilience and compassion fatigue differed significantly among groups, whereas no significant differences were observed with respect to work–family life balance. The findings indicate that licensed healthcare professionals exhibited higher levels of psychological resilience compared to other professional groups (27). However, no statistically significant relationship was found between psychological resilience and the unit of employment, a finding supported by previous research (14). This result may be explained by the fact that healthcare professionals, regardless of their assigned unit, are exposed to similar organizational stressors and tend to develop a certain level of resilience throughout their professional careers. Nevertheless, some studies in the literature report unit-specific differences. For instance, Bisesti et al. (2019) reported that intensive care nurses demonstrated lower levels of psychological resilience

(28). Such differences may be related to contextual factors, including working conditions, patient profiles, and workload intensity.

Regarding compassion fatigue, significant differences were observed among professional groups, with physicians reporting higher levels of compassion fatigue compared to nurses, licensed healthcare professionals (e.g., midwives, social workers, psychologists, dietitians), and other healthcare personnel (e.g., emergency medical technicians, paramedics, clinical support staff, medical secretaries) (29–32). This finding may be associated with the extensive and irregular working hours, high patient load, critical decision-making responsibilities, and increasing administrative demands faced by physicians. Additionally, more frequent exposure to workplace violence and medico-legal risks may further contribute to elevated levels of compassion fatigue among physicians. In this regard, strengthening psychosocial support mechanisms for physicians and improving working conditions emerge as important intervention areas for reducing compassion fatigue.

While psychological resilience did not differ according to the unit of employment, compassion fatigue and work–family life balance showed significant variation across units. Healthcare professionals working in surgical units exhibited higher levels of compassion fatigue compared to those working in other units. This finding is consistent with studies indicating that healthcare personnel working in high-risk and high-stress environments—such as emergency departments, intensive care units, surgical wards, oncology, and psychiatry—tend to experience higher levels of compassion fatigue (33–35). Indeed, Çelik (2023), in a study conducted in public hospitals, reported higher levels of compassion fatigue among healthcare professionals working in high-risk units such as intensive care (36). The elevated levels observed in surgical units may be associated with factors such as critical patient monitoring, the necessity for urgent interventions, risk of complications, and high levels of responsibility.

Additionally, healthcare professionals working in outpatient clinics demonstrated higher levels of work–family life balance compared to those working in surgical, internal medicine, and other units. This result may be explained by structural characteristics of outpatient services, including relatively regular working hours, appointment-based patient admissions, and a lower frequency of emergency interventions (37). Thus, the nature of working conditions and the predictability

of workload may be considered determining factors in maintaining work–family life balance.

The moderate and negative relationship identified between compassion fatigue and psychological resilience suggests that psychological resilience functions as a protective resource in the face of stress and traumatic experiences. Individuals with high levels of psychological resilience are known to develop more effective coping strategies in emotionally demanding professional contexts and to utilize cognitive restructuring and emotional regulation skills more functionally. This may contribute to lower levels of secondary traumatic stress and occupational burnout among healthcare professionals exposed to traumatic patient experiences and continuous caregiving demands. Conversely, individuals with relatively low psychological resilience may be more likely to perceive stressors as threats and may possess a limited coping repertoire, thereby increasing their vulnerability to compassion fatigue. This finding is consistent with previous literature (7,14).

Furthermore, a weak positive relationship was found between psychological resilience and work–family life balance, whereas a moderate negative relationship was identified between compassion fatigue and work–family life balance. Individuals with higher psychological resilience may possess more advanced skills in balancing role demands and regulating emotions, thereby enabling them to manage boundaries between work and family domains more effectively. In contrast, emotional exhaustion and secondary traumatic stress associated with compassion fatigue may reduce individuals' energy and time resources, increasing the spillover of work-related strain into family life and weakening overall balance. In this framework, psychological resilience may be considered a supportive resource for work–family life balance, whereas compassion fatigue may function as a risk factor that undermines this balance (11-13).

CONCLUSION

This study examined, through a holistic approach, the relationship between the psychosocial burden arising from healthcare professionals' occupational roles and their individual coping capacities. The findings indicate that healthcare professionals are confronted with the emotional and structural demands of their profession, while psychological resilience appears to function as a balancing mechanism within this process.

The finding that psychological resilience is associated with lower levels of compassion fatigue and more positive work–family interaction suggests that resilience serves as a protective resource in terms of occupational adjustment. Conversely, organizational context—such as professional group and unit of employment—appears to play a determining role in employees' levels of emotional strain. In particular, working environments characterized by high responsibility, intensive patient contact, and significant time pressure may increase psychosocial risks.

Findings related to work–family life balance further highlight the importance of the nature of work arrangements. The predictability of working hours and the manageability of workload emerge as key factors contributing to the maintenance of a more balanced interaction between work and family domains.

Overall, the results underscore the necessity of addressing both individual psychological resources and organizational conditions to ensure the sustainability of healthcare services. In this regard, institutional approaches aimed at strengthening employees' psychological resilience and reducing occupational risks hold strategic importance not only for individual well-being but also for maintaining service quality.

In light of the study findings, it is essential to develop multidimensional strategies aimed at reducing compassion fatigue, enhancing psychological resilience, and supporting work–family life balance among healthcare professionals. In particular, structured psychosocial support programs and trauma-awareness training should be implemented for healthcare personnel working in high-stress environments such as surgical units.

Healthcare institutions should develop organizational policies that promote employees' emotional well-being and implement measures to reduce workload. These measures may include balancing patient density, improving shift scheduling systems, and increasing the predictability of working hours. Furthermore, the adoption of flexible working models, the provision of regular rest periods, and the implementation of awareness programs aimed at strengthening family communication may contribute to the sustainability of work–family life balance.

Integrating topics such as compassion fatigue and psychological resilience into university curricula in the field of health sciences may also contribute to strengthening the professional resilience of future

healthcare professionals at an early stage.

Finally, in order to overcome the limitations inherent in the cross-sectional design of this study, future research should prioritize longitudinal and qualitative designs to examine healthcare professionals' psychological well-being in greater depth. Such studies would provide a more comprehensive understanding of the temporal dimensions and contextual dynamics underlying the relationships among the variables examined.

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REFERENCES

- [1] Wells-English D. Compassion fatigue as it relates to nurse turnover in oncology nurses at an urban hospital [dissertation]. Nashville (TN): Belmont University; 2018.
- [2] Cocker F, Joss N. Compassion fatigue among healthcare, emergency and community service workers: a systematic review. *Int J Environ Res Public Health*. 2016;13(6):618. doi:10.3390/ijerph13060618.
- [3] Lombardo B, Eyre C. Compassion fatigue: a nurse's primer. *Online J Issues Nurs*. 2011;16(1):Man03. doi:10.3912/OJIN.Vol16No01Man03.
- [4] Yılmaz G, Üstün B. Hemşirelerde profesyonel yaşam kalitesi: merhamet memnuniyeti ve merhamet yorgunluğu. *J Psychiatr Nurs*. 2018;9(3):205-11. doi:10.14744/phd.2018.86648.
- [5] Connor KM, Davidson JRT. Development of a new resilience scale: the Connor-Davidson resilience scale (CD-RISC). *Depress Anxiety*. 2003;18(2):76-82. doi:10.1002/da.10113.
- [6] Akar A. Psikolojik sağlık programının ergenlerin psikolojik sağlık düzeyine etkisi [doktora tezi]. İstanbul: Maltepe Üniversitesi; 2018.
- [7] Sevin B, Günüşen N. Hemşirelerin psikolojik dayanıklılığının merhamet yorgunluğu, tükenmişlik ve merhamet memnuniyetini yordayıcı rolü. *Dokuz Eylül Univ Hemsirelik Fak Elektron Derg*. 2021;14(4):379-86. doi:10.46483/deuhfed.822640.
- [8] Kaliannan M, Perumal K, Dorasamy M. Developing a work-life balance model towards improving job satisfaction among medical doctors across different generations. *J Dev Areas*. 2016;50(5):343-51. doi:10.1353/jda.2016.0035.
- [9] Yavuz N, Doğan A. İş stresinin iş-yaşam dengesi üzerindeki etkisinin esnek çalışma bağlamında test edilmesi. *İstanbul Ticaret Univ Sos Bilim Derg*. 2019;18(35):41-62.
- [10] Frone MR. Work-family balance. In: Quick JC, Tetrick LE, editors. *Handbook of occupational health psychology*. Washington (DC): American Psychological Association; 2003. p. 143-62. doi:10.1037/10474-007.
- [11] Mullaoglu Ö. Sağlık personelinin tükenmişlik düzeyi ile iş-aile yaşam dengesi arasındaki ilişkinin incelenmesi: bir kamu hastanesi örneği [master's thesis]. Mersin: Mersin Üniversitesi, Sağlık Bilimleri Enstitüsü; 2025.
- [12] Keskin K. Psikolojik sağlık ve iş-aile yaşam dengesi arasındaki ilişki: imalat sektöründen bir örnek [master's thesis]. İstanbul: Üsküdar Üniversitesi, Sosyal Bilimler Enstitüsü; 2024.
- [13] Perhizkar S. Sağlık çalışanlarında iş-aile yaşam çatışmasının merhamet yorgunluğu üzerindeki etkisinde zaman yönetiminin rolü: karma desenli bir araştırma [doctoral dissertation]. İstanbul: Marmara Üniversitesi, Sağlık Bilimleri Enstitüsü; 2025.
- [14] Ölmez MŞ. Onkolojik birimler ve yoğun bakım ünitelerinde çalışan hemşirelerde merhamet yorgunluğu, psikolojik sağlık ve iş doyumu [master's thesis]. İstanbul: İstanbul Üniversitesi, Lisansüstü Eğitim Enstitüsü; 2023.
- [15] Kazan A. Hemşirelerin merhamet yorgunluğu, psikolojik sağlamlıkları, iş doyumu ve işten ayrılma niyetleri arasındaki ilişkinin belirlenmesi [master's thesis]. Aksaray: Aksaray Üniversitesi, Sağlık Bilimleri Enstitüsü; 2025.
- [16] Karasar N. Bilimsel araştırma yöntemi: kavramlar, ilkeler, teknikler. 38. baskı. Ankara: Nobel Akademik Yayıncılık; 2023.
- [17] Adams RE, Boscarino JA, Figley CR. Compassion fatigue and psychological distress among social workers: a validation study. *Am J Orthopsychiatry*. 2006;76(1):103-8. doi:10.1037/0002-9432.76.1.103.
- [18] Dinç S, Ekinci M. Merhamet yorgunluğu kısa ölçeği'nin Türkçeye uyarlanması, geçerlilik ve güvenilirliği. *Psikiyatr Guncel Yaklaşımlar*. 2019;11(1):192-202. doi:10.18863/pgy.590616.
- [19] Smith BW, Dalen J, Wiggins K, Tooley E, Christopher P, Bernard J. The brief resilience scale: assessing the ability to bounce back. *Int J Behav Med*. 2008;15(3):194-200. doi:10.1080/1070550080222972.
- [20] Doğan T. Kısa psikolojik sağlık ölçeği'nin Türkçe uyarlaması: geçerlik ve güvenilirlik çalışması. *J Happiness Well Being*. 2015;3(1):93-102.
- [21] Apaydın Ç. Öğretim üyelerinin işe bağlılık düzeyi ile iş-yaşam dengesi ve iş-aile yaşam dengesi arasındaki ilişki [doctoral dissertation]. Ankara: Ankara Üniversitesi, Eğitim Bilimleri Enstitüsü; 2011.
- [22] Farhad MKMT. Hemşirelerde merhamet yorgunluğunun bakım davranışlarına etkisi [master's thesis]. Çankırı: Çankırı Karatekin Üniversitesi, Sağlık Bilimleri Enstitüsü; 2023.
- [23] Uzuner LA. Ruh sağlığı bölge hastanelerinde çalışan hemşirelerin adli psikiyatri hastalarına yönelik tutumları ile merhamet yorgunluğu düzeyi arasındaki ilişkinin incelenmesi

- [master's thesis]. Çankırı: Çankırı Karatekin Üniversitesi, Sağlık Bilimleri Enstitüsü; 2023.
- [24] Turalı E. COVID-19 pandemisi sürecinde bir devlet hastanesinde hemşire olarak görev yapan sağlık çalışanlarında merhamet yorgunluğunun değerlendirilmesi [master's thesis]. Ankara: Ankara Üniversitesi, Sağlık Bilimleri Enstitüsü; 2023.
- [25] Demirci B. Yoğun bakım hemşirelerinin empati düzeyleri ile tükenmişlik düzeyleri ve merhamet yorgunluğu arasındaki ilişki [master's thesis]. Karabük: Karabük Üniversitesi; 2023.
- [26] Yağmuroğlu C. Yoğun bakım hemşirelerinin psikolojik dayanıklılık düzeyi ve merhamet yorgunluğu arasındaki ilişkinin incelenmesi [master's thesis]. İzmir: Ege Üniversitesi, Sağlık Bilimleri Enstitüsü; 2024.
- [27] Demirci İleri B. COVID-19 pandemi sürecinde görev alan 112 sağlık çalışanlarının sağlık anksiyetesi, koronavirüs fobisi ve psikolojik sağlamlık düzeyleri: Zonguldak örneği [master's thesis]. Zonguldak: Zonguldak Bülent Ecevit Üniversitesi, Sosyal Bilimler Enstitüsü; 2023.
- [28] Bisesti A, Mallardo A, Gambazza S, Binda F, Galazzi A, Pazzaglia S, et al. Facing COVID-19 pandemic in a tertiary hospital in Milan: prevalence of burnout in nursing staff working in subintensive care units. *Int J Environ Res Public Health*. 2021;18(13):6684. doi:10.3390/ijerph18136684.
- [29] Tüysüz Ö. COVID-19 birimlerinde çalışan hekim ve hemşirelerde merhamet yorgunluğu ve etkileyen faktörlerin belirlenmesi [master's thesis]. Trabzon: Karadeniz Teknik Üniversitesi, Sağlık Bilimleri Enstitüsü; 2023.
- [30] Giusti EM, Pedrolı E, D'Aniello GE, Stramba Badiale C, Pietrabissa G, Manna C, et al. The psychological impact of the COVID-19 outbreak on health professionals: a cross-sectional study. *Front Psychol*. 2020;11:1684. doi:10.3389/fpsyg.2020.01684.
- [31] Arpacıoğlu S, Gurler M, Cakiroğlu S. Secondary traumatization outcomes and associated factors among the health care workers exposed to the COVID-19. *Int J Soc Psychiatry*. 2021;67(1):84-9. doi:10.1177/0020764020940742.
- [32] Aydın S. COVID-19 pandemi sürecinde sağlık çalışanlarının tükenmişlik düzeyleri ile mesleki bağlılıkları arasındaki ilişkinin incelenmesi [master's thesis]. Lefkoşa (KKTC): Yakın Doğu Üniversitesi, Lisansüstü Eğitim Enstitüsü; 2021.
- [33] Potter P, Deshields T, Divanbeigi J, Berger J, Cipriano D, Norris L, et al. Compassion fatigue and burnout: prevalence among oncology nurses. *Clin J Oncol Nurs*. 2010;14(5):E56-62. doi:10.1188/10.CJON.E56-E62.
- [34] Reese MT. Compassion fatigue and spirituality with emergency health care providers [dissertation]. Virginia Beach (VA): Regent University; 2008.
- [35] Hooper C, Craig J, Janvrin DR, Wetsel MA, Reimels E. Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. *J Emerg Nurs*. 2010;36(5):420-7. doi:10.1016/j.jen.2009.11.027.
- [36] Çelik K. Merhamet yorgunluğunun işten ayrılma niyetine etkisi: Tarsus ilçesi kamu hastanelerinde çalışan sağlık personelleri üzerinde bir araştırma [master's thesis]. Kahramanmaraş: Kahramanmaraş Sütçü İmam Üniversitesi, Sosyal Bilimler Enstitüsü; 2023.
- [37] Mazak Aşkan B. Hemşirelerin kişilik özellikleri ile iş yaşam dengesi arasındaki ilişkinin incelenmesi [master's thesis]. İstanbul: Yeditepe Üniversitesi, Sağlık Bilimleri Enstitüsü; 2023.