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## COMPASSION FATIGUE, JOB STRESS AND HAPPINESS AT WORK: A STUDY ON NURSES

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### ABSTRACT

Compassion fatigue is a concept used to express the feeling of exhaustion and fatigue after a while in people who constantly give emotional support or empathy to others. It is a situation especially seen in caregivers such as health workers and social workers. The nursing profession in general has characteristics such as busy working hours, constant interaction with patients, and emotional difficulties, which increase the likelihood that nurses will experience compassion fatigue and work stress. In addition, the stress and fatigue experienced also affect the happiness of nurses at work. This study was conducted to measure the effect of compassion fatigue on job stress and job stress on happiness at work. The study was carried out with the participation of 237 nurses working in a state hospital operating in Izmir. In the research; The short version of the Compassion Fatigue Scale, the Work Stress Scale, and the Happiness at Work scale were used. Correlation and regression analysis were performed using SPSS 27 and AMOS 22 programs to determine the relationships of the variables. According to the results of the analysis; It has been determined that compassion fatigue has a positive effect on work stress. When nurses experience compassion fatigue, they also tend to experience intense work stress. In addition, it has been determined that job stress has a negative effect on happiness at work. Nurses state that they are less happy at work when they experience job stress. Nurses have great responsibilities in increasing the efficiency and quality of patient care in health institutions. Thus, creating a healthy working environment for nurses, providing support, and meeting their emotional needs; it contributes to the increase of their happiness at work and therefore to the improvement of the quality of patient care. Working, which is one of the most basic institutions of the country, emphasizes the issue of increasing administrative activities in health institutions and offers suggestions to health managers and researchers.

**Keywords:** Compassion fatigue, job stress, happiness at work

**INTRODUCTION**

Nurses play a major role in healthcare as they are in the closest contact with patients. They are the keystone of a multidisciplinary team and have a vital role in providing effective and high-quality health services. Nurses are actively involved in the care, recovery, and education processes of patients. As the population grows and education levels increase, as well as easy access to information, individuals' perceptions of healthcare services change, leading to higher expectations of health personnel. Nurses' experiences, knowledge, and empathy can improve the efficiency and quality of the healthcare system. However, the lack of opportunities to make mistakes and the long, intense contact with traumatized patients can lead to emotional problems and stress for nurses over time (Kim & Seomun, 2013).

Constantly helping others, showing empathy, and providing emotional support can lead to a state of compassion fatigue, which is a type of burnout. Nurses are at a higher risk of experiencing compassion fatigue due to the nature of their work (Dikmen & Aydin, 2016). Recent studies in this area suggest that the intensity of compassion fatigue has been increasing in recent years (McVicar, 2003; Xie et al., 2021).

Nurses experience job stress due to the pressure to provide correct treatment and care, fear of making mistakes, and long shifts. Additionally, the emotional exhaustion caused by empathy and the emotional bond established with patients further increases stress levels. This negatively impacts patient care and decreases patient safety (Carayon & Gurses, 2008).

High job stress can have a negative impact on happiness at work. When employees have positive job-related factors, their happiness at work increases. In addition, the work productivity of satisfied and happy employees also increases (Totev, 2022; Yıldız & Kanan, 2005). Therefore, reducing stress and increasing job satisfaction is important for improving the quality of patient care and patient satisfaction.

The primary aim of this study is to determine the effect of nurses' compassion fatigue on job stress. Additionally, it aims to empirically reveal the effectiveness of managing compassion fatigue in reducing job stress and increasing happiness at work.

The study has two important contributions. Firstly, it expands the literature by revealing the possible consequences of compassion fatigue, a concept that has been developing since 1992, in the context of nurses. Secondly, it emphasizes the impact of compassion fatigue on the administrative activities of health institutions and suggests ways to increase awareness among both academicians and senior management.

**Compassion Fatigue**

The concept of compassion fatigue was first introduced by nurse Joinson in 1992. It refers to the indirect trauma effect experienced by emergency room nurses while helping individuals who are experiencing traumatic stress (Figley, 2002, p.1453; Joinson, 1992). This condition is also known as "secondary traumatic

stress disorder" (Joinson, 1992). Nurses are more frequently exposed to compassion fatigue (Gök, 2015), a state of mental, emotional, and physical exhaustion experienced as a result of caring for patients who experience severe emotional pain and stress.

Nurses, whose work primarily involves helping patients and meeting their needs, experience not only physical but also emotional and mental fatigue. They are exposed to intense stress throughout the day (Mcvicar, 2003). As the health personnel who are in the closest contact with patients, nurses need to work with extra care and concentration compared to other professions. However, this devotion can lead to physical and mental fatigue in healthcare employees over time (Kim & Seomun, 2013). In addition, nurses may neglect their own needs by giving all their attention and energy to the traumatized patient. As a natural consequence, healthcare providers may become unable to cope with the emotional toll of patient care. This can result in burnout and difficulty recovering from the stresses of the job (Dikmen & Aydın, 2016, p. 16).

The caregiver's ability to empathize, their desire to care, and their care skills can lead to a decrease in staff energy over time. Several sources of stress, such as time pressure, insufficient social support, excessive workload, uncertainty in treatments, conflicts with other health personnel, and the working process, can cause burnout, intensity, and physical and/or mental health problems in healthcare workers (Kalınkara & Kalaycı, 2018, p. 126; Moç, 2023, p. 2). Compassion fatigue is expected in healthcare personnel, especially when working with people who have experienced trauma or stressful events (Dikmen & Aydın, 2016, p. 13; Gök, 2015, p. 300).

Health institutions are located in parts of the service sector where dynamic and intense working styles are common. The employees at health institutions work proactively in an environment where demand is unpredictable and supply is often insufficient. Additionally, the employees have a high level of expertise and must keep up with an intense and dynamic tempo. Over time, health professionals may experience burnout, boredom, and emotional fatigue due to the stressful environment. Handling the many events and situations that healthcare professionals face requires a strong psychology. Even a single event can be difficult for those who are not healthcare professionals to handle. Jenkins and Warren (2012) suggest that staff working with patients who have been in pain for an extended period may find themselves experiencing sudden pain. Coetzee and Klopper (2010) discuss compassion fatigue and emphasize that individuals who have continuous and intense contact with patients may eventually experience compassion stress and make concessions from themselves.

When explaining compassion fatigue, attention is drawn to the concept of empathy. According to Figley (2002), empathy and patient care are two factors that contribute to compassion fatigue. Empathy is defined as a mutually beneficial emotion that promotes health and comfort through both feeling and showing it (Sprecher & Fehr, 2005). Factors such as the ability to empathize, empathetic concern for patients, exposure to stressful situations, empathetic behaviors, stress, and loss of interest in patients all contribute to the emergence of compassion fatigue (Burtson & Stichler, 2010; Figley, 2002).

Emotional apathy is the most common symptom of compassion fatigue among employees who constantly help people, share their pain, and have intense relationships with traumatized individuals (Wentzel & Brysiewicz, 2014). Other emotional symptoms of compassion fatigue include constant fatigue, communication problems, depression, anxiety disorders, job dissatisfaction, and alienation from work. Physical symptoms such as headaches, nausea, and muscle pain may also be present. Table 1 presents the physical, emotional, and work-related symptoms of compassion fatigue.

**Table 1: The Symptoms of Compassion Fatigue**

<b>Work-related Symptoms</b>	<b>Emotional Symptoms</b>
Fear or avoidance of working with certain patients	Unrest
Inability to feel empathy towards patients and their relatives	Irritability
Extension of leave periods	extreme sensitivity
Joylessness	Anxiety
<b>Physical Symptoms</b>	Drug use
Headache	Depression
Digestive system problems	Anger and resentment
Muscle pains	Memory problems
Sleep problems	Poor concentration, inability to focus
Tiredness	
Cardiological problems	

(Figley, 1995; Gentry, et al., 2004; Lombardo & Eyre, 2011)

If corrective actions are not taken after problems with caregivers are detected in healthcare institutions, the symptoms listed in Table 1 will eventually appear. These can lead to work inefficiency, mistakes due to distraction during maintenance, and an increase in malpractice cases. Hospitals have recognized the severity of these incidents and have begun implementing Employee Assistance Programs as an extension of their human resources departments (Lombardo & Eyre, 2011).

Slatten, et al.,(2011) have developed four recommendations to intervene and improve compassion fatigue. Firstly, it is suggested that reducing the workload by reducing the number of trauma patients may provide relief. Secondly, personal care training should be provided to healthcare personnel. Thirdly, learning and developing strategies for coping with stress can help prevent and reduce the effects of compassion fatigue when dealing with patients. In addition, life coaches recommend engaging in activities such as getting adequate sleep, exercising, and playing sports at least once a week to prevent compassion fatigue (Inbar & Ganor, 2003). Another suggestion is to learn the limits of compassion through professional training and avoid becoming vulnerable to compassion fatigue (Sprang, et al.,2007). Finally, healthcare institutions' managers can prevent compassion fatigue by adopting a thoughtful management approach that empowers healthcare professionals and ensures psychological well-being in the workplace (Slatten, et al.,2011).

**Job Stress**

The concept of stress, which we often hear about today, refers to mental tension according to the Turkish Language Association (TDK, 2023). Stress is defined as the emotional and physical reactions of a person to situations that they perceive as threatening (Sutherland & Cooper, 1990).

Stress can be categorized into different sub-branches based on its place and source. Job stress is one of the most common types of stress. It is defined as the physical and emotional negative reactions that cause changes in behavior due to the inability of the person to fulfill expected tasks (Rick & Briner, 2000; Wilson, et al.,2004).

Factors such as unclear job descriptions, long working hours, low wages, insufficient social benefits, and talent-task mismatch cause employees to experience job stress. Technological developments, daily changing business processes, and intense competitive environments also contribute to job stress. Stress sources can be individual, such as age, gender, and family life (Göksel & Tomruk, 2016). Wages, working conditions, job characteristics, and social security are also sources of organizational stress (Çakır, 2009). Economic changes in the country and around the world, environmental and transportation problems, and rapidly changing living conditions due to technological innovations are sources of environmental stress (Göksel & Tomruk, 2016).

Employees spend most of their time at work. While stress is experienced in almost every profession and business branch, the most stressful professions are those with an intense tempo, such as police, teaching, and nursing (Yavuz, Demir & Dramalı, 2000).

When examining the characteristics of the nursing profession, it becomes apparent that it requires a high skill level, long hours, and team collaboration, and often involves emotional labor. As a result, the workplace and the work itself can create potential stress factors for nurses (Phillips, 1996).

French et al. (2000) listed the workplace factors that may affect nurses as follows:

- Conflict with doctors and problems with coworkers
- Not being fully prepared
- Discrimination
- Workload
- Uncertainty of treatment
- Close contact with death
- Patients and their families

The modernization of the work environment and the fast pace of work can make it difficult for individuals to find time to attend to their personal needs. Those who work under intense stress in the business world often have coping mechanisms in place. Engaging in fun activities with family, socializing with friends, participating in sports and exercise, and reading books are all actions that can help reduce the stress experienced by individuals while working.

Although stress has a negative connotation, it is expected to be balanced in terms of performance. Not experiencing any stress can lead to not taking the job seriously, resulting in failure. On the other hand, experiencing intense stress can cause both physical and emotional problems (Arslan, 2019). Therefore, the following factors should be considered in organizational stress management (Güçlü, 2001; Levinson, 2004; Soysal, 2009):

- Improving the working environment,
- Time management,
- Organizing job duties and job enrichment,
- Elimination of role ambiguity,
- Staff empowerment,
- Supportive organizational climate

Hospitals are one of the most stressful work environments, with rapidly changing schedules, long shifts, and the physical and emotional burden of caring for patients. These factors can deeply affect healthcare professionals, especially nurses. By defining stress accurately, improving stress factors, and effectively using coping methods, a happier and more relaxed work environment can be created by transforming the negative effects of stress into positive ones.

### **Happiness at Work**

The pursuit of happiness has remained unchanged despite all the changes in history. This is because happiness is one of the most fundamental emotions that keeps individuals alive, gives them strength, and enables them to overcome life's challenges. Happiness is the sum of pleasures and pains experienced in life, which reflects an individual's positive emotional state (Veenhoven & Dumludağ, 2015). Although many people are mostly happy, happiness is still a basic need for all humanity (Diener & Diener, 1996). The Happiness Flow Theory, which is the subject of positive psychology today, also frequently mentions happiness. According to Csikszentmihalyi (2020), focusing on and enjoying the moment is the basic condition for success and happiness. Philosophers such as Aristotle and Socrates have also studied happiness and argued that the source of happiness is virtue.

In modern societies, just like in every other period of history, people have a fundamental need to feel happy. Organizations that recognize this fact have begun to focus on happiness at work as a means to increase employee productivity (Akduman, 2015). The literature reveals that the concept of "happiness at work" is referred to by different names, including job satisfaction, emotional commitment, work dedication, and well-being (Fisher, 2010).

Being happy at work means enjoying the job, achieving success, and having a sense of satisfaction. The nature of the job, the characteristics of the workplace, and the harmony between employees are the main factors that affect happiness at work. Additionally, factors such as an employee's desire for continuous learning and self-development, being energetic and dynamic, and feeling proud of their work can also impact happiness at work

(Kjerulf, 2015, p. 44). According to the theory of emotional events based on emotions in work life, positive and negative events at work can increase performance and satisfaction (Weiss & Cropanzano, 1996).

According to Pryce-Jones (2010), happiness at work is a necessary mindset for establishing good relationships with colleagues and managers, demonstrating employee performance, and increasing creativity. Another definition states that happiness at work involves creating an environment where positive emotions and thoughts are experienced more frequently, and where organizations make their employees feel valued (Hyun, et al.,2013).

Although the degree of importance varies for each individual, certain factors affect happiness at work. Research has identified several factors, including: having a job that inspires personnel, experiencing organizational happiness and good leadership (Khanna & Singh, 2017, p. 123); the job's characteristics and the organization's structure, as well as organizational justice (McGonagle, 2015, p. 32); an employee's ability to look confidently towards the future and the meaning attributed to the work, good relationships with colleagues, work-life balance, harmony between the purpose and meaning of work, and career opportunities (Polatçı & Ünüvar, 2021, p. 181).

The characteristics of a job, workplace conditions, and employee personal traits can all affect happiness at work. This is especially important for highly stressful, fast-paced, and emotionally intense jobs such as those in the healthcare sector. If healthcare personnel are unhappy with their job or their workplace, they may experience constant stress and fatigue from dealing with difficult patients. This can lead to feelings of dissatisfaction and burnout over time. Therefore, it is crucial for corporate managers to understand and implement ways to increase happiness in the workplace.

The study collected data from nurses, who have a higher workload compared to other professionals. Additionally, nurses are expected to show compassion and understand the pain and concerns of patients, as compassion is considered a spiritual virtue in nursing (Aydın, 2022). However, this compassion fatigue negatively affects nurses' job stress and happiness at work. Limited research has been conducted on this subject, prompting the aim of this study to draw attention to compassion fatigue experienced by nurses in addition to their excessive workload and to expand the literature on the subject. The research is expected to be a source for future studies. Based on this aim, the following research questions were addressed: Does compassion fatigue have a positive effect on work stress? Does job stress have a negative effect on happiness at work?

### **The Relationship Between Compassion Fatigue, Job Stress, and Happiness at Work**

Compassion fatigue is a common condition, especially in professions that require empathy and emotional intensity, such as the healthcare industry. It is defined as a feeling of mental, emotional, and physical burnout due to constant exposure to the traumas, pain, and difficulties of the patients. Although chronic fatigue,

irritability, dislike for work, and not enjoying life are symptoms of compassion fatigue (Potter et al., 2010), they can endanger patient safety (Carayon & Gurses, 2008).

According to a study conducted by Lahad (2013), individuals who assist afflicted sufferers may exhibit symptoms similar to the psychological and cognitive symptoms experienced by those who have undergone the disaster. Figley (2002) studied the effects of compassion fatigue across seven domains: emotional, spiritual, physical, cognitive, behavioral, personal relationships, and work performance.

Joinson (1992) used the term "compassion fatigue" to describe the phenomenon of nurses fainting due to excessive workload in hospitals. He examined the compassionate relationships between nurses and patients and noted that compassion fatigue naturally arises from the stress of helping patients experiencing trauma or pain.

The study conducted by Moç (2023) examined the effect of nurses' compassion fatigue on job stress and turnover intentions. The research concluded that compassion fatigue has a positive effect on job stress.

Investigating levels of compassion fatigue in nurses is critical due to its impact on performance and burnout (Shin, 2007). In a comprehensive study conducted by Lee & Hom (2013), the effects of job stress, compassion fatigue, and compassion satisfaction on burnout in clinical nurses were investigated. The study concluded that job stress, compassion fatigue, and compassion satisfaction were the factors that affected nurses' burnout.

Based on the aforementioned views, we hypothesize that nurses' compassion fatigue has an effect on job stress:

*H1: Compassion fatigue has a positive and significant effect on job stress.*

Job stress is a negative situation that arises from difficulties, pressures, and demands in the work environment. Conversely, happiness at work is the satisfaction and happiness that employees feel about their jobs. Job stress can have a negative impact on job satisfaction and motivation.

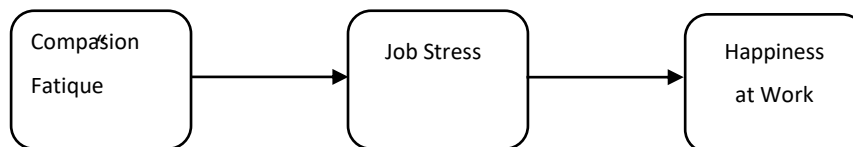
Certain professions can be more stressful than others due to their inherent characteristics. Police, military, and healthcare workers are among the most stressful professions. Nurses are particularly prone to job dissatisfaction and weariness due to stress, which is a global concern. Studies have shown an inverse relationship between job stress and job satisfaction (Coomber & Barriball, 2007; Draper et al., 2004; Flanagan & Flanagan, 2002; Ko & Yom, 2003).

Based on the explanations provided above, the following hypothesis was developed to explain the relationship between job stress and happiness at work among nurses:

*H2: Job stress has a significant and negative effect on happiness at work.*



The research model shown in Figure 1 was created by considering the hypotheses developed within the scope of the extant literature and theoretical background.



**Figure 1.** Research Model

## METHOD

### Model of the Study

Research methods in social sciences are often complementary, with descriptive studies serving to predict the emergence of problems and gain a general understanding of the population by determining relationships between variables (Sürücü, et al.,2023).

### Study Group of the Research

The data used in this research were obtained from nurses employed at a state hospital in İzmir. Due to difficulties in reaching the entire population, a convenience sampling method was used and the questionnaire was applied on a voluntary basis. A total of 237 survey responses were obtained through face-to-face interviews. Of the participants, 88.99% were female and 11.11% were male. In terms of marital status, 136 participants (55.97%) were married and 107 participants (44.03%) were single. Among the respondents, 88 were between the ages of 20-30 (36.21%), 65 were between the ages of 31-40 (26.75%), and 90 were 41 or older (37.04%).

### Data Collection Tools

The study used four different scales: compassion fatigue, job stress, happiness at work, and demographic characteristics. The information about each scale used in the research is as follows:

*Compassion Fatigue:* The short version of the Compassion Fatigue Scale, developed by Adams, Boscarino, and Figley (2006), was used to determine nurses' levels of compassion fatigue. The scale was adapted into Turkish by Sevgi and Ekinci (2019). The scale consists of 13 questions, each graded from 1 (never) to 5 (very often). The higher the score obtained from the scale, the greater the level of compassion fatigue experienced by the participant. Sample questions from the scale include "I sometimes remember past situations involving my patients" and "When I have a traumatic experience with a patient, I have trouble sleeping."

*Job Stress:* The House and Rizzo (1972) scale was used to assess the level of stress perceived by nurses towards their jobs. The scale was adapted into Turkish by Efeoğlu (2006). It consists of 7 questions, graded on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). As the scores increase, so does the perceived level of stress towards the participant's job. Sample questions from the scale include "I think things have not been going well lately."

*Happiness at work:* The happiness levels of nurses at work were determined using the scale developed by Polatçı and Ünüvar (2021). The scale consists of 8 questions, graded from 1 (strongly disagree) to 5 (strongly agree). As the scores obtained from the scale increase, the level of stress perceived by the participant towards their job also increases. Sample questions in the scale include "My manager is friendly towards their employees" and "I perform my job with love."

### Data Analysis

Descriptive statistical analysis was conducted to determine the demographic structure of the nurses who participated in the study. Kurtosis and skewness values were checked to determine whether the data met the conditions for normal distribution. Correlation analysis was applied to measure the relationships between compassion fatigue, job stress, and happiness at work. Regression analysis was performed to test the hypotheses. The research data were analyzed using SPSS 27 and AMOS 22 software packages.

### FINDINGS

This section presents information about the findings obtained from analyzing the data collected for the research using the analysis techniques specified in the methods section.

### Reliability and Validity of Measurement Tools

The study assessed the reliability of the data for each variable by checking Cronbach's Alpha and Composite Reliability values. The analysis results are presented in table 2 below:

**Table 2.** Reliability of Scales

Variables	n	Cronbach's Alpha	Composite Reliability
Compassion Fatigue	13	0.901	0.928
Job Stress	7	0.857	0.880
Happiness at Work	8	0.861	0.896

The reliability of the scales was determined through analysis. The Cronbach's Alpha value of the compassion fatigue scale was 0.901, while the job stress scale was 0.857. The Cronbach's Alpha value of the happiness at work scale was 0.861. The composite reliability values were 0.928 for the compassion fatigue scale, 0.880 for the job stress scale, and 0.896 for the happiness at work scale. Based on the analyses, it was concluded that the

scales used in the research were reliable, as their reliability values were all above 0.70 (Sürücü & Maslakçı, 2020; Sürücü, Şeşen, & Maslakçı, 2023).

To establish the validity of the scales, both convergence and discriminant validity were evaluated. Convergent validity was assessed using composite reliability (CR) and average variance extracted (AVE) values, as recommended by Sürücü and Maslakçı (2020) and Sürücü, Şeşen, and Maslakçı (2023). Discriminant validity was assessed using AVE,  $\sqrt{\text{AVE}}$ , and correlation values (Fornell, & Larcker, 1981; Sürücü, et al.,2023). Table 3 presents the results of the analysis for the validity of the scales.

**Table 3.** Validity of Scales

Items	Factor Loadings	CR	AVE
<b>Compassion Fatigue</b>			
CF1	0.722		
CF2	0.715		
CF3	0.688		
CF4	0.607		
CF5	0.682		
CF6	0.624		
CF7	0.682	<b>0.928</b>	<b>0.501</b>
CF8	0.691		
CF9	0.828		
CF10	0.811		
CF11	0.601		
CF12	0.726		
CF13	0.777		
<b>Job Stress</b>			
JS1	0.624		
JS2	0.699		
JS3	0.725		
JS4	0.801	<b>0.880</b>	<b>0.516</b>
JS5	0.814		
JS6	0.617		
JS7	0.723		
<b>Happiness at Work</b>			
HW1	0.671		
HW2	0.703		
HW3	0.639		
HW4	0.725		
HW5	0.776	<b>0.896</b>	<b>0.522</b>
HW6	0.821		
HW7	0.809		
HW8	0.607		

(Compassion Fatigue: CF, Job Stress: JS, Happiness at Work: HW)

According to Sürücü, Şeşen, and Maslakçı (2023), the fact that the AVE values are greater than 0.50 and the composite reliability value is greater than the AVE values indicates that the scales have convergent validity. Table 3 shows that the AVE values are greater than 0.5 and the composite reliability value is greater than the AVE values, confirming the scales' convergent validity. Furthermore, the discriminant validity of the scales is

confirmed by the fact that the VAVE values do not exceed 0.90 and are greater than the correlation values in Table 3, as suggested by Fornell and Larcker (1981) and Sürücü, et al., (2023).

### Correlation Analysis

Before conducting regression analysis, a correlation analysis was performed to determine the relationship between the variables. The distribution of the data was examined to decide which correlation coefficient (Spearman or Pearson) should be used in the analysis. Correlation analysis was conducted to determine the level of relationship between compassion fatigue, job stress, and happiness at work. The results of the analysis are presented in Table 4 below.

**Table 4.** Correlation Analysis

Variables	Mean	Sd.	Skewness	Kurtosis	Compassion Fatigue	Job Stress	Happiness at Work
Compassion Fatigue	2.42	0.827	-0.185	-0.688	(0.708)		
Job Stress	2.88	0.699	-0.222	0.129	0.288	(0.718)	
Happiness at Work	3.08	0.422	0.411	1.099	-0.311	-0.425	(0.722)

According to the literature (Sürücü, et al.,2023; Tabachnick & Fidell, 2013), if the kurtosis and skewness values fall between -1.5 and +1.5, the data are normally distributed. Table 3 reveals that the kurtosis and skewness values of the data fall within this range, indicating that the data are normally distributed. The Pearson Correlation Test was applied to assess the direction and strength of the relationships between the variables due to the normal distribution of the data. The results of the correlation analysis demonstrate that compassion fatigue has a positive relationship with job stress ( $r = 0.288$ ) and a negative relationship with happiness at work ( $r = -0.311$ ). Additionally, it was found that job stress has a negative relationship with happiness at work ( $r = -0.425$ ).

### Regression Analysis

As part of the research, a regression analysis was conducted to determine the impact of compassion fatigue on job stress and the impact of job stress on happiness at work. The analysis results are presented in the table below.

**Table 5.** Regression Analysis

Path	$\beta$	t	Sig.
Compassion Fatigue --> Job Stress	0.386	16.557	0.000
Job Stress --> Happiness at Work	-0.441	-3.339	0.001

The regression analysis results showed that compassion fatigue has a positive effect on job satisfaction ( $\beta=0.386$ ,  $t=16.557$ ,  $p=0.000$ ), while job stress has a negative effect on happiness at work ( $\beta=-0.441$ ,  $t=-3.339$ ,  $p=0.001$ ). Both effects were found to be directional. These findings support Hypothesis 1 and Hypothesis 2, which were developed to investigate these relationships.

## DISCUSSION AND CONCLUSION

To emphasize the healing effect of nurses' compassionate state, Goleman (2007) stated that even the scalpel and needle are less painful in compassionate hands. Therefore, it is important to consider the compassion feelings of nurses. Nurses who face pain and human weakness for a long time may experience compassion fatigue. This fatigue results in emotional wear and tear, which can lead to job stress. Increased stress can cause emotional issues such as job dissatisfaction, anxiety, and depression, ultimately leading to unhappiness at work. In this context, this study aims to determine the effect of compassion fatigue on job stress in nurses and to reveal the impact of job stress on happiness. By examining the barriers to nurse happiness, this study fills a gap in the literature. Nurses are the backbone of health services, playing a key role in helping both doctors and patients and serving as a bridge between management and staff. Understanding the relationship between compassion fatigue and job stress is crucial in this context.

The study's results empirically revealed that nurses' compassion fatigue caused significant job stress. Thus, the H1 hypothesis (*Compassion fatigue has a positive and significant effect on job stress*) was confirmed. The results are consistent with the literature (Joinson, 1992; Lee & Hom, 2013; Moç, 2023). Aslan, Erci, and Pekince (2021) examined the relationship between work-related stress, the meaning of life in nurses, and compassion fatigue in a separate study. This study's results indicate a positive effect between job stress and compassion fatigue, with similar findings in other studies. A study conducted during the pandemic to determine the effect of stress on compassion fatigue in intensive care nurses found that as stress levels increased, so did levels of compassion fatigue (Okgün Alcan & Yıldız, 2021). Recent research has increasingly shown that burnout, in addition to job stress, is positively associated with compassion fatigue (Kim, et al., 2017; Lluch, et al., 2022; Naert, et al., 2023).

The second hypothesis of the study, H2 (*"Job stress has a significant and negative effect on happiness at work"*), was also confirmed by the conclusion that job stress has a negative effect on happiness at work, according to the analysis results. Cheng, et al., (2015) examined the relationship between nurses' job stress, job satisfaction, and related factors in a separate study. The results of that study support the findings of this study by revealing a negative relationship between job stress and job satisfaction. A study examining job stress and job satisfaction of health professionals in a public hospital in terms of demographic characteristics found a significant negative relationship between job stress and job satisfaction (Erşan, et al., 2013). Also, Meyer et al. (2015) reported that compassion fatigue in nurses negatively affects job satisfaction and that there is a significant relationship between burnout and experiencing compassion fatigue.

The study results reveal that compassion fatigue and job stress together have an effect on happiness at work. According to the literature, as happy and healthy employees, nurses can impact high patient satisfaction and work performance (Cheng, et al., 2015). Stress has been shown to contribute to high turnover, absenteeism, burnout, and job dissatisfaction (Goode, et al., 2009; Halfer & Graf, 2006; Jennings, 2008). A study in this direction showed that nurses with burnout are three times more likely to leave their current duties, while

nurses who plan to stay in their jobs for a long time reported being happier and less stressed (Wieck, et al.,2009).

## RECOMMENDATIONS

In this context, health organizations can take measures and regulations to help health professionals overcome the intense stress and fatigue caused by their work, and achieve happiness at work. Basic measures to improve employee well-being and work performance include introducing shifts and working hours that protect work-life balance, recruiting additional personnel if necessary to reduce the number of patients per person, implementing a reward and appreciation system that increases internal motivation, providing in-service training, and creating a corporate culture based on cooperation, respect, trust, and openness. Therefore, it is important for senior management and policymakers in health organizations to take precautions and make important contributions to administrative efficiency and social welfare.

As with any study, this one also has limitations due to limited time and resources. It is a cross-sectional study, and the data were created based on perception. For future studies, a longitudinal study design is recommended to understand the mechanism of compassion fatigue and its consequences. Qualitative methods, such as interviews, could be applied to achieve this goal (Tabachnick & Fidell, 2013).

## ETHICAL TEXT

In this article, journal writing rules, publication principles, research and publication ethics rules, and journal ethics rules were followed. Responsibility for any violations that may arise regarding the article belongs to the author(s). Ethics committee approval was obtained from The Cyprus World Peace University ethics committee with the decision dated 06.06.2023 and numbered WPU-ETK-2023-17. The questionnaire form used in this study does not include personal information such as name, surname, address, or phone number.

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