

# Compassion Fatigue in Level two Hospitals at Puerto Princesa, Palawan

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## Abstract

Nursing is fundamentally a profession of compassion, yet continuous self-giving risks compassion fatigue (CF), defined as the "loss of the ability to nurture". This study investigated CF among 198 registered nurses in Level 2 private hospitals in Puerto Princesa, Palawan, focusing on how work, client, and personal environments influence professional quality of life. Employing a descriptive-correlational design, the research utilized a multi-part questionnaire including the ProQOL v.5 a modified Work Environment Questionnaire, a Client Environment Survey based on patient acuity, and the Highly Sensitive Person Scale. Results indicated moderate levels of both CF and compassion satisfaction (CS) among respondents. Statistical analysis showed that a supportive work environment significantly decreased CF ( $r = -0.149$ ) and increased CS ( $\rho = 0.438$ ). A demanding client environment significantly increased CF ( $r = 0.174$ ) but did not affect CS. Notably, a highly sensitive personality was significantly associated with both higher CF ( $r = 0.320$ ) and higher CS ( $\rho = 0.266$ ). Among demographics, only monthly income showed a significant difference in CF ( $p = 0.042$ ), with the lowest earners experiencing the highest fatigue. A significant negative correlation ( $r = -0.251$ ) confirmed that CS buffers CF. The study concluded that environmental conditions and personal traits concurrently shape the nursing experience. While challenging patient demands cause emotional exhaustion, they do not necessarily diminish the fulfillment gained from care. To address these findings, the CARE (Compassion Advancement & Resilience Enhancement) Program was proposed to strengthen leadership, workload management, emotional resilience and economic well-being.

**Keywords:** Compassion Fatigue, Compassion Satisfaction, Work Environment, Personal Environment, Client Environment, CARE Program.

## INTRODUCTION

Nursing is a profession of compassion. Individuals, families, and even the entire community turn to nurses to seek support in care, healing, and encouragement when facing life's physical, emotional, and spiritual challenges. Compassion, as applied to nursing, may be described as a nurse's natural ability to nurture and embrace another person's suffering as their own. It is the core of care, an asset in nursing, and a key element of nursing care (Babaei et al., 2022).

In the Philippines, compassion is seen as a strength in nursing. Healthcare systems worldwide recognize Filipino nurses' dedication, hard work, and compassion. Worldwide, healthcare recognizes Filipino nurses as a crucial part of the global health workforce for their quality care and compassion (Philippine Daily Inquirer, 2023). Filipino nurses have been described as the force of compassion and excellence in healthcare. They have been making their mark worldwide through their dedication and expertise in the

healthcare industry. In the United States alone, Filipino nurses comprise 20% of the total foreign-trained nurse workforce, with around 800,000 Filipino nurses (Aguilar, 2023).

US Medal of Freedom Awardee Fr. Greg Boyle emphasized that Filipino nurses' compassion can change the world. He said that the Filipinos' ability to care deeply for one another is a powerful force that could create a better world if cultivated and shared globally (Manila Standard Lifestyle, 2024).

Compassion satisfaction is defined as the pleasure and satisfying feeling that comes from helping others. In compassion satisfaction, nurses relate to their patients regardless of their condition, leading to meaningful, purposeful interactions. This rewards nurses for the care they provide and inspires them to be more energetic and more positive at work. Compassion satisfaction makes a nurse feel good about the work he has done when he comes home. It encourages him to spread positivity and support his ongoing work life (Ilarde et al., 2021).

Most nurses enter healthcare with great compassion, eager to help others and to provide the best possible care to patients with critical physical, mental, emotional, and spiritual needs. Empathetic and caring nurses, however, can still become victims of the ongoing stress of meeting the often-overwhelming needs of patients and their families, leading to compassion fatigue. This is a cumulative process characterized by the exhaustion and emotional withdrawal that nurses experience, along with increased workload and stress (Smart et al., 2024).

Nurse Carla Joinson first introduced the concept of compassion fatigue among nurses, who are indispensable members of the health team, in a 1992 study on burnout among nurses working in emergency services. Compassion fatigue was not mentioned as a formal concept in their inquiry. It was just stated that, as empathetic caregivers, nurses can internalize the traumatic stress of the individuals they help, making compassion fatigue "a unique form of burnout affecting caregivers". According to Joinson's description, compassion fatigue is a type of exhaustion that is not associated with dissatisfaction with the work or with the disappointment experienced with the system. Joinson also noted that it is almost impossible to recognize compassion fatigue without being highly aware of its existence (Yalkin & Ozbilgin, 2024).

Later in 1995, Figley formulated the concept of compassion fatigue formally by identifying it among the wives of Israeli soldiers with combat stress reaction. He explained in detail the idea as "a state of tension and anxiety related to individual or cumulative trauma narratives, including the effects of cumulative stress/burnout, which manifests itself in one or more ways such as reexperiencing traumatic events, avoiding reminders of traumatic events, or sustained arousal." He added that it reduces a person's ability or interest in bearing others' suffering (Dominguez, 2020).

Nurses with compassion fatigue may exhibit several manifestations. These may present as a diminishing sense of hope, compassion, and empathy, changes in work performance, and feelings of bitterness toward their jobs. loss of emotional regulation; spiritual emptiness, a decreased sense of fulfillment, disconnectedness from people, lack of motivation, the sensation of fatigue, personal and career dissatisfaction, and feelings of helplessness related to the unrelenting sacrifice of self-prolonged exposure to trauma (DuBois & Mistretta, 2020).

Willing (2019) grouped the symptoms of compassion fatigue into behavioral, emotional, and physical changes. Behavioral changes include an inability to maintain the balance of empathy and objectivity, chronic tardiness, overwork, exaggerated startle responses, difficulty focusing and concentrating, substance abuse, eating disturbances, and avoiding or dreading work. Emotional changes include healthy heart emptiness, diminished sense of personal accomplishment, decreased sense of purpose, less ability to

feel joy, low self-esteem, high self-expectation, helplessness and hopelessness, numbness, disinterest, detachment, disillusionment or apathy, depression, anger, irritability, or blaming. Physical changes include chronic fatigue, exhaustion, gastrointestinal complaints, hypertension, cardiac symptoms, sleep disturbances, muscle tension, aches and pains, and frequent or lingering illness.

Nurses often experience declines in personal health, leading to inadequate nursing performance and medical errors related to poor judgment and diminished discernment. As a result, compassion fatigue contributes to poor-quality patient care (Sabanciogullari et al., 2021).

Despite a culture rooted in innate compassion, Filipinos are not immune to compassion fatigue. A local study by Balinbin et al., published in 2020, examined Filipino medical-surgical registered nurses. Results revealed a prevalence of moderate to high levels of compassion satisfaction at 90.09%. However, compassion fatigue was also identified by its facets, which are burnout and secondary stress, with a prevalence of 74.38% and 83.47% respectively. Higher monthly income was positively associated with compassion fatigue, while the nurse-colleague relationship had the most substantial adverse effect.

Delos Santos (2023), reported moderate compassion fatigue levels in his local study among Filipino hospital nurses, indicating that this is a common occupational experience in clinical practice. In a similar vein, a 2024 study by Alojado & Madrigal investigated compassion fatigue and workplace well-being among healthcare professionals at a Level II government hospital in Western Visayas, Philippines. The study revealed low levels of compassion fatigue and high levels of workplace well-being, regardless of their demographic characteristics or work-related factors. However, there were significant differences in compassion fatigue by age and marital status, with younger, single individuals reporting higher levels.

### **Theoretical Framework**

The theoretical framework of this study was primarily anchored in Stamm's (2010) Theory of Professional Quality of Life, also known as the Compassion Satisfaction-Compassion Fatigue Theory. This theory explained that the quality of life for a caregiver is defined by the balance between two opposing aspects: the positive experience of Compassion Satisfaction and the negative experience of Compassion Fatigue. To provide a comprehensive understanding of these phenomena, the researcher integrated three additional supporting models. Jean Watson's Theory of Human Caring anchored the study in Relationship-Based Nursing (RBN), emphasizing that the caregiver and the patient are interconnected through empathic filters including personal background, spiritual consciousness, and core beliefs. Dr. Jane Georges' Theory of Compassion defined compassion as an "active consciousness" that does not occur by accident but must be intentionally nourished through role modeling, practice, and the cultivation of mindfulness. Mary Koloroutis' Relationship-Based Care Model identified three essential relationships—with patients/families, with oneself, and with colleagues—placing compassion and care at the very heart of nursing practice. Following Stamm's model, the framework explores how three distinct environments concurrently drive a nurse's professional quality of life. Work environment focused on managerial support and interpersonal relationships with colleagues. Client environment focused on the care demands and patient acuity that nurses face daily. Personal environment focused on the nurse's individual temperament, specifically the Highly Sensitive Personality trait.

### **Research Questions**

**The study addressed the following specific queries:**

1. What is the sociodemographic profile of the nurses (sex, age, marital status, length of employment, assignment area, monthly income)?

2. What are the levels of compassion fatigue and compassion satisfaction among respondents?
3. How do the work, client, and personal environments affect compassion fatigue?
4. What is the impact of these same environments on compassion satisfaction?
5. Is there a significant difference in compassion fatigue levels based on sociodemographic profiles?
6. Is there a significant relationship between compassion fatigue and compassion satisfaction?
7. What enhancement program can be proposed based on the findings?

## METHODS

### Research Design

The study utilized a descriptive-correlational research design. The descriptive aspect provided an accurate portrayal of the 198 registered nurse respondents, while the correlational aspect investigated the associations and influences between the environmental factors and professional quality of life within a short timeframe.

### Research Locale

The study was conducted in Level 2 private hospitals in Puerto Princesa, Palawan, specifically targeting Adventist Hospital Palawan, MMG-PPC Cooperative Hospital, and ACE Medical Center. These sites were selected for their accessibility and the availability of suitable personnel.

### Research Respondents

The respondents were 198 registered nurses providing direct patient care. Purposive sampling was employed to include full-time or contract nurses actively involved in patient care while excluding those in purely administrative roles. The majority were female (80.3%), single (79.8%), and aged 25-35 (48.5%).

### Statistical Tools

Data were analyzed using the JAMOVI program. Frequencies and percentages were used for sociodemographic profiles and levels of compassion fatigue and compassion satisfaction. Pearson product-moment correlation measured the effects of environments on compassion fatigue and the relationship between compassion fatigue and compassion satisfaction. Spearman's Rho was used for the impact of environments on compassion satisfaction. Independent samples T-tests and One-Way ANOVA (with Tukey Post-Hoc analysis) determined significant differences across demographic groups.

### Research Instruments

The research utilized a multi-part questionnaire using ProQOL v.5 to measure compassion fatigue and compassion satisfaction; Managerial Support & Interpersonal Relationship Scales to measure the work environment ( $\alpha = 0.96$ ); Patient Acuity Tool to measure the client environment ( $\alpha = 0.898$ ); and Highly Sensitive Person Scale (HSP-12) to measure the personal environment of the respondents ( $\alpha = 0.837$ ).

### Data Gathering Procedures & Analysis

Upon approval and ethical clearance, the researcher obtained consent from hospitals and potential participants. Questionnaires were distributed personally or through official channels, taking approximately 15 minutes to complete. Data were encoded into a master sheet for statistical processing. Ethical considerations included voluntary participation, anonymity, and the secure storage of data for five years.

### Scope and Limitations

The study was limited to full-time or contract nurses in Level 2 private hospitals in Puerto Princesa from September to November 2025. It excluded administrative staff and focused strictly on the influences of the three defined environments on compassion fatigue and compassion satisfaction.

## RESULTS

The sociodemographic profile of the registered nurses in Level 2 private hospitals in Puerto Princesa revealed a predominantly female (80.3%) and single (79.8%) workforce. Most respondents were middle-aged (25–35 years old) and have worked for more than 24 months. In terms of hospital assignment, the majority were stationed in Medical-Surgical units (27.8%), followed by Intensive Care Units (19.7%). Financially, more than half of the nurses earned a monthly income between Php 20,001 and Php 30,000. The respondents exhibited moderate levels of both compassion fatigue (Mean = 54.1) and compassion satisfaction (Mean = 38.7). This finding indicates that nurses generally experience moderate levels of compassion fatigue. While levels are not high, the result implies that this phenomenon exists in the nursing practice in the Philippines. It also highlights the need for interventions to prevent escalation into higher levels which may negatively affect nurse performance and quality of patient care.

Regarding the factors affecting compassion fatigue, the study found that the work environment has a significant negative correlation ( $r = -0.149$ ), meaning fatigue decreases as managerial and collegial support increases. This explains that as the support of the work environment improves, the level of compassion fatigue decreases. This finding suggests that compassion fatigue is not only an individual emotional response. Rather, it is also influenced by organizational conditions such as managerial support and interpersonal relations. It highlights the importance of a healthy work environment which is a key strategy in protecting nurses' well-being and sustaining compassion in nursing practice.

Results also showed a weak positive relationship of client environment and compassion fatigue ( $r = 0.174$ ), which is considered significant. This explains that the poorer the client environment, signifying higher levels of client demands or challenges, the higher the level of compassion fatigue. This implies that increased exposure to complex patient needs, high-acuity cases & emotionally challenging interactions contributes to higher emotional exhaustion among nurses. This also suggests that compassion fatigue may be considered an occupational challenge in high-demand clinical settings. This also implies that healthcare institutions must provide emotional support systems during in areas with high care demands. Addressing the impact of demanding client environments is essential to maintain compassionate care.

The results reveal a moderate positive relationship between a highly sensitive personal environment and compassion fatigue ( $r = 0.320$ , significant at  $p < .001$ ). This suggests that nurses with higher levels of sensitive personality are more likely to experience increased compassion fatigue. This highlights the influence of personal characteristics on how nurses process their clinical experiences. This also shows that compassion fatigue is shaped not only by workplace and patient-related factors, but also by individual psychological traits. Because of this, interventions should also include self-awareness trainings and resilience building programs that will help balance nurses' empathy and emotions. Recognizing nurses' individual differences in emotional sensitivity will allow organizations to provide personalized support and promote nurse well-being while sustaining compassionate care.

In terms of the impact on compassion satisfaction, results revealed a significant moderate positive impact of a supportive work environment on compassion satisfaction ( $\rho = 0.438$ ,  $p < .001$ ). This suggests that the more positive and supportive the work environment is, the higher the level of compassion satisfaction exists among the nurses. As nurses feel greater support in the workplace, their sense of fulfillment, meaning and professional satisfaction from caring also increases. This implies that healthcare institutions can increase compassion satisfaction by investing in supportive leadership and fostering collegial relationships. Overall, a supportive work environment may serve as a key strategy for sustaining high-quality compassionate nursing practice.

A significant moderate positive impact of personal environment on compassion satisfaction ( $\rho = 0.266$ ,  $p < .001$ ) was also seen in the results. This shows that nurses with a highly sensitive personality are more prone to higher levels of compassion satisfaction. The positive impact of highly sensitive personal environment on compassion satisfaction suggests that nurses who have greater emotional sensitivity are more likely to experience fulfillment, meaning and personal reward from giving care. This finding implies that healthcare institutions should nurture, rather than suppress, empathy awareness by recognizing compassionate care behaviors. Since a highly sensitive personality is positively related to both compassion fatigue and compassion satisfaction, a dual effect is noted in emotional sensitivity, while high-sensitive personal environment increases vulnerability to the emotional exhaustion of compassion fatigue, it can also enhance the capacity of the nurse to experience meaning and fulfillment in caregiving shown in compassion satisfaction. Healthcare institutions should avoid viewing nurses with a highly sensitive personality as solely a high-risk individual for compassion fatigue; instead, they should provide targeted interventions that will help nurses manage their emotions. Sensitivity can be transformed into professional strength if individual emotional differences are recognized and well-being strategies are personalized to promote compassion satisfaction among nurses.

Results also showed that the client environment has no significant impact on their compassion satisfaction ( $\rho = 0.139$ ,  $p = 0.053$ ). This implies that increased care demands from the client environment did not significantly affect compassion satisfaction. Compassion satisfaction may come from internal factors or personal meaning and is not affected by increases or decreases in care demands from the client environment. Even when exposed to highly demanding clinical situations, nurses may still experience strong compassion satisfaction. This may guide healthcare institutions to focus on strengthening workplace support and other significant factors rather than only attempting to reduce complexity of patient care demands, which, often, is unavoidable. This result also suggests that meaningful patient care experiences are still possible and can still be rewarding despite clinical challenges.

Analysis of demographic differences revealed that sex, age, marital status, length of employment, and area of assignment did not result in significant differences in compassion fatigue levels. This shows that compassion fatigue levels do not differ regardless of the respondents' age, marital status, length of employment and area of assignment. However, monthly income showed a statistically significant difference ( $p = 0.042$ ), with post-hoc tests identifying that nurses earning below Php 15,000 experience significantly higher fatigue than those in the Php 20,001–30,000 bracket. This underscores that financial stress is a critical factor contributing to emotional exhaustion in the local nursing workforce.

A significant moderate negative correlation ( $r = -0.251$ ) was confirmed between compassion fatigue and compassion satisfaction. This finding supports the theoretical assumption that compassion satisfaction acts as a buffer; as nurses find more joy and fulfillment in their roles, their vulnerability to emotional depletion and fatigue decreases. Consequently, fostering professional satisfaction is just as vital as mitigating workplace stressors.

Based on these findings, the researcher proposed the CARE (Compassion Advancement & Resilience Enhancement) Program, a four-pillared intervention designed to be implemented by nursing leadership. The program focuses on Connecting & Supporting through leadership training, Assisting Workload via patient acuity tools, Regulating Emotions through empathy literacy and counseling, and Empowering Economic Well-being by addressing income-related stress and salary equity

## DISCUSSIONS

The findings suggest that a supportive work environment is a critical buffer against exhaustion. While high-acuity client demands increase emotional strain, they do not necessarily diminish the fulfillment nurses find in their work. Crucially, emotional sensitivity acts as a "dual effect" trait, increasing vulnerability to fatigue while simultaneously enhancing the capacity for professional satisfaction. The significance of income indicates that financial stress is a major contributor to emotional depletion in the local context.

## Conclusion

Based on the findings of the study, it can be concluded that there is a balanced yet vulnerable mix of compassion levels among nurse respondents in level two hospitals in Puerto Princesa. This conclusion is derived from moderate levels of both compassion fatigue and compassion satisfaction among the respondents. It can also be concluded that the work environment, client environment, and personal environment significantly affect compassion fatigue of the nurse respondents. Moreover, these work environments and personal environments create a significant impact on their compassion satisfaction. A supportive, positive working environment plays a vital role in reducing compassion fatigue and enhancing compassion satisfaction among nurses. This highlights the importance of supportive leadership and healthy collegial relationships in the healthcare setting.

This study further concludes that exposure to a highly demanding client environment is associated with increased levels of compassion fatigue, although it does not significantly affect compassion satisfaction. This suggests that while challenging patient care demands may exhaust nurses emotionally, they do not necessarily diminish the sense of fulfillment gained from providing compassionate care.

Additionally, nurses with highly sensitive personal characteristics are more vulnerable to compassion fatigue; however, this same sensitivity may also contribute to greater compassion satisfaction. This dual effect emphasizes the complex role of emotional sensitivity in nursing practice, where heightened empathy can be both a source of professional fulfillment (compassion satisfaction) and a source of emotional strain (compassion fatigue).

Furthermore, the study concludes that monthly income is significantly associated with compassion fatigue levels among nurses, with lower-income groups showing higher levels than those in the middle-income group. This finding underscores the impact of monthly income on respondents' compassion fatigue and compassion satisfaction.

## Recommendations

**The following are the identified recommendations of the study:**

1. Hospital administrators should consider the socio-demographic characteristics of their nurses when designing support programs. Compassion enhancement programs should cater nurses of all genders, age groups, marital statuses, employment tenure, income range and areas of assignments.
2. Given the presence of moderate levels of both compassion fatigue and compassion satisfaction, hospitals should implement proactive programs that aim to sustain satisfaction while preventing the worsening of compassion fatigue.
3. Since findings of this research conclude that work, client and personal environments significantly influence compassion fatigue among nurses, healthcare institutions are encouraged to uphold a supportive work environment through effective leadership & positive interpersonal relationships among

colleagues. Given that demanding client environments increasing compassion fatigue, hospitals should implement workload rotation, adequate staffing & workload analysis to manage high patient care demands. Furthermore, training programs on emotional regulation & empathy management are recommended to assist nurses, especially those with highly sensitive personality traits.

4. The results also indicate that environmental and personal factors contribute to compassion satisfaction among nurses. It is recommended that nurse leaders promote positive managerial and collegial relationships through open communication, mentorship, and regular feedback. Recognition programs, professional development opportunities & peer support systems will also increase a nurses' sense of value and accomplishment. Although client demands did not significantly affect compassion satisfaction, healthcare institutions should continue to foster patient-centered care practices that will allow nurses to experience meaning and fulfillment in giving compassionate care. Nurses should also be self-aware of personality tendencies and seek counselling when needed to ensure a healthier and more sustainable work experience. This enables the nurse to provide the utmost quality patient care and leads to better patient outcomes.
5. Since monthly income significantly influenced differences in compassion fatigue levels, hospital administrators are encouraged to review salary schemes, provide allowances as needed and develop financial wellness programs.
6. Since compassion satisfaction was found to buffer compassion fatigue, nurse leaders should implement strategies that intentionally enhance professional fulfillment and meaning in giving care. Hospitals are recommended to develop and maintain a supportive workplace culture that reinforces meaning and purpose in nursing practice.
7. Hospitals are encouraged to adopt and implement the proposed CARE (Compassion Advancement & Resilience Enhancement) Program which focuses on: (C) C- Connect & Support: Enhancing managerial support & strengthening collegial relationships in the workplace; (A) A – Assist Workload: Balancing care demands and unit acuity in the workplace; (R) R – Regulate Emotions: Increasing empathy literacy and sensitivity awareness in the workplace; (E) E – Empower Economic Well-being: Decreasing income-related stress in the workplace Nurse leaders and policy makers may utilize the program as a guide for implementing workplace initiatives in monitoring compassion fatigue and compassion satisfaction of nurses in the workplace. They may use the CARE Program as an evidence-based framework for developing workplace policies that integrate mental health support, safe staffing practices, and compensation review mechanisms. Pilot implementation and periodic evaluation of the CARE Program are recommended to assess effectiveness in reducing compassion fatigue and enhancing compassion satisfaction among nurses.
8. Future researchers are encouraged to conduct further studies that explore compassion fatigue and compassion satisfaction in other hospital levels and different geographic areas to improve generalizability. Exploring the factors that contribute to the dual effect of a strong, sensitive personality on compassion would also help develop future personality workshops tailored to this phenomenon. Further investigation into how effective the CARE Program is in reducing compassion fatigue and enhancing compassion satisfaction among nurses is also recommended.

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