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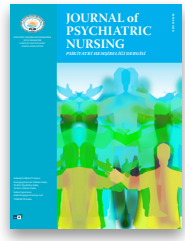

Qualitative Research

Experiences of compassion fatigue among nurses working in psychiatric clinics: A qualitative study

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Abstract

Objectives: This study aimed to examine the experiences of compassion fatigue among nurses working in a psychiatric clinic using a phenomenological approach.

Methods: This phenomenological study was conducted between July and September 2023 with 14 nurses working in a psychiatric clinic, using semi-structured questions. Criterion sampling was employed to reach the sample group, and interviews continued until data saturation was achieved. Colaizzi's seven-step method was used to analyze the data, allowing for a comprehensive examination of the participants' experiences and thereby contributing to the reliability of the findings.

Results: Five themes were developed based on 16 categories identified in the study. The themes included the role of compassion in psychiatric care, nurses' perceptions of compassion fatigue, negative emotions that trigger compassion fatigue in psychiatric care, strategies for coping with compassion fatigue, and suggestions for managing compassion fatigue.

Conclusion: The study concluded that compassion is fundamental to psychiatric care but can also lead to compassion fatigue when professional boundaries are crossed. Nurses stated that feelings such as exhaustion, anger, sadness, fear, and anxiety increased the risk of compassion fatigue. It was found that they used dysfunctional coping methods such as increased smoking, emotional avoidance, and shifting focus. The study also revealed that nurses had expectations in clinical and educational areas to prevent compassion fatigue.

Keywords: Compassion; compassion fatigue; psychiatric nursing; qualitative study

Compassion is a multidimensional concept that involves recognizing another person's pain, feeling that pain on an emotional level, and responding to it in an effective manner.[1] In this context, compassion can be defined as an attitude and behavior aimed at understanding the other person's experience, recognizing their needs, and alleviating their pain.[2] The feeling of compassion is based on the assumption that pain, failure, and inadequacy are fundamental to being human and that all individuals are worthy of compassion.[3]

Since Florence Nightingale's historical influence, compassion has formed the basis of the traditional philosophy of care in the international professional nursing context.[4] Nursing science theorists Erikson[5] and Watson[6] also emphasized that compassion is an essential element in nursing care. Compassion fatigue is considered a state of emotional, physical, and mental exhaustion that arises from prolonged exposure to work-related stress among healthcare workers.[7] Compassion fatigue is generally defined as a process that occurs when healthcare workers constantly compromise themselves and are exposed to excessive stress due to continuous and intense interaction with patients.[8] The nursing profession, which is considered vulnerable to compassion fatigue among healthcare professionals, stands out as a highly stressful profession.[7] Compassion fatigue is the emotional cost of nurses caring for

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traumatized individuals or witnessing the trauma of others.[8] Prolonged and/or intense exposure to patients' painful experiences,[9] long working hours, low job satisfaction, receiving less praise from patients, and increased perceived stress can increase the risk of compassion fatigue in nurses.[10] Nurses' difficulty in establishing a sustainable balance between their professional and personal lives may cause them to continue thinking about patient care and work-related experiences even outside of working hours.[11] Constant exposure to patients' pain and managing all aspects of that pain can leave nurses vulnerable to compassion fatigue.[9]

Physicians, nurses, and psychologists working in the field of mental health are among the occupational groups at high risk of compassion fatigue.[12,13] A study on compassion fatigue indicated that psychiatric nurses experienced higher levels of job burnout and compassion fatigue than other professional groups included in the study, among physicians, nurses, and psychologists working in the field of mental health.[14] Challenging patient profiles and adverse working conditions in psychiatric nursing can lead to compassion fatigue and cause nurses to become insensitive to patient needs.[15] Although descriptive studies on compassion fatigue in nurses caring for psychiatric patients are available in the literatüre,[13,14,16–19] there are a limited number of qualitative studies.[15,20,21] The results of the qualitative studies examined indicate that there is a need for a more in-depth examination of how compassion is understood in psychiatric nursing and the state of compassion fatigue among psychiatric nurses.[20,21]

The need to increase the quality and quantity of human resources working in the field of mental health in Türkiye has been emphasized in the National Mental Health Policy (2006) and the National Mental Health Action Plan (2020–2023) documents.[22] The National Mental Health Action Plan (2020–2023) states that the number of nurses trained in psychiatric nursing is relatively low. It is known that nurses working in psychiatric units in Türkiye are generally licensed or associate degree nurses, and that the number of nurses specializing in the field is quite insufficient.[22] In hospitals with a small number of nurses, attempts to maintain care services by increasing the working hours of existing nurses can cause physical and mental problems for nurses.[23] Accordingly, this study aims to examine in depth the perceptions of nurses working in psychiatric clinics regarding compassion fatigue experienced during the psychiatric care process.

What is presently known on this subject?

- Compassion fatigue in the nursing profession results from stress factors inherent in the act of providing care. Nurses may experience compassion fatigue as a consequence of prolonged, continuous, and intense contact with patients.
- Compassion fatigue has adverse effects on emotional, physical, and mental health.

What does this article add to the existing knowledge?

- Nurses working in psychiatric clinics may experience compassion fatigue when they are unable to express their compassion within professional boundaries.
- Feelings of burnout, anxiety, fear, sadness, and anger experienced by nurses working in psychiatric clinics can increase the risk of compassion fatigue.
- Nurses working in psychiatric clinics may use dysfunctional coping methods such as suppressing their emotions and shifting their focus of thought to combat compassion fatigue.
- The results of this study reveal that nurses working in psychiatric clinics are a vulnerable group to compassion fatigue.

What are the implications for practice?

- This study emphasizes that nurses caring for psychiatric patients should specialize in psychiatric nursing.
- It is recommended that nurses working in psychiatric clinics be empowered in the areas of mental health and clinical practice.
- There is a need for individual and organizational interventions to address compassion fatigue among psychiatric nurses.

Materials and Method

Research Model

This study was conducted between July and September 2023 using an inductive qualitative design. A phenomenological design was preferred to obtain in-depth information.[24]

Study Group

Criteria sampling, a type of purposive sampling, was employed to select the study group. Criteria sampling involves studying all cases that meet a predetermined set of criteria. The researcher creates the criteria, or a previously prepared list of criteria can be used.[25] The study group consisted of 14 nurses working at a Psychiatric Hospital in the Eastern Black Sea region of Türkiye. A total of 19 nurses worked in the unit where the study was conducted, and the interviews were completed with 14 nurses once data saturation was achieved.

Inclusion Criteria

Working as a nurse in the psychiatric clinic for at least 1 year, being open to communication, and agreeing to participate in the study.

Exclusion Criteria

Having worked in the psychiatric unit for less than 1 year, working in an area not directly involved in patient care, and refusing to participate in the study.

Research Team and Reflexivity

The research team members hold PhDs in psychiatric nursing and are faculty members at the institution. The researchers have experience working as clinical nurses in hospitals. They have training in qualitative research methods and experience in conducting qualitative interviews. The researcher who conducted the qualitative interviews in this study has published qualitative research in international peer-reviewed journals.

Data Collection Tool

A semi-structured open-ended interview guide was used to collect data. The researchers prepared the interview guide based on a literature review and in line with the research objective. To formulate the research questions, the statements used in the *Compassion Fatigue Short Scale*[26] and the statements taken from the compassion fatigue subdimension of the *Quality of Life Scale for Employees*[27] were examined. The prepared form consisted of two sections: socio-demographic questions and semi-structured questions.

The first section of the socio-demographic form contained six questions regarding the location and date of the interview, gender, marital status, age, and educational status. The second section comprised four main questions designed to evaluate the experiences of nurses working in the psychiatric clinic.

To ensure the content and face validity of the interview guide, the opinions of two faculty members specializing in mental health nursing were sought. Additions and corrections were made in line with the expert opinions, and the final version of the interview guide was produced. The main questions in the interview form were as follows:

1. What are your thoughts on psychiatric patients?
2. How does caring for a psychiatric patient affect you? Could you tell us about it?
3. What role does compassion play in your profession? Could you elaborate?
4. What does compassion fatigue mean to you?

A pilot study was conducted with two nurses to enhance the clarity and applicability of the data collection forms, to ensure the collection of data relevant to the research questions, and to develop and standardize the researcher's interview skills. As a result of the pilot study, it was decided not to make any changes to the questions. However, due to the standardization of the interview, the nurses included in the pilot study were excluded from the main study.

Data Collection

In qualitative research, it is crucial to identify individuals who can provide detailed information about the subject under study when determining the sample size. The literature generally indicates that qualitative studies are typically conducted with 10 to 15 participants.[28] A total of 19 nurses worked at the hospital where the study was conducted. Data collection was completed with 14 nurses, as it was accepted that data saturation was reached when similar responses began to be repeated by the participants.[29] Data were collected through face-to-face interviews. The average interview time with each participant was approximately 40 minutes. It was observed that the participants answered the questions clearly. No participants withdrew from the study. The interviews were conducted by researcher EB and recorded with a voice recorder with the written and verbal consent of the participants. The voice recordings were listened to at least three times and transcribed by researcher EB. The resulting transcripts were then submitted to the participants for review and approval.

Data Analysis

All interviews were transcribed by EB and triangulated by another researcher. Participants were anonymized by assigning them unique codes (N1, N2⋯N14). The researchers reviewed the transcribed data at different times. The transcribed interviews were entered into a computer and coded using MAXQDA 2022 qualitative research software. To ensure that participants' experiences were captured accurately and systematically, the data were analyzed using Colaizzi's 7-step method.

The descriptive analysis method outlined in Morrow's study [30] was used to analyze the data. In the first step, the researcher listened to the audio files at least three times and transcribed them verbatim. In the second step, the nurses' statements related to compassion fatigue were selected. In the third step, the researchers formulated the participants' statements, excluding their biases from the study. In the fourth step, themes and categories were identified. In the fifth step, themes were linked to each other and comprehensively defined. In the sixth step, an attempt was made to structure and support the perceptions of compassion fatigue among nurses working in the psychiatric clinic by using participants' quotes. In the final step, the structure and findings were validated to ensure reliability.

Each transcript was read and reread by the second researcher. The most frequently repeated sentences in each interview were identified. Codes were determined using a codebook, and subthemes were created by combining similar codes. Common themes were identified by grouping similar subthemes. If the codes were not similar, a discussion was held between the two coders to resolve the differences. Discussions continued until a consensus was reached. Throughout this study, the Consolidated Criteria for Reporting Qualitative Research (COREQ)[31] were followed. This rigorous and systematic approach ensured that the data analysis was both methodologically sound and reflective of the participants' actual experiences with compassion fatigue.

Reliability and Validity of the Study

Lincoln and Guba argued that the reliability of a research study is vital in assessing its value. In qualitative research, ensuring rigor and reliability is based on four criteria: cred-

Table 1. Individual characteristics of nurses caring for psychiatric patients according to their code names

Nurse (code names)	Age	Gender	Marital status	Education	Experience in profession (year)	Psychiatry clinic years of experience (year)
N1	48	Male	Married	Associate degree	27	10
N2	25	Male	Single	Associate degree	3	2
N3	25	Male	Married	Bachelor's degree	1	1
N4	23	Male	Single	Associate degree	1	1
N5	27	Female	Single	Bachelor's degree	3	3
N6	25	Male	Married	Bachelor's degree	3	9
N7	35	Female	Married	Associate degree	14	10
N8	25	Female	Married	Bachelor's degree	25	10
N9	32	Female	Single	Bachelor's degree	6	3
N10	27	Female	Married	Bachelor's degree	5	2
N11	35	Male	Married	Associate degree	10	7
N12	28	Male	Married	Associate degree	4	3
N13	44	Female	Single	Bachelor's degree	12	10
N14	39	Male	Single	Bachelor's degree	15	9

ibility, dependability, confirmability, and transferability.[32] To ensure credibility, all participants were informed verbally and via an information form about the purpose and procedure of the study before being included. All participants signed a consent form. Interviews were conducted at a time and place convenient for both the interviewer and the interviewees. The second researcher had basic knowledge about conducting interviews and data collection. The interview tool was piloted before being applied to the study. All interviews were recorded using a digital recording device and transcribed on the same day.

For reliability, the transcriptions were reread to correct any possible errors. Two independent coders read all transcripts, assigned codes separately, and discussed discrepancies. For validity, all researchers discussed and confirmed the assigned codes, themes, and subthemes. Transcription was performed using purposive sampling and continued until data saturation was achieved.

Ethical Aspects of the Study

Ethical committee approval was obtained from the Scientific Research and Publication Ethics Committee of the Faculty of Social and Human Sciences at Trabzon University (decision no. E-81614018-000-2200056621, dated 29 December 2022) for the implementation of the study. This study was conducted at Trabzon Ataköy Mental and Nervous Diseases Hospital with permission from the Trabzon Provincial Health Directorate (No. E-55568733-604.01.01-207178013, dated 16 January 2023). Additionally, permission was obtained from the Trabzon Provincial Health Directorate (No. E-55568733-604.01.02-226991327, dated 17 October 2023) regarding the publishability of the data specified in this study.

The Voluntary Informed Consent Form prepared by the researcher was read and signed by the participants before the interviews. The text, which stated that a voice recording device would be used, assured the confidentiality of identities and voice recordings. This study was conducted in accordance with the ethical principles of the Declaration of Helsinki (1964) and its later amendments. No artificial intelligence (AI)-assisted technologies (such as large language models, chatbots, or image generators) were used in the preparation of this manuscript.

Results

Table 1 shows the gender distribution of the individuals participating in the study. The distribution was 57.14% male and 42.86% female. When the distribution according to education level was examined, it was found that 57.14% (n=8) of the participants held a bachelor's degree and 42.86% (n=6) held an associate degree. When examining the demographic characteristics of the participants, it was found that their ages ranged from 23 to 48, with an average age of 31.29±7.86 years. The length of time working in the profession ranged from 1 to 27 years, with an average of 9.21±8.49 years. The length of time working in a psychiatric clinic ranged from 1 to 10 years, with an average of 5.71±3.83 years.

A descriptive analysis method was employed using the MAXQDA 2022 program, resulting in the identification of five main themes and 16 categories. These themes and categories are shown in Table 2 as "the place of compassion in psychiatric care, nurses' perceptions of compassion fatigue, negative emotions that trigger compassion fatigue in psychiatric care, ways of coping with compassion fatigue, and suggestions for coping with compassion fatigue."

Table 2. Themes and categories obtained from nurses caring for psychiatric patients

Themes	Category
The place of compassion in psychiatric care	Professional requirement
	Therapeutic distance
Nurses' perceptions of compassion fatigue	Expected result
	The invisible risk of professionalism
Negative emotions that trigger compassion fatigue in psychiatric care	Burnout
	Anxiety
	Anger
	Sadness
	Fear
Ways to cope with compassion fatigue	Increased cigarette consumption
	Emotional avoidance
	Shifting focus
Recommendations for coping with compassion fatigue	Participation in professional development and training programs
	Receiving psychosocial support
	Increasing annual leave and rest periods
	Increasing the number of staff

Theme 1. The Place of Compassion in Psychiatric Care

The nurses participating in the study stated that compassion is a professional requirement in the psychiatric care process. However, they emphasized that the compassion felt towards patients should be handled within therapeutic boundaries.

Professional Requirement

Nurses stated that compassion is fundamental to caring for psychiatric patients. They expressed that they develop compassion for patients while trying to understand them.

> "*When I think about what it would be like to be in their place, I try to help more. No matter how difficult a group they may be, they need care. This job cannot be done without compassion. We are not robots*." (N4)

> "*We need to maintain professionalism here. I understand the patient, I feel sorry for them, but I have to be professional*." (N6)

Therapeutic Distance

Participants stated that the compassion they felt towards psychiatric patients had to be kept within certain limits. They emphasized that if they did not set limits on their feelings of compassion, they believed patients could take advantage of the situation.

> "*I can't say my compassion is at a very high level. It varies from patient to patient. If we are too compassionate, it affects our care for them. The patient can take advantage of this. A substance abuse patient can use us when we are more compassionate towards them, bargaining with us for medication*." (N14)

> "*I can't put a schizophrenic patient and someone with depression in the same category. My empathy varies depending on the diagnosis. Of course, I empathize with those I should, but I struggle to do so with every patient. For example, I can understand a mother experiencing postpartum depression; I feel for her, missing her child. So empathy is necessary, but I can't empathize at the same level with every patient. The patient's medical history is important to me*." (N7)

> "*If I didn't love this job, I would have much less compassion. However, patients are very demanding. So when I have a lot of work, I'm unable to show compassion. I have to keep things running. The more compassion we show psychiatric patients, the more they can take advantage of us*." (N1)

Theme 2. Nurses' Perceptions of Compassion Fatigue

The nurses who participated in the study mentioned that the compassion they felt for psychiatric patients eventually led to exhaustion in themselves, that compassion fatigue was inevitable, and that being compassion-fatigued negatively affected the professional relationships they established with their patients.

Expected Result

Participants reported that caring for psychiatric patients and exhibiting compassion caused them to experience compassion fatigue.

> "*You get tired of showing compassion. I got tired. What happens if a person's life is always filled with drama, with people who have experienced traumatic events? They are affected too. Then they realize they need to become professionals. I was more affected in the early years, but as the years passed, I learned to control myself*." (N11)

The Invisible Risk of Professionalism

Participants stated that compassion fatigue can negatively affect both their relationships with patients and their individual well-being, and that this situation poses a risk that could threaten their professional competence.

"*I experience compassion fatigue, especially in my early days. I used to think, 'What can I do for the patients so they get better? I witnessed their pain. It was very sad. But it doesn't change the outcome. The same patients keep coming back. Then I say to myself, 'What can I do? This is my job.' I try to think in a work-oriented way*." (N5)

Theme 3. Negative Emotions That Trigger Compassion Fatigue in Psychiatric Care

The nurses who participated in the study stated that they experienced burnout while caring for psychiatric patients, felt anxious, were sometimes angered by patients, feared them, and felt sorry for them. They emphasized that these negative feelings increased the risk of compassion fatigue. Some of the participants' statements on this theme are as follows:

Burnout

According to the statements, participants mentioned that they experienced burnout while caring for psychiatric patients.

"*Two years ago, my mind wasn't so full; I was more positive, more excited. But now I feel exhausted. People wear themselves out here*." (N2)

Anxiety

Nurses stated that they experienced anxiety about their own mental health deteriorating in the future while caring for psychiatric patients.

"*They have delusions and suspicions, but I also think, 'Could this happen to me?' I worry. I can exaggerate the slightest sign*." (N14)

Anger

Nurses stated that psychiatric patients exhausted their patience and made them angrier more quickly.

"*The same person can ask the same question at least 10 times. But I can't answer with the same energy every time. After answering the first question, I no longer want to hear the 10th question. I answer reasonable questions, trying not to hurt their feelings. But sometimes they annoy me*." (N11)

Sadness

Nurses stated that they felt sad about the current situation of psychiatric patients, their repeated hospitalizations, and the thought that their condition would not improve.

"*The patients' stories are interesting and terrifying. As a person and a family member, I wonder how this person ended up in this state. I feel sad for patients who are addicted to substances. People who sell their bodies to get substances come here. It involuntarily comes to my mind, I feel sad, I have even cried*." (N10)

"*It's a difficult illness. Each one has its own challenges. Losing your mental health is terrible. There's nothing these people can do about it. There's nothing we can do about it. They've been excluded from life. I feel sad about their situation*." (N12)

Fear

Nurses stated that they feared psychiatric patients might harm themselves or others, either inside or outside the hospital.

"*At first, I was afraid. I would even go to the bathroom with security. However, we eventually grew accustomed to it. It's a risk of our job. We take precautions. They can harm us both in the hospital and outside*." (N13)

Theme 4. Ways of coping with compassion fatigue

The nurses in the study stated that they consumed more cigarettes, tried not to form emotional bonds with patients, and used dysfunctional coping methods such as shifting their mental focus to cope with the compassion fatigue they experienced while caring for psychiatric patients.

Increased Cigarette Consumption

Nurses stated that they smoked more because they worked in a psychiatric clinic.

"*I smoke more here. I don't smoke this much at home. I hate that cigarette smell that sticks to everything I bring home from the hospital, even though I smoke it*." (N1)

Emotional Avoidance

Nurses reported attempting to avoid making contact with patients and refraining from forming emotional bonds with them.

"*I just try to do my job, I try not to understand or see their pain, their feelings. Otherwise, I can't do my job*." (N7)

Shifting Focus

Nurses mentioned that they tried not to dwell on negative memories related to patients, both at work and outside of work, and instead attempted to shift their mental focus.

"*I can't leave it here. It comes to mind, but I still try not to think about it*." (N5)

"*I try not to think too much about their life stories; I try to leave them here*." (N7)

Theme 5. Recommendations for coping with compassion fatigue

The suggestions of nurses working in psychiatric clinics for coping with compassion fatigue included participating in regular training related to their field, receiving psychosocial support, taking more days off, and increasing the number of staff. The views of the nurses in the study on this subject are as follows:

Participation in Professional Development and Training Programs

Nurses stated that they did not receive training related to the field of psychiatry and believed that such training was essential for dealing with patients more effectively and for personal development.

> "*We have a small staff; we need to increase it. There are no training sessions here. No one can attend training because we have too few nurses. If group training were held, we couldn't leave our units to attend; instead, we would have to stay on site. After a while, we all get stuck in a vicious cycle here*." (N10)

Receiving Psychosocial Support

Nurses emphasized that their relationships with patients could take a toll on them and that receiving psychosocial support would be beneficial.

> "*We take care of a patient who has a cleaning obsession so that he doesn't wash his hands constantly at night. This also wears us out. Now, in this situation, my colleague takes care of the patient instead of me. We need to unburden ourselves at that moment. We also need psychological support*." (N9)

Increasing Annual Leave and Rest Periods

Nurses mentioned that working long hours and continuously in the psychiatric clinic wore them out physically and mentally.

> "*Psychiatry is a high-risk unit and should not be treated the same as other units. One shift here is equivalent to two shifts in other departments. It might be better if staff working in such places could take breaks at regular intervals or retire early*." (N3)

Increasing the Number of Staff

Nurses noted that the current ratio of nurses to psychiatric patients was insufficient.

> "*To do our job properly in the psychiatric ward, we should have a maximum of 5 patients. We are caring for 30 patients with the assistance of two people. We can't manage because of this. The number of staff needs to be increased*." (N13)

Discussion

This study was conducted to phenomenologically examine the experiences of compassion fatigue among nurses working in a psychiatric clinic. The study identified themes such as the role of compassion in psychiatric care, nurses' perceptions of compassion fatigue, the negative emotions that trigger compassion fatigue in psychiatric care, ways of coping with compassion fatigue, and suggestions for improvement.

The nurses participating in the study stated that compassion is one of the fundamental components of professional care while working in the psychiatric clinic. However, they emphasized that compassion for psychiatric patients should be maintained within certain limits. A study conducted by Bond and colleagues with psychiatric nurses concluded that compassion is an innate trait and that high levels of compassion play a role in individuals' reasons for choosing psychiatric nursing.[21] Compassionate care, in which patients are treated with dignity and respect, has great professional value in the nursing profession.[9] The literature indicates that nurses who show courtesy to patients, use therapeutic touch, listen to patients, and behave more sensitively during times of death and mourning are considered to provide compassionate care.[33,34] Compassion-focused care is an essential component of good nursing practice for both modern patient care and professional nursing.[15] Supporting psychiatric nurses in reflecting on compassion-focused care in their personal and professional lives can contribute to strengthening their capacity for compassionate care.

The nurses included in this study expressed that they were compassion-fatigued and stated that compassion fatigue was an expected outcome of providing care to psychiatric patients. They also stated that compassion fatigue constituted an obstacle to maintaining their professional competence. Compassion fatigue, exhaustion, anger, and burnout can arise as a natural consequence of working with individuals who have trauma or mental disorders.[35] It has been noted that individuals who are highly exposed to a patient's pain, suffering, or traumatic experience are more prone to experiencing compassion fatigue.[36] It can be challenging for nurses to manage their emotions, empathize, be compassionate, and communicate while working with patients.[9] Nurses working in psychiatric units often struggle to empathize, provide compassionate care, and sustain it.[18] Gradual desensitization to patient stories, a decrease in quality of care, and an increase in clinical errors are associated with compassion fatigue.[37]

Based on the results of this study, psychiatric nurses in closed psychiatric clinics may experience greater mental and physical strain due to intensive patient contact and efforts to reduce risky behaviors. In addition, psychiatric nurses may feel compassion fatigue due to the clinical conditions of psychiatric

patients, their past traumatic histories, and witnessing their suffering. It is believed that psychiatric nurses need to receive compassion-focused care training and demonstrate self-compassion first in order to maintain and sustain their professional competence.

Another theme that emerged in the study was the view that negative emotions such as anxiety, burnout, anger, fear, and sadness may be decisive factors in compassion fatigue. Prolonged exposure to suffering patients and challenging work environments may cause psychiatric nurses to experience compassion more intensely.[38] The literature emphasizes that nurses experiencing compassion fatigue may develop emotional problems such as negative mood, anxiety, anger, irritability, desensitization, and depression.[39,40] A study conducted with Iranian psychiatric nurses indicated that nurses experienced burnout and compassion fatigue.[41] Constant exposure to psychiatric patients, witnessing their suffering, and patients not showing the expected improvement can cause compassion fatigue in nurses. It has been reported that compassion fatigue is common among psychiatric nurses and causes them to avoid patients and feel professional helplessness.[34] Exposure to repeated verbal and physical violence from patients with mental disorders, patient identification, and heavy workloads can cause psychiatric nurses to experience compassion fatigue, placing them under physical and emotional strain.[7] Emotion regulation training may be recommended to support psychiatric nurses in protecting themselves against compassion fatigue.

The nurses participating in the study reported that they consumed more cigarettes to cope with compassion fatigue resulting from caring for psychiatric patients, tried not to form emotional bonds with patients, and attempted to shift their mental focus. A study conducted by Pehlivan and Çalışkan found that psychiatric nurses attempted to separate their professional lives from their personal lives to cope with compassion fatigue, and that institutional support and training to enhance their coping skills were inadequate during this process.[15] Another study examining psychiatric nurses' experiences of coping with compassion fatigue indicated that they used coping mechanisms such as taking vacations, visiting sacred places, resting, listening to music, watching movies, shopping, leaving the hospital environment, giving thanks to God, believing, accepting difficulties, staying calm, and not reacting.[34]

According to the results of a meta-synthesis conducted to interpret qualitative studies focusing on compassion fatigue, individuals experiencing compassion fatigue were found to encounter workplace stressors, possess dysfunctional coping skills, experience a decline in self-esteem, and face personal problems arising from balancing work and private life.[20] A study conducted among nurses in Türkiye found that affirming and supporting post-traumatic growth could increase compassion satisfaction in nurses coping with compassion fatigue.[42] It was determined that when newly graduated nurses used functional coping methods, their compassion satisfaction increased and burnout decreased, while when they used dysfunctional coping methods, burnout and secondary traumatic stress were affected.[43] Supporting nurses working in the field of psychiatry with functional coping methods may reduce or prevent compassion fatigue among nurses.

The final theme identified in the study indicates that the recommendations for preventing compassion fatigue among psychiatric nurses include engaging in regular professional training, receiving psychosocial support, taking additional leave, and increasing staffing levels. In a study conducted to address the question, "*Which strategies used by nurses to cope with compassion fatigue are the most beneficial?*", it was concluded that nurses who prioritized self-care, enhanced their knowledge, and fostered supportive professional relationships were more effective in managing compassion fatigue.[44]

A literature review indicated that institutional barriers that could lead to compassion fatigue among psychiatric nurses include high patient numbers, excessive administrative duties, insufficient management support, and heavy workloads.[21,45,46] A systematic review on compassion fatigue among nurses indicated that strong leadership, positive workplace cultures, clinical supervision, reflection, self-care, and personal well-being can protect the mental health of nurses from compassion fatigue.[47] It is essential to comprehend perspectives on compassion and compassion fatigue within the field of mental health, as well as the challenges and perceived barriers to delivering compassionate care in this context.[21] Implementing institutional-level measures to prevent compassion fatigue and providing physical and psychological support to nurses can contribute to the enhancement of professional competence.

Limitations and Strengths of the Study

One of the strengths of this study is that it was conducted in a mental health hospital, and the sample consisted of nurses who had been caring for psychiatric patients for at least one year. The fact that psychiatric nurses expressed the role of compassion in the psychiatric care process and the emotional effects of compassion fatigue on themselves makes the study meaningful. Furthermore, the study reveals nurses' institutional expectations for providing compassion-focused care, which is essential, as it demonstrates that compassion fatigue can be prevented not only through individual efforts but also through institutional support. However, the findings obtained in the study reflect only the views and experiences of the participants. This may limit the generalizability of the research results.

Conclusion and Recommendations

This study found that compassion is essential to the core of psychiatric nursing clinical practice; however, psychiatric nurses often experience compassion fatigue due to their struggles in maintaining compassionate care. It was determined that setting limits on compassionate care for psychiatric patients and stretching compassion can cause psychiatric nurses to experience more intense feelings of pity, sadness, anxiety, fear, and anger, which may facilitate compassion fatigue.

The study also emphasizes the obligations expected of institutions in preventing compassion fatigue. Supporting psychiatric nurses psychosocially, increasing the number of days off, and increasing the number of nurses working in the field can enhance nurses' personal and professional competence. Accordingly, it may be concluded that psychiatric nurses who receive physical and psychological support are better protected against compassion fatigue. It is also thought that the use of dysfunctional coping methods may increase compassion fatigue. At this point, it is recommended that the coping mechanisms of psychiatric nurses be supported and that risk analyses for compassion fatigue be conducted closely and frequently.

The fact that the nurses working in the unit where this study was conducted did not have postgraduate education in psychiatric nursing may lead to a lack of field-specific knowledge and skills. Therefore, supporting nurses working in psychiatric clinics with certificate programs or in-service training in psychiatric nursing may contribute to strengthening their professional competence in care processes.

Based on the results of this study, psychiatric nursing can yield instructive outcomes in terms of clinical practice, education, and institutional support. Transferring knowledge and strategies on how to provide compassion-focused care in psychiatric nursing to nurses may reduce the risk of compassion fatigue. Such training and awareness initiatives can increase nurses' emotional resilience, supporting sustainable and high-quality care delivery.

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