



ORIGINALES

Satisfaction, compassion fatigue and associated factors in primary care nurses

Satisfação, fadiga por compaixão e fatores associados em enfermeiros da atenção básica

Satisfacción, fatiga por compasión y factores asociados en las enfermeras de la atención primaria

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ABSTRACT:

Objective: Verifying satisfaction and fatigue due to compassion and its associated factors in nurses of the Basic Health Unit.

Method: A descriptive and cross-sectional research developed with 101 nurses from 40 Basic Health Units in a municipality of Parana. Data were collected between November 2019 and February 2020 through a questionnaire of sociodemographic characterization, occupational and life habits and the Professional Quality of Life Scale that assesses Satisfaction and Fatigue by Compassion. The associated factors were obtained by logistic regression models.

Results: Having a good interpersonal relationship decreased the chances of low satisfaction by compassion ($p=0.025$) and burnout ($p=0.049$). Being recognized at work had a significantly lower probability of low compassion satisfaction ($p=0.040$).

Conclusion: Good interpersonal relationships were associated with compassion satisfaction and burnout. Feeling recognized for the work done was also associated with satisfaction for compassion. Most nurses, even with high levels of satisfaction due to compassion, feel tired, which leads to reinforce the need for greater attention to the work developed by nurses in the Basic Health Unit by managers.

Keywords: Compassion Fatigue; Psychological Exhaustion; Quality of Life; Nurses; Health Centers; Primary Health Care; Family Health Strategy.

RESUMO:

Objetivo: Verificar a satisfação e a fadiga por compaixão e seus fatores associados em enfermeiros de Unidade Básica de Saúde.

Método: Pesquisa descritiva e transversal desenvolvida com 101 enfermeiros de 40 Unidades Básicas de Saúde de um município paranaense. Os dados foram coletados entre novembro de 2019 a fevereiro de 2020 por meio de um questionário de caracterização sociodemográfica, ocupacional e hábitos de vida e a *Professional Quality of Life Scale* que avalia a Satisfação e a Fadiga por Compaixão. Os fatores associados foram obtidos por modelos de regressão logística.

Resultados: Possuir bom relacionamento interpessoal diminuiu as chances de baixa satisfação por compaixão ($p=0,025$) e *burnout* ($p=0,049$). Ser reconhecido no trabalho teve probabilidade significativamente menor de baixa satisfação por compaixão ($p=0,040$).

Conclusão: O bom relacionamento interpessoal teve associação com a satisfação por compaixão e o *burnout*. Sentir-se reconhecido pelo trabalho realizado também esteve associado com a satisfação por compaixão. A maioria dos enfermeiros mesmo com altos níveis de satisfação por compaixão, sentem-se cansados, o que leva a reforçar a necessidade de maior atenção ao trabalho desenvolvido pelos enfermeiros de Unidade Básica de Saúde pelos gestores.

Palavras-chave: Fadiga por Compaixão; Esgotamento Psicológico; Qualidade de Vida; Enfermeiros; Centros de Saúde; Atenção Primária à Saúde; Estratégia Saúde da Família.

RESUMEN:

Objetivo: Verificar la satisfacción y la fatiga debido a la compasión y sus factores asociados en las enfermeras de la Unidad Básica de Salud.

Método: Se trata de una investigación descriptiva y transversal desarrollada con 101 enfermeras de 40 Unidades Básicas de Salud en un municipio de Paraná. Los datos se recopilaron entre noviembre de 2019 y febrero de 2020 a través de un cuestionario de caracterización sociodemográfica, hábitos profesionales y de vida y la *Professional Quality of Life Scale* que evalúa la Satisfacción y fatiga por compasión. Los factores asociados fueron obtenidos por modelos de regresión logística.

Resultados: Tener una buena relación interpersonal disminuyó las posibilidades de baja satisfacción por compasión ($p=0,025$) y *burnout* ($p=0,049$). Ser reconocido en el trabajo tenía una probabilidad significativamente menor de baja satisfacción por compasión ($p=0,040$).

Conclusión: Buenas relaciones interpersonales se asociaron con la satisfacción de la compasión y el *burnout*. Sentirse reconocido por el trabajo realizado también se asoció con la satisfacción por la compasión. La mayoría de las enfermeras, incluso con altos niveles de satisfacción debido a la compasión, se siente cansada, lo que lleva a reforzar la necesidad de una mayor atención al trabajo desarrollado por las enfermeras en la Unidad Básica de Salud por los gerentes.

Palabras clave: Fatiga por Compasión; Agotamiento Psicológico; Calidad de Vida; Enfermeras; Centros de Salud; Atención Primaria de Salud; Estrategia de Salud Familiar.

INTRODUCTION

Health professionals experience suffering and compassion for the other's problem, which can interfere in their quality of professional life, providing compassion fatigue syndrome⁽¹⁾. The quality of professional life is understood from two perspectives, the positive one that is satisfaction for compassion, which happens now when professional feels joy for collaborating with other people; and the negative, compassion fatigue, which encompasses feelings of emotional exhaustion and frustration with work, peculiar to burnout and work-related traumas, characteristic of secondary traumatic stress⁽²⁾.

The manifestations of compassion fatigue can be perceived by workers through losses related to aspects of personal life, by health problems of a physical and emotional nature, and, above all, of the work routine, in which the quality of care for the patient is decreased, compromising the institution's work process and interpersonal relationships⁽³⁾.

Compassion fatigue is rightly related to the decrease in satisfaction levels due to compassion, in addition to worsening of secondary traumatic stress and burnout,

understood as dimensions that affect the quality of life of the worker⁽⁴⁾. It is emphasized that satisfaction by compassion concerns the professional's ability to face traumatic situations, suffering, sadness, illness and, even so, feeling happy to assist the other^(5,6).

Regarding burnout syndrome, it is considered as a mental condition, resulting from emotional exhaustion, characterized by a lack or lack of energy, enthusiasm and a feeling of depletion of resources. This situation results in depersonalization, in which the worker treats people, colleagues and the organization in a distant and impersonal way; and, consequently, in low professional achievement, in which the worker has the propensity to perform his self-assessment negatively in work activities⁽⁴⁾.

In addition, individuals have feelings of unhappiness and dissatisfaction with their professional development and experience feelings of low competence and little success in work⁽⁷⁾. Thus, burnout refers to aspects related to emotional exhaustion, that is, a feeling of lack of energy and discouragement⁽⁷⁾.

The work of Primary Health Care (PHC) nurses involves direct contact care activities with the user and management activities, confrontations between work teams, controversies in task distributions, which can lead to overload at work and in turn to burnout⁽⁸⁾.

Authors point out that low satisfaction related to emotional aspects and depersonalization during work activity interferes both in personal life and in the quality of professional life⁽⁹⁾. This statement is confirmed by the Japanese literature by presenting that factors such as irritability, anxiety, depression and time of service are associated with low professional satisfaction and the development of burnout, significantly influencing the professional quality of life of these professionals⁽¹⁰⁾.

There is a lack of scientific knowledge about the quality of professional life and the perspective of satisfaction and fatigue due to compassion among health professionals, especially nursing professionals⁽¹¹⁾. Thus, this study is justified, since it can contribute to managers and workers together, implement strategies in the work environment that can prevent and promote healthier work environment and, thus, provide a better quality of life at work. Therefore, the study aimed to verify satisfaction and fatigue due to compassion and its associated factors in nurses from the Basic Health Unit (BHU).

MATERIAL AND METHOD

Study design

This is a descriptive, cross-sectional and quantitative research.

Study place

Developed with nurses from 40 BHUs in a city of Parana. These nurses work 40 hours per week, Monday to Friday, in the morning and afternoon. It is noteworthy that these professionals have a flexible work schedule, since they attend the BHU itself, as well as also work in the Family Health Strategy (FHS), that is, they perform activities through home visits in their territory of coverage.

Population/sample

During the study period, 114 nurses worked in the BHU. Based on this number, the sample size was calculated considering the proportion of the outcome of 50, confidence interval of 95 and maximum error of 5, obtaining a minimum number of 84 nurses.

Inclusion criteria were working at BHU for at least 12 months and not being on leave of any kind. Thus, six professionals were excluded by health leave, making 108 nurses eligible. However, there were seven losses, totaling 101 participants.

Data collection

It occurred between November 2019 and February 2020, if they met the following inclusion criteria: working at BHU for at least 12 months and not being on leave of any kind. Each potential research participant was approached individually in their workplace and according to the day and time previously scheduled with the coordination of the BHU. The nurse received an envelope with the research instrument, which after being filled out was placed in a sealed urn in the BHU.

The data collection instrument was composed of a questionnaire containing the following variables: age (in years), gender (female or male), marital status (with partner or without partner), family income (in Real, R\$), weekly workload, work shift (fixed or flexible), working time at the institution (in years) and physical activity (yes or no).

The quality of professional life was evaluated by the Brazilian version of the Professional Quality of life Scale (ProQOL-5), which has adequate psychometric properties⁽⁵⁾. It is a self-applicable instrument that assesses compassion fatigue through 28 items divided into 3 subscales: compassion satisfaction (10 items), burnout (9 items) and secondary traumatic stress (9 items). Item responses are provided on a Likert scale, which ranges from 1 (rarely) to 5 (almost always). Compassion fatigue results from high burnout scores, secondary traumatic stress and low compassion satisfaction⁽¹²⁾. It is noteworthy that the option for this scale occurred because it integrated the positive component of satisfaction by compassion and not only the negative component.

The ProQOL score was transformed into Zscores and these into Tscores⁽¹²⁾ and the dimensions were dichotomized through the median: low satisfaction for compassion (≤ 49), high burnout (≥ 49) and traumatic secondary stress (≥ 50).

Data analysis and treatment

The data were analyzed in the Statistical Package for the Social Science® program version 20.0. The variables of this study were presented through frequency distribution and measures of central tendency and variability. The associated factors were obtained by binary logistic regression, considering burnout, secondary traumatic stress and low compassion satisfaction as dependent variables; and the characterization variables as independent. The results were expressed by Odds ratio estimates with respective 95% confidence interval.

Ethical aspects

Approved by the Research Ethics Committee according to opinion number 3,537,838. All participants signed the Free and Informed Consent Form (FICF).

RESULTS

The study included 101 nurses, whose predominant characteristics were female (97%) age group from 41 to 63 years (93.1%), with a partner (65.3%), monthly family income of 1 to 5 minimum wages (50.1%), sedentary lifestyle (65.3%), fixed work shift (75.2%), working time from 8 to 10 years (56.4%), interpersonal relationships at work well/excellent (88.1%), being recognized by work (54.5%) and present absenteeism due to disease from 1 to 14 days (84.2%).

Good interpersonal relationships at work and feeling recognized at work decreased the chances of low satisfaction by compassion (Table 1).

Table 1 - Association between the quality of professional life related to satisfaction by compassion and the variables of characterization of nurses (n=101). Londrina, PR, Brazil. 2019-2020.

Variables	Satisfaction for compassion				p-value*	Odds ratio (95 confidence interval)		
	low		high					
	N	N	N	N				
Age group								
29 to 40 years old	15	53.6	13	46.4	0.535	1.063	0.444	2.545
41 to 63 years old	38	52.1	35	47.9				
Marital Status								
No mate	21	60.0	14	40.0	0.186	1.594	0.694	3.658
With a companion	32	48.5	34	51.5				
Monthly family income								
1 to 5 minimum wages**	28	54.9	23	45.1	0.384	1.217	0.557	2.661
6 to 30 minimum wages**	25	50.0	25	50.0				
Physical activity								
No	22	50.0	22	50.0	0.406	0.839	0.381	1.844
yes	31	54.4	26	45.6				
Work shift								
flexible	40	52.6	36	47.4	0.569	1.026	0.415	2.534
fixed	13	52,0	12	48,0				
Working time								
8 to 10 years	33	57.9	24	42.1	0.149	1.650	0.747	3.646
11 to 41 years	20	45.5	24	54.5				
Interpersonal relationships at work								
Bad/Bad/Regular	10	83.3	2	16.7	0.025	0.205	0.042	0.987
Good/Excellent	44	49.4	45	50.6				
Recognition for the work done								
No	29	63.0	17	37.0	0.040	0.526	0.236	0.919

yes	24	43.6	31	56.4				
Absenteeism due to illness								
1 to 14 days	47	55.3	38	44.7	0.150	2.061	0.687	6.185
15 to 90 days	6	37.5	10	62.5				

*Wald Chi-square Test **2020 Minimum Wage: R\$1,045.00

Significantly lower chances of burnout were associated with nurses who reported having good or excellent interpersonal relationships at work (Table 2).

Table 2 - Association between the quality of professional life related to *burnout* and the variables of characterization of nurses (n=101). Londrina, PR, Brazil. 2019-2020.

Variables	<i>Burnout</i>				p-value*	<i>Odds ratio (95 confidence interval)</i>		
	low		high					
	N		N					
age group								
29 to 40 years	13	46.4	15	53.6	0.342	0.756	0.315	1.810
41 to 63 years	39	43.4	34	46.6				
Marital Status								
No mate	14	40.0	21	60.0	0.070	0.491	0.213	1.131
With a companion	38	57.6	28	42.4				
Monthly family income								
1 to 5 minimum wages**	23	45.1	28	54.9	0.136	0.595	0.271	1.307
6 to 30 minimum wages**	29	58.0	21	42.0				
Physical activity								
No	23	52.3	21	47.7	0.525	1.057	0.481	2.323
yes	29	50.9	28	49.1				
Work shift								
flexible	37	48.7	39	51.3	0.227	0.632	0.253	1.584
fixed	15	60.0	10	40.0				
Working time								
8 to 10 years	29	50.9	28	49.1	0.525	0.946	0.430	2.078
11 to 41 years	23	52.3	21	47.7				
Interpersonal relationships at work								
Bad/Bad/Regular	2	16.7	10	83.3	0.049	0.245	0.051	1.183
Good/Excellent	40	44.9	49	55.1				
Recognition for the work done								
No	24	52.2	22	47.8	0.529	1.052	0.480	2.303
yes	28	50.9	27	49.1				
Absenteeism due to illness								
1 to 14 days	44	51.8	41	48.2	0.556	1.073	0.369	3.124
15 to 90 days	8	50.0	8	50.0				

*Wald Chi-square Test **2020 Minimum Wage: R\$1,045.00

Secondary traumatic stress did not present statistically significant differences with the variables analyzed (Table 3).

Table 3 - Association between the quality of professional life related to secondary traumatic stress and the variables of characterization of nurses (n=101). Londrina, PR, Brazil. 2019-2020.

Variables	Secondary Traumatic Stress				p-value*	Odds ratio (95 confidence interval)			
	low		high			N	N	N	N
	N	N	N	N					
age group									
29 to 40 years	14	50.0	14	50.0	0.369	0.780	0.326	1.869	
41 to 63 years	41	56.2	32	43.8					
Marital Status									
No mate	19	54.3	16	45.7	0.573	0.990	0.435	2.253	
With a companion	36	54.5	30	45.5					
Monthly family income									
1 to 5 minimum wages**	25	49.0	26	51.0	0.182	0.641	0.291	1.410	
6 to 30 minimum wages**	30	60.0	20	40.0					
Physical activity									
No	22	50.0	22	50.0	0.278	0.727	0.330	1.604	
yes	33	57.9	24	42.1					
Work shift									
flexible	39	51.3	37	48.7	0.192	0.593	0.233	1.506	
fixed	16	64.0	9	36.0					
Working time									
8 to 10 years	29	50.9	28	49.1	0.268	0.717	0.324	1.587	
11 to 41 years	26	59.1	18	40.9					
Interpersonal relationships at work									
Bad/Bad/Regular	6	50.0	6	50.0	0.489	0.816	0.244	2.727	
Good/Excellent	49	55.1	40	44.9					
Recognition for the work done									
No	24	52.2	22	47.8	0.413	0.845	0.385	1.855	
yes	31	56.4	24	43.6					
Absenteeism due to illness									
1 to 14 days	46	54.1	39	45.9	0.548	0.917	0.313	2.690	
15 to 90 days	9	56.3	7	43.8					

*Wald Chi-square Test **2020 Minimum Wage: R\$1,045.00

DISCUSSION

Regarding the age group of the professionals in the present study, they are like the research with PHC nurses from Paraiba⁽¹³⁾. Because they are not beginners, it is believed that the age group of the participants in the present study and the time of service have already provided skills to face work adversities. This statement is corroborated by a research conducted with intensive care unit nurses in Australia, pointing out that less experienced professionals had lower satisfaction for compassion⁽¹⁴⁾.

Other studies showed that workers who were working shorter in the service and with a

lower age were more likely to fatigue by compassion, that is, satisfaction by compassion is related to age and with greater professional experience⁽¹⁵⁾.

It is noteworthy that compassion fatigue decreases with years of professional experience, that is, the more experienced the less experienced the lower the probability of compassion fatigue^(4,16). Thus, it may be associated with the adaptability that may exist among nurses with less professional experience⁽¹⁵⁾.

Regarding most women, it is verified that nursing documented has a female majority among its professionals, but recently, there has been a greater demand of men for the profession⁽¹⁷⁾.

Most of the participants in the study in question lived with a partner. A study showed that professionals who live with a partner perceive work with greater satisfaction and highlight that a partner can provide social and family support for the mental and emotional structure of the professional in his/her place of activity⁽¹⁸⁾.

Physical activities were also not associated with satisfaction or compassion fatigue among the nurses in the present study, and most of them indicated that they are sedentary. Results of a study conducted with nurses identified that not performing physical or leisure activities provides greater exposure to burnout and secondary traumatic stress, corroborating the premise that workers who do not invest in their private quality of life have a higher risk of fatigue due to compassion, since work occupies centrality in their lives⁽¹⁹⁾.

Performing physical or leisure activity provides pleasure and is indicated as a protective factor for various chronic physical diseases, such as cardiovascular and psychic diseases⁽²⁰⁾. The performance of physical activity has a significant influence on the reduction of stress and absenteeism rates and improves satisfaction when performing their work activities in PHC⁽¹¹⁾.

A study conducted with Portuguese nurses found that compassion fatigue is related to personal factors such as age, sex, professional experience and leisure activities⁽¹⁵⁾. Furthermore, a study conducted in Turkey showed that burnout syndrome triggers low satisfaction due to compassion and the quality of life of health professionals⁽⁹⁾. A study conducted with nurses from the United States of America and Canada found that professionals who declared their health bad were more likely to develop burnout and compassion fatigue⁽²¹⁾.

The results of the study in question showed that having good interpersonal relationships and feeling recognized in work decreases the probability of low satisfaction for compassion. Nurses experience an intense environment about intense and conflicting interpersonal relationships with their team, with other professionals, with patients, among others. This situation can have negative impacts on the quality of the care provided, as well as satisfaction, pleasure, and well-being when performing their work activities⁽²²⁾.

Having a good interpersonal relationship in the work environment was associated with satisfaction for compassion. A study conducted in Australia indicates that inadequate working conditions of nurses are directly associated with stress and compassion fatigue⁽²³⁾. Furthermore, the non-formalization of the aggressive act, the scarcity of

dialogue with managers within the work environment, are related to satisfaction by compassion in labor⁽²⁴⁾.

A study indicated that nurses tend to be people with a care profile and compassionate and when they feel recognized for what they do, they decrease considerably for compassion fatigue⁽¹⁴⁾. Another literature review study conducted with PHC professionals also indicated that the non-recognition of what is done in the work predisposes the development of burnout⁽²⁵⁾.

In the study in question, the lowest chances of burnout were associated with nurses who claimed to have good and excellent interpersonal relationships at work. The absence or interpersonal relationship conflicts are related to burnout syndrome among nurses⁽²⁶⁾. A study developed in China showed that professional exhaustion is present among community health nurses, culminating in decreased job satisfaction and, consequently, increasing complaints of psychological symptoms. This was due to the lack of recognition for the activities performed, in addition to workloads and extensive responsibilities, such as: performing actions for disease prevention and health education, psychological consultation, administrative work and providing services in homes⁽²⁷⁾.

Regarding limitations, the cross-sectional study does not evaluate cause and effect, as well as having been conducted with BHU nurses from only one city, which does not allow the generalization of results to other realities. However, it can contribute to nurses together as managers of the BHU to reflect on the theme of satisfaction and fatigue due to compassion, since their occurrence can be configured in injuries and mental illness of nurses affecting their quality of professional and private life and, in turn, interfere in the care of patients and their families.

CONCLUSION

Good interpersonal relationships were associated with compassion satisfaction and burnout. Feeling recognized for the work done was also associated with satisfaction for compassion. Most nurses, even with high levels of satisfaction due to compassion, feel tired, which leads to reinforce the need for greater attention to the work developed by nurses in the BHU by managers.

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