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ORIGINAL

Impact of compassion support program on compassion fatigue, job satisfaction and turnover of psychiatric nurses

Impacto del programa de apoyo a la compasión en el agotamiento por compasión, la satisfacción laboral y la rotación de personal de las enfermeras psiquiátricas

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ABSTRACT

Introduction: Psychiatric Mental health hospital in Saudi Arabia suffer fundamental problem of increased rates of mental health nurses turnover that seriously affect the quality of psychiatric patients' care.
Objective: this study aimed to examine the Impact of Compassion Support Program (CSP) on Compassion Fatigue, Job Satisfaction, and Turnover of Psychiatric Nurses at El Taif Mental Hospital, Makkah city, SAUDI Arabia.
Method: a quasi-experimental (pre-post one-group) research design is used to evaluate the impact of Compassion Support Programs on compassion fatigue, job satisfaction, and turnover of psychiatric nurses in Taif Mental hospital, Makkah province of Saudi Arabia. The sample: consisted of all nurses who accepted to voluntary participate in the study, their number amounted to 40 nurses out of total 80 nurses after following the procedure of sampling size and G. power analysis. They represented different age groups, fluent in Arabic or English languages and represented the different hospital departments. Tools of data collection were four self-rating questionnaires (Arabic & English). Three of them were administrated pre and post implementation of the CSP program to evaluate its efficacy on the three specified variables.
Results: statistical analysis using paired-samples t-test revealed significant differences at p. <0.05 between pre and post program implementations regarding all three variables. Pearson correlation test also showed significant correlation at ($p< 0.05$) among nationality, education, income, intention to leave, job satisfaction, and compassion fatigue. Multiple Regression analysis confirmed that lack of job satisfaction is the most highly correlated factor to the intention to leave work among Psychiatric nurses in this hospital.
Conclusions: compassion Support Program proved a significant impact on reducing psychiatric nurses' compassion fatigue, turn over as well as significantly improved job satisfaction.

Keywords: Compassion Fatigue; Psychiatric Nurses; Job Satisfaction; Turnover; Mental Health; Saudi Arabia.

RESUMEN

Introducción: los hospitales psiquiátricos de Arabia Saudí sufren un problema fundamental debido al aumento de la tasa de rotación del personal de enfermería psiquiátrica, lo que afecta gravemente a la calidad de la atención prestada a los pacientes psiquiátricos.
Objetivo: el objetivo de este estudio era examinar el impacto del Programa de Apoyo a la Compasión (CSP) en la fatiga por compasión, la satisfacción laboral y la rotación del personal de enfermería psiquiátrica en el Hospital Psiquiátrico El Taif, en la ciudad de La Meca, Arabia Saudí.

Método: se utiliza un diseño de investigación cuasi-experimental (pre-post de un solo grupo) para evaluar el impacto de los Programas de Apoyo a la Compasión en la fatiga por compasión, la satisfacción laboral y la rotación del personal de enfermería psiquiátrica en el Hospital Psiquiátrico Taif, provincia de La Meca, Arabia Saudí. Muestra: estaba formada por todas las enfermeras que aceptaron participar voluntariamente en el estudio, cuyo número ascendió a 40 enfermeras de un total de 80, tras seguir el procedimiento de tamaño de la muestra y el análisis de potencia G. Representaban diferentes grupos de edad, hablaban árabe o inglés con fluidez y representaban a los diferentes departamentos del hospital. Las herramientas de recopilación de datos fueron cuatro cuestionarios de autoevaluación (en árabe e inglés). Tres de ellos se administraron antes y después de la implementación del programa CSP para evaluar su eficacia en las tres variables especificadas.
Resultados: el análisis estadístico mediante la prueba t para muestras emparejadas reveló diferencias significativas con un valor p < 0,05 entre la implementación previa y posterior al programa en relación con las tres variables. La prueba de correlación de Pearson también mostró una correlación significativa (p< 0,05) entre la nacionalidad, la educación, los ingresos, la intención de abandonar el trabajo, la satisfacción laboral y el agotamiento por compasión. El análisis de regresión múltiple confirmó que la falta de satisfacción laboral es el factor más correlacionado con la intención de abandonar el trabajo entre las enfermeras psiquiátricas de este hospital.
Conclusiones: el Programa de Apoyo a la Compasión demostró tener un impacto significativo en la reducción de la fatiga por compasión y la rotación de personal de las enfermeras psiquiátricas, así como en la mejora significativa de la satisfacción laboral.

Palabras clave: Fatiga por Compasión; Enfermeras Psiquiátricas; Satisfacción Laboral; Rotación de Personal; Salud Mental; Arabia Saudí.

INTRODUCTION

Compassion fatigue has recently been studied by number of researchers as a phenomenon that influences mental health nurses' retention in mental health hospitals and represents one of the fundamental underlying factors for psychiatric nurses leaving work in mental health settings, and causing the psychiatric nurses expanded turnover and job dissatisfaction. He referred to this phenomenon of compassion fatigue as being one of the most fundamental factors for psychiatric nurses' leaving work in mental health settings and among the pressing problems in Mental health Hospitals. Historically wise the phenomena of burn out syndrome among nurses in general and among psychiatric nurses specifically has been under investigation for several decades.

Compassion fatigue has been recognized as one of the most fundamental factors contributing to psychiatric nurses' decisions to leave work in mental health settings and remains among the most pressing challenges confronting mental health institutions today. Psychiatric nurses are routinely exposed to high levels of emotional distress, traumatic patient's experiences, and complex behavioral challenges, all of which place them at considerable risk of developing compassion fatigue. This condition, often described as the "cost of caring," manifests through emotional exhaustion, decreased empathy, and a diminished ability to provide compassionate care. Over time, these effects can lead to decreased job satisfaction, impaired professional performance, and increased turnover rates.[1]

The growing prevalence of compassion fatigue among psychiatric nurses not only affects individual's well-being but also poses a serious threat to the quality and continuity of mental health services. As turnover rates continue to rise, healthcare organizations face increased recruitment and training costs, along with disruptions in patient care. Addressing compassion fatigue is therefore essential to sustaining a stable and competent psychiatric nursing workforce.[2] Understanding its underlying causes, contributing factors, and potential interventions can inform strategies to enhance resilience, improve job satisfaction, and foster long-term retention among mental health nurses.

This study aimed to evaluate the effect of a developed Compassion support Program on psychiatric nurses' compassion fatigue, job satisfaction and intention of stay, in a Saudi psychiatric hospital.

Significance of the Problem: Little is known about determinants among psychiatric nurses in Saudi Arabia, Makkah region with regard to the intention to stay, job satisfaction and their levels of compassion fatigue. Preliminary statistics of Makkah psychiatric hospital showed that only 4,5 % of the nurses workforce were interested in staying in their jobs or desired to continue their jobs. Correspondingly, 95,5 % of the participants despised working there and desired to leave their work.[3]

METHOD

Research Design

A quasi-experimental (pre-post one-group) research design has been used to evaluate the impact of Compassion Support Programs on compassion fatigue, job satisfaction, and turnover of psychiatric nurses. Measurement of

this program efficacy is evaluated through three self- rated questionnaire in both (Arabic & English languages)

Setting of the study

Taif Mental Hospital is a governmental hospital for mental health in Makkah City. The hospital has 60 beds and 80 nurses workforce. It includes four psychiatric Departments (Outpatient Clinics Department, Emergency Department, Male Psychiatric Ward, and Female Psychiatric Ward). The Mental Health Hospital in Taif is the largest specialized hospital in the Kingdom, was founded in 1378(H) approximately 1958 C. It includes all specialties and is considered a reference for all mental hospitals in the Kingdom. In addition this hospital is being an integrated training center for medical specialties in the psychological field. This hospital also initiated the first "psychiatric" clinic for children and adolescents, to provide child psychiatric service of different children age groups up to 18 years old, with the aim of evaluating and intervening in adolescent disorders. Services offered include psychologists, psychiatrists, social services, evaluation & diagnosis, treatment of all mental health disorders, occupational therapy, rehabilitation services, Emergency Department services, outpatient clinics, inpatient admission, and addiction rehabilitation.

Sample

Nurses working in the Taif psychiatric hospital in Makkah province, Saudi Arabia, with minimum previous 4 months appointment were considered within the target population for sample selection for this particular study. Selection criteria included willingness to voluntary participate, any age group, different years of experience and ability to read and write Arabic and English Languages. The total number of the selected sample amounted to 40 nurses with different, age groups, from different departments, with varied years of experience, and both Saudi and non Saudi nationalities were included in the selected sample.

Table 1. The selected sample representation from different hospital departments

Hospitals Department	Participants
Emergency Department	10
Male Psychiatric Ward	10
Female Psychiatric Ward	10
Outpatient Clinics Department	10

Sample Size

The target population included all nurses working in Taif Mental Hospital in Makkah (n=80). All 80 nurses were screened for symptoms of compassion fatigue. A quota sample was selected from the affected nurses. The sample size was calculated using G-power version 3.3.1 with a power of ß = 1-0,95, with a significance level of 0,05 (two tails) and a medium effect size of 0,4. 80 *0,4= which amounted to 40 participants.

Sampling technique

The statistical analyzer determined the number of nurses at each department: Emergency Department (10), the Male Psychiatric Ward (10), the Female Psychiatric Ward (10), and the Outpatient Clinics Department (10).

Participants

Inclusion criteria

Both genders, reading and understanding languages i.e., either Arabic or English, is mandated for the study participants, full-time psychiatric nurses who are employed in Taif Mental Hospital, all nationalities.

Exclusion criteria

Nurses who have medical or physical disorders.

Tools of data collection

Four tools were used for data collection, including:

Socio-demographic Data Sheet

It was developed by the researcher to record all the related demographic data of the sample. It includes information about age, gender, marital/family status, place of residence, qualifications, nationality, years of experience, and income.

Compassion Fatigue Scale

This scale originally developed by Figley and redeveloped by Hundall Stamm to measure compassion fatigue. This scale, consists of 40 items; divided into three subscales; the emotional dimension subscale (11 items) which measures provision of psychiatric patient's care, the workplace subscale (16 items) , The last subscale is the social life (13 items). Each statement is scored on a 3–point Likert scale as follows: 3= (Always – it bothered me a lot), 2= (Some time –it wasn't pleasant at times), 1= (Never, but it didn't bother me much).

The reliability of the scale tool was confirmed through Cronbach's alpha coefficient as follows:

Table 2. Cronbach's Alpha

Dimensions	Number of Items	Cronbach's Alpha
Emotional Dimension	10	0,709
Work Environment	16	0,607
Social Life	14	0,821
Total Score	40	0,712

Table 2 shows the Cronbach's coefficient for the Compassion Fatigue scale at a value of 0,712, which is a high degree that indicates the high stability of the scale and high validity of the information extracted from the study community.

Job satisfaction index

The original scale was developed by Alahmadi[2] and translated into Arabic. The scale is composed of the scoring system uses 4 – Point Likert to measure job satisfaction levels about different aspects of job among participants. Each statement is scored on a answering scale as follows: 4= (Very Satisfied– it did not bothered me a lot), 3= (Satisfied –it wasn't pleasant at times), 2= (Dissatisfied, but it didn't bother me much), 1= (Very dissatisfied). Total scores ranged from 1 to 100. Higher total scores indicate Very Satisfied. Three experts l checked the content validity of this scale in the field of mental health nursing and statistics. The reliability of the scale was measured by calculating Cronbach's alpha to assess internal consistency (Test-retest reliability: 0,905). The reliability of the scale tool was confirmed through Cronbach's alpha coefficient as follows:

Table 3. Cronbach's Alpha reliability of Job Satisfaction scale

Dimensions	Number of Items	Cronbach's Alpha
Job satisfaction	25	0,905
Total Score	25	0,905

Table 3 revels that the Cronbach's coefficient for the Job satisfaction scale is at a value of 0,905, which is a high degree indicating the high stability of the scale, and indicates high validity of the information extracted from the study community.

Intent to Stay in the Organization/Profession Scale

This scale was developed by Alahmadi[2]. It Indicated how satisfied are the participants about the different aspects of their job using the following scale Each statement scored on a 4– Point Likert answering scale as follow: 4= (Agree Strongly–it bothered me a lot), 3= (Agree –it wasn't pleasant at times), 2= (Disagree, but it didn't bother me much), 1= (Strongly Disagree). Total score ranged from 1 to 8. The reliability of the scale was measured by calculating Cronbach's alpha to assess internal consistency Test-retest reliability: 0,731). The reliability of the scale tool was confirmed through Cronbach's alpha coefficient as follows:

Table 4. Cronbach's Alpha is Cronbach's coefficient for the Intent to Stay in the Organization/Profession Scale

Dimensions	Number of Items	Cronbach's Alpha
Intent to Stay in the Organization/ Profession Scale	2	0,731
Total Score	2	0,731

Table 4 reveals that the Cronbach's coefficient for the Intent to Stay in the Organization/Profession Scale is at a value of 0,731, which is a high degree indicating the high stability of the scale, and indicates integrity of

the information extracted from the study community.

Ethical consideration , Consent , and research Team:

The ethical considerations for this study included voluntary participation of nurses in the screening test questionnaire survey to determine affected participants, as well as raising awareness about the purpose of this research. Moreover, consents were obtained from them prior to their involvement in the survey procedure. The following ethical approvals were hence gained in order to conduct the study successfully:

- Approval from Makah Health Affairs Research Department.
- Approval from Taif Health Affairs Research Department.
- Approval from the Institutional Review Board (IRB) of Cairo University.

The research team for this particular study constituted the Ph.D. candidate and two professors of psychiatric mental health nursing, as well as other mental health professionals practitioners namely one psychiatrist and Psychiatric nurses who were recruited as the potential participants . Relevant approval was obtained from Cairo University and Scientific Research and initial visits were made in El Taif Mental Hospital of the mental health professionals to inform nurses about the study aims, objectives and encourage participants to be involved in the study. Selected sampled Participants were requested to fill and sign a written consent which included all required information about terms of participation in this study as well as information about the importance of the study which has been highlighted along with its influence on their profession contexts. The consent form included terms that assure the selected participants that they are free to discontinue participation in the study at any point of time even without providing any justification or explanation.

Procedure

After obtaining the needed permissions to conduct the current study from hospital management board, the researcher met with the nursing department administrator to get her approval to arrange number of meetings with all members of all nursing staff in accordance with their work shifts to explain for them the objectives of this study, the psychosocial/ professional benefits that they would gain from participation in this study and the schedule of the Compassion Support Program implementation sessions. In addition a written announcement about the study and the type of the program sessions was placed on nurse's news board as well as using the electronic contact links communication. The researcher invited nurses who displayed the desire to take part in the study to get oriented to the study relevant information including purpose, content, and duration of the research and what is expected from the participants. The researcher then approached the eligible nurses and asked them to fill in and sign the consent forms. The researcher met with the selected sample of nurses with compassion fatigue disorders once a week for 60 minutes to implement all the fourteen sessions of the Compassion Support Program. All participants were assured that their present or future association with the employers as well as the organizations will not be affected by their non-participation or withdrawal from the study.

Data Collection

Three self- rated questionnaires (Arabic or English) were filled by all participants of the selected sample twice (before and after) implementation of the Compassion Support Program (CSP) while the socio-demographic questionnaire was filled only once prior to the program implementation. Both English and Arabic versions of the questionnaires were used in this study according to participants choice, as Arabic is viewed the Saudi Arabia's native language, and English is taught in the nursing schools and used for hospital documentation. Questionnaires were subject to translation and beck translation by experts in the two specified languages.

Data Analysis

After the collection of relevant data for this study sample through face to face questionnaire, this data was analyzed by software i.e. the Statistical Package for the Social Sciences (SPSS version 20). In this regard repeated measures tests and percentage of variables were used, along with the t-test and one-way ANOVA test, to determine the differences between pre and post the program results regarding all three studied variables to evaluate the CRP efficacy. The statistical technique of frequency distributions was considered to explain the proportion of the nurses based on certain demographic variables such as sex, marital status, and work/ professional experience, level of education and category of units or wards. Correspondingly, in order to depict continuous variables clearly such as age, experience in years and satisfaction with salary, some other statistical methods including mean and standard deviation were taken into consideration. Pearson correlation analysis was also considered in order to address the issue identified for this study. Therefore, it helped in testing the relationship prevailing amid the continuous demographic characteristics of the involved survey participants and the main study variables i.e. job satisfaction , Compassion Fatigue and intent to stay in job. On the other

hand, in order to test the connection existing amid the categorical demographic characteristics of the survey participants and the stated main study variables, another statistical method i.e. independent-sample t-test was utilized. Multiple regression analysis was also used to find the determined factor for nurse's turnover rates.

Outcome Measures

The initial section of the questionnaire being used for this study contained certain questions relating to socio-demographic data such as gender, social standing, educational qualification, age, financial position and hospital name. The research executed well-standardized outcome measures in order to understand the determinants of nurse turnover in the psychiatric hospitals by evaluating various important variables such as intention to stay (rated by Intent to Stay in the Organization/Profession scale), job satisfaction (assessed by Job satisfaction Index Questionnaire), and Compassion Fatigue (evaluated by Compassion Fatigue Scale) amid the nurses. In order to draw valid inferences, this study identifies and compares before and after Compassion Support Program between psychiatric nurses working Taif hospital, Makkah city in Saudi Arabia. Table 5 Job Satisfaction, Intent to Stay and Compassion Fatigue Scores amongst the Study Participants

Table 5. Outcome measures

Outcome measure	Items number	Scoring system	Score range	Reliability and validity
Job satisfaction Index Questionnaire	25	1-Very Dissatisfied 2-Dissatisfied 3-Satisfied 4-Very Satisfied	25-100	90 %
Intent To Stay in the Organization	2	1-Strongly Agree 2-Agree 3-Disagree Strongly 4-Disagree	2-8	88 %
Compassion Fatigue	40	1-Strongly Disagree 2-Disagree 3- Agree 4-Strongly Agree	40-120	83,5 %

RESULTS

Descriptive Results

All eighty 80 nurses working in the hospital were approached to participate in the study; only 40 nurses agreed to participate in the study and completed the questionnaires and returned them to the researcher. Accordingly, those nurses constituted the study sample, received the Compassion Support Program, completed attending the program and filled all questionnaires post the experiment with 100 % response rate.

First Part: Descriptive data:

Table 6. Socio-Demographic Characteristics of the Study Participants

Frequency	Items	Percentage
	Age:	
20	20-29	56,8
10	30-39	28,6
10	40-49	28,6
32±8,29	Mean ± SD	
	Gender:	
21	Male	56
19	Female	44
	Nationality:	
21	Saudi	56
19	Non-Saudi	44
	Marital status:	
11	Single	37,1
22	Married	58,9
7	Divorced	4

	Education level:	
32	Bachelor degree	74,6
7	Master degree	18,6
1	Doctorate Degree	6,6
	Work status:	
18	Practical nurse	47,4
18	Supervisor	47,4
4	Writing assignment	2,3
	Years of experience:	
15	less than one year	38,3
7	from 1-5 years	26,3
8	from 6-10 years	20,0
6	from 11-15 years	9,7
4	more than 15 years	5,7
6,0 ± 5,8	Mean ± SD	

Table 6 shows the socio-demographic features of the participants involved in this study The findings reveal that the largest proportion of participants (56,8 %) belonged to the age group 20–29 years old, indicating that the sample is predominantly youth. The mean age of the participants was 32 ± 8,29 years, which further supports that most nurses involved in the study are early-career professionals. The remaining participants were evenly divided between the age groups 30–39 years (28,6 %) and 40–49 years (28,6 %), demonstrating a smaller representation of mid-career and senior nurses. Male psychiatric nurses were (51,4 %), female psychiatric nurses were (44 %), Saudi were (56 %) and non-Saudi were (44 %. Nurses were of diverse educational qualification in which Bachelor degree Nurses were 74,6 %. Married nurses constituted (58,9 %) where the rest were single (41,1 %).

Part II: Inferential data: First: Hypothesis Testing

Table 7. Comparison between nurses' compassion fatigue, job satisfaction and intent to stay in total scores before and after program implementation n=40

Variables	Pre program		Post program		t	Sig
	Mean	Std. Deviation	Mean	Std. Deviation		
Compassion Fatigue	68,9	12,7	63,9	14,8	2,69	0,010*
Job satisfaction	66,6	14	70,6	13	2,6	0,012*
Intent to stay	5	1,7	4,6	1,7	2,1	0,041*
*Significance at p<0,05						

Table 8. Comparison between nurses' compassion fatigue before and after program implementation in relation to Data on gender, nationality, marital status, and level of education (n= 40)

Variables	Job satisfaction						
		Pre program		Post program		t	sig
	N	Mean	Std. Deviation	Mean	Std. Deviation		
Gender: Male	21	75,7	13,03	72,4	11,7	1,8	0,000*
Female	19	61,4	6,77	54,6	12,2	3,6	0,000*
Nationality: Saudi	27	71,6	14,2	67,7	14,1	2,1	0,084*
Non- Saudi	13	63,2	5,7	56,1	13,7	2,4	0,020*
Marital status: Married	29	70,1	13,1	63,8	15,4	2,9	0,323*
Single	11	65,6	11,4	61,8	13,5	2,6	0,706*
Level of education: Higher education	3	62,3	4,6	69,4	13	1,1	0,089
Bachelor's degree	37	55	11	63,9	14,7	3,3	0,0312*

The first hypothesis results of a paired-samples t-test compared nurses compassion fatigue scores before and after Compassion Support Program showed statistical significant differences of psychiatric nurses scores of compassion fatigue before and after implementing the program at (t = 2,69, p = 0,010).

Results also revealed in relation to comparing nurses' job satisfaction before and after Compassion Support Program that there was statistical significant difference in job satisfaction of psychiatric nurses scores between before and after implementing the program at (t= 2,634; P=0,012).

The results also showed statistical significant difference in nurses' Intent to stay in their job scores between before and after program implementation at (t = 2,1, p = 0,041).

Table 8 showed statistical significant differences between male and female nurses' Compassion Fatigue before program, at a value of (t=4,3) with significance level of (P =0,000), while there were statistical significant differences in favor of males over female nurses in compassion fatigue after implementing the program, at a value of (t=4,7) at a significance level of (P =0,000).

showed statistical significant differences between Saudis and non-Saudis in compassion fatigue, in favor of Saudis before Pre program, at a value of (t=2,4) with a significance level of (P=0,084), while there were statistical significant differences in favor of Saudis in compassion fatigue after implementing the program, at a value of (t=2,5) with a significance level of (P=0,020).

Table 9. Comparison between nurses' Job satisfaction before and after program implementation and their socio-demographic data n=40

Variables	Job satisfaction					t	sig
		Pre program		Post program			
	N	Mean	Std. Deviation	Mean	Std. Deviation		
Gender: Male	21	71,4	11,6	75,7	13	1,8	0,072*
Female	19	53,2	6,7	61,4	9,9	3,6	0,002*
Nationality: Saudi	27	67,7	14,1	71,6	14,2	2,1	0,050*
Non- Saudi	13	54	10,9	63,2	5,7	3,2	0,008*
Marital status: Married	29	63,8	15,1	70,1	13,1	2,9	0,007*
Single	11	61,8	13,5	65,6	11,4	2,6	0,028*
Level of education: Higher education	3	55	11,1	62,3	4,6	1	0,423
Bachelor's degree	37	63,9	14,7	69,4	1,7	3,3	0,002*

*Significance at p<0,05

Table 9 illustrates statistical significant differences in Job satisfaction before and after program implementation in relation to nurses' gender, nationality, marital status, and education level. According to gender, Job satisfaction increased highly significantly in females at (t=3,6, p=0,002) and near significance in males at (t=1,5, p=0,052). In relation to nationality, both Saudis at (t=2,1, p=0,050) and non-Saudis at (t=3,2, p=0,008) experienced significant increase after the program implementation. In relation to Marital Status, married nurses as (t=2,9, p=0,007) and single nurses as (t=2,6, p=0,028) showed significant increases in Job satisfaction. In relation to level of education, results indicated that nurses holding a bachelor's degree showed significant increase in job satisfaction after program at (t=3,3, p=0,002), while those with intermediate education level did not show any significant change as (t=1, p=0,423).

Table 10 illustrates statistical significant differences in Intent to stay before and after program implementation in relation to nurses' gender, nationality, marital status, and education level. According to gender, Intent to stay increased significantly in females at (t=1,7, p=0,054) and males at (t=1,4, p=0,062). In relation to nationality, both Saudis at (t=2,4, p=0,026) and non-Saudis at (t=2,8, p=0,016) experienced significant increases after the program implementation. In relation to Marital Status, both married nurses and single nurses did not show any significant change as (t=0,651, p=0,520) and (t=0,454, p=0,659) respectively. Intent to stay in relation to level of education, results indicated that nurses holding a bachelor's degree showed statistical close to significant increases at (t=1,8, p=0,058), and those with intermediate education showed significant increases at (t=1,9, p=0,045). Results showed no statistical significant differences between married and unmarried nurses in compassion fatigue before and after implementing the program and showed no statistical between level of education in Compassion Fatigue before and after the program .

Table 10. Comparison between nurses' intent to stay before and after program implementation in relation to their socio-demographic data (n=40)

Variables	Intent to stay					t	sig
		Pre program		Post program			
	N	Mean	Std. Deviation	Mean	Std. Deviation		
Gender: Male	21	5,4	1,4	5,9	1,6	1,4	0,062
Female	19	3,5	1,2	4,2	1,4	1,7	0,054
Nationality: Saudi	27	4,5	1,7	5,5	1,8	2,4	0,026*
Non- Saudi	13	3,3	1,7	4,4	1,8	2,8	0,016*
Marital status: Married	29	4,6	1,7	4,9	1,8	0,651	0,520
Single	11	4,8	1,5	5	2,1	0,454	0,659
Level of education: Higher education	3	1,7	0,57	3,3	1,2	1,9	0,045*
Bachelor's degree	37	4,8	1,6	5,1	1,7	1,8	0,058*

*Significance at p<0,05

Second: Correlation and Regression Analysis

Table 11. Correlation between Demographic Characteristics and Job Satisfaction, Intention to stay, and Compassion Fatigue (n=40)

	Job Satisfaction		Intention to stay		Compassion fatigue	
	r	sig	r	sig	r	sig
Age	0,05	0,45	-0,01	0,80	-0,10	0,15
gender	0,08	0,27	-0,07	0,32	-0,07	0,35
Nationality	0,27	0,00*	0,04	0,52	0,19	0,01*
Marital Status	-0,08	0,28	0,03	0,70	-0,07	0,34
Education level	0,24	0,00*	0,059	0,43	0,15	0,04*
Work task	0,02	0,78	0,00	0,93	-0,10	0,17
Years of experience	-0,13	0,06	0,12	0,10	-0,01	0,17
Level of income	-0,14	0,06	-0,00	0,99	-0,13	0,07
Hospital	0,01	0,87	-0,11	0,13	0,02	0,73
Department	-0,01	0,85	-0,07	0,35	-0,01	0,82

*Significance at p<0,05

Table 11 shows that the acquired results from Spearman correlation study revealed significant relationship between nationality and job satisfaction at ($r = 0,27$, $p < 0,001$), and compassion fatigue as ($r = 0,16$, $p = 0,03$). Moreover, correlation findings found out statistically significant correlation between education level and job satisfaction as ($r = 0,24$, $p<0,001$), and compassion fatigue as ($r = 0,15$, $p = 0,047$). Furthermore, the factor concerning years of job serves was observed to be nearly significantly correlated (negative direction) with job satisfaction at ($r = - 0,13$, $p = 0,06$). Another nearly significant correlation was detected between income level and job satisfaction at ($r = -0,14$, $p = 0,06$). No other statistical significant relationships between other dependent variables along with the independent variables of this study and participants' demographic data were found.

Table 12 shows that Pearson correlation was used for this study to determine the association existing between continuous dependent and independent variables. Based on the results obtained from Pearson correlation, it can be inferred that job satisfaction had a positive correlation with the intention of to stay ($r = 0,23$, $P = 0,003$). On the other hand, positive correlation existed between job satisfaction and reduced compassion fatigue ($r = 0,38$, $P=0,001$).

Regression Analysis

Table 13 the regression analysis findings obtained revealed that job satisfaction has a significant association with the intention to stay ($\beta= -0,325$, $P= 0,003$). Thus, all other predictor variables showed non-significant results.

Table 12. Relationship between Job Satisfaction, Intention to stay and Compassion Fatigue (n=40)

	Job Satisfaction		Intention to leave		compassion fatigue	
	r	sig	r	sig	r	sig
Job Satisfaction			0,225	0,003*	0,38	0,001**
Intention to stay	0,225	0,003*			0,105	0,16
Compassion fatigue	0,388	0,00*	0,105	0,16		

*Significance at p<0,05

Table 13. Multiple Regression Model

	Intention to stay		
Job Satisfaction	R^2	Beta standardized	Sig
	0,51	0,325	0,003*

*Significance at p<0,05

DISCUSSION

Discussion of the descriptive results

Nurses' demographic data in table 6 showed that participants ages ranged between 20 and 49 years old with mean age (32±8,29).[4] This result reveals that the nurses workforce in this hospital were mostly middle aged, which indicate the positive capability of tolerating work stress. Middle-aged nurses often possess valuable qualities like extensive experience, enhanced communication skills, and greater emotional resilience, which are beneficial for caring for psychiatric patients and managing work challenges. Longer Experience in work workplace is also an asset to psychiatric care when combined with older middle age. In the current study, table 1 showed that almost half were working as clinical nurses 47,4 %. Those whose work experience was less than one year of experience constituted only about one third of the sample 38,3 %, while the remaining nurses in work workforce were nearly two-thirds of the sample, with mean a of (6,0 ± 5,8) years of experience. Maintaining such a workforce serving in a psychiatric hospital is very important to ensure better service to mentally ill patients as described.[5] Once again, demographic characteristics of this sampled nurses's workforce revealed a higher tendency for sustainability of this workforce, as more than half of them were males 56 %, and Saudi nationality 56 %.[6] Furthermore more most of them had a bachelor's degree 74,6 %. Higher education is necessary for the promotion of efficient mental health service. More than half of the sample were married 58,9 %, which is a social feature that enhances stability in the regional province. Regarding the relationship between nurses' compassion fatigue, job satisfaction, and intent to stay, total scores before and after program implementation (table 7) the results of the present study revealed that the Compassion Support Program significantly improved nurses' emotional and professional well-being. Specifically, there was a statistically significant reduction in compassion fatigue, coupled with significant increases in job satisfaction and intent to stay scores among psychiatric nurses after the program implementation. These results underscore the effectiveness of structured support interventions in addressing the psychological demands inherent in psychiatric nursing.[7]

With the CSP intervention, nurses feel supported, valued, and empowered in their roles. This result is concurrent with a study findings that emphasized nurses intrinsic motivation and engagement which tend to increase. Similar results were reported by a study who found that compassion-focused training enhanced nurses' professional fulfillment and decreased burnout.

The finding of a statistically significant difference in nurses' intent to stay also highlights the organizational implications of such interventions. Although the mean difference was relatively small, the results indicate that exposure to a supportive and empathetic workplace culture may enhance nurses' commitment to their profession. By reducing compassion fatigue and increasing job satisfaction, the program indirectly influences nurses' decision to remain in their positions, thereby supporting workforce stability in psychiatric care settings. Previous research has shown that compassion satisfaction and perceived organizational support are key predictors of nurses' retention and reduced turnover intention. The results in table 7 revealed a statistically significant decrease in compassion fatigue among nurses after the implementation of the compassion support program.[8]

Further more table 8 highlight the significant improvement in compassion fatigue of all sampled nurses after CSP implementation across most of their socio-demographic variables (gender, nationality, marital status, and education level). These findings indicate effectiveness of the program in reducing compassion fatigue and enhancing the emotional well-being of nurses.

Both male and female nurses demonstrated a significant reduction in compassion fatigue after the program implementation. Although both groups did benefited from the CSP program, nonetheless female nurses obtained

higher mean scores both pre- and post-program compared to males, suggesting that female nurses experienced greater compassion fatigue overall. This aligns with a previous studies by a study, who reported that female nurses often exhibit higher compassion fatigue due to stronger emotional engagement and empathetic tendencies in patient care. The post-program reduction in both genders suggests that structured interventions, such as stress management training and emotional resilience programs, can benefit all nurses regardless of gender.[9]

As regard nationality both Saudi and non-Saudi nurses showed significant improvement in compassion fatigue after participation in the CSP program. Non-Saudis had a higher improvement level post the program implementation, which can be attributed to the new learned skills to deal with encountered stressors such as cultural adaptation, language barriers, or job insecurity. This finding corresponds with a study, who found that expatriate nurses in Saudi Arabia often experience higher compassion fatigue due to acculturative stress and limited social support.

Married nurses showed significant decreases in compassion fatigue after the program. Social and emotional support from family could have possibly boosted the CSP successful impact or buffered work-related stresses. This finding is consistent with a study who emphasized that social support and stable relationships play a protective role against compassion fatigue.

Nurses' education also played a role in the success of the CSP effects on reducing nurses' compassion fatigue. Bachelor's degree nurses experienced a significant reduction in compassion fatigue, while those with moderate education level did not show any statistically significant difference. The limited number of nurses with moderate education (n=3) might explain the lack of significance. Nurses with moderate education and more experience may already possess coping strategies or work in managerial roles with lower patient contact, resulting in lower initial fatigue levels. These results align with a study, who reported that educational level can influence awareness and coping mechanisms but does not necessarily predict compassion fatigue intensity. The notable improvement among Bachelor's degree nurses underscores the value of ongoing education and training in mitigating emotional exhaustion.

Interpretation and Implications of Inferential results

First: Compassion Fatigue

Overall, the findings demonstrate that the health education and emotional support strategies provided by the CSP were effective in reducing compassion fatigue across most participants groups. The significant improvements of compassion fatigue in relation to both genders, nationalities, and marital statuses suggest that the program addressed universal stressors inherent in nursing practice of this hospital work force.

These results reinforce the importance of institutional strategies that focus on emotional resilience, self-care, and professional support systems to maintain nurses' psychological health. Implementing such programs regularly can lead to improved job satisfaction, reduced turnover, and enhanced patient care quality as noted by a study.

The greater reduction in female nurses' compassion fatigue may also reflect higher receptiveness to emotional support and reflective practices included in the program intervention. On the other hand male nurses did not show significant reduction in compassion fatigue. This can be attributed to the notion that males do not usually express emotional burden experienced from stressors at work environment. This result align with the interpretation that enhanced awareness of emotional strain and coping strategies often goes under-recognized in male-dominated professional cultures as noted by a study. These findings underscore the universal need for gender-inclusive wellness programs that foster empathy, balance, self-compassion, and professional resilience in psychiatric nursing settings.

Compassion support programs can significantly decrease compassion fatigue among nurses irrespective of gender differences. This observed improvements reinforce that interventions combining education, mindfulness, and peer interaction can strengthen emotional well-being, leading to more sustainable nursing practice and improved patient care outcomes. This outcome suggests that reducing compassion fatigue and improving job satisfaction may be the key factors in retaining psychiatric nurses, which is a critical issue given the high turnover rates in this field.as documented by a study.

Table 3 demonstrates that nurses' intent to stay significantly improved after the implementation of the educational and support program, particularly in relation to gender, nationality, and educational level, while no significant differences were observed for marital status. The increase in intent to stay among both male and female nurses suggests that the program positively influenced nurses' retention attitudes regardless of gender, though males reported slightly higher intent to stay post-program. This aligns with findings by a study, who reported that organizational support and continuing education significantly enhance male and female nurses' retention equally, though male nurses often report stronger commitment when workplace recognition is emphasized.

Regarding nationality, both Saudi and non-Saudi nurses exhibited statistically significant improvements in intent to stay following program implementation. This improvement reflects that professional development

programs can mitigate cultural and systemic differences that often affect expatriate nurses' job satisfaction and turnover rates. According to a study non-Saudi nurses frequently report higher stress and lower retention due to limited career growth and cultural challenges, suggesting that interventions enhancing competence and recognition can bridge this gap and encourage retention across diverse groups.

As for marital status, both married and single nurses did not exhibit statistically significant changes. This could indicate that the decision to remain in a workplace may be more influenced by professional and organizational factors—such as workload balance, leadership support, and psychological well-being—rather than personal or family status.[3]

In relation to educational level, the study found that nurses with moderate education and those with bachelor's degrees both showed significant increases in intent to stay. These findings suggest that the program effectively addressed professional growth needs and promoted a sense of career satisfaction, particularly among those with advanced qualifications who often seek ongoing learning and professional recognition. This is consistent with a study findings who found that continuous education and empowerment programs increase nurses' intent to remain by improving self-efficacy and perceived value within the organization.

Overall, the results highlight the program's effectiveness in enhancing nurses' commitment to their workplace, especially by addressing intrinsic motivators such as professional competence and empowerment. This supports Herzberg's two-factor theory, which emphasizes that motivators—such as achievement and professional development—are key to job satisfaction and retention. The post-program increase across most demographic categories reinforces that structured training and support can play a critical role in reducing turnover intentions among psychiatric nurses.

Part 3. Correlation and Regression Analysis

Part Three of the results provided insight into the relationships between the key variables—compassion fatigue, job satisfaction, and turnover intention. Correlation and regression analyses revealed several important findings:

- Correlation between Compassion Fatigue and Job Satisfaction: there was a negative correlation between compassion fatigue and job satisfaction, meaning that as compassion fatigue increased, job satisfaction tended to decrease. This relationship highlights the importance of addressing compassion fatigue in order to maintain high levels of job satisfaction among nurses.
- Regression Analysis for compassion fatigue, job satisfaction and Turnover: regression analysis showed that both compassion fatigue and job satisfaction were significant predictors of turnover intention. Specifically, as compassion fatigue increased and job satisfaction decreased, the more likelihood of nurses intention to leave their job increased. This reinforces the need for comprehensive support programs like the CSP to address these two variables, as doing so, could significantly reduce turnover intentions in hospital workforce.

It is the nursing managers and administrators who need to devise appropriate strategies and undertake measures so that the nurses' intention to stay in their respective jobs is raised, and the quality of care for patients is improved to the maximum possible extent. Based on the literature review findings, certain imperative factors have been identified that impose a positive impact on the turnover rates of the nurses. These factors fundamentally included age, team cohesion, educational level, career prospects, experience, job satisfaction, leadership efficiency, and compassion fatigue. On the other hand, factors including labor pressures, the risk of exposure, and the agility of work schedule are responsible for increased job dropout rates of the nurses.

Previous studies on a similar research issue confirm that creating a positive work environment ensures a higher level of job satisfaction among the employees, which in turn, positively influences the quality of nursing care. This particular current study, for the first time, intended to examine job satisfaction and turnover intentions amongst the Saudi nurses who are employed in psychiatric hospitals. In alignment with the literature review and the secondary research findings, a negative correlation was observed to prevail amid job satisfaction and turnover intention. These results are also found to be similar in other countries as well such as Lebanon, the USA, Japan and Turkey. Earlier researchers also revealed that job satisfaction is consistently and negatively related to the nurses' intention to leave their job roles or even the organizations as a whole. Based on the observations made by a study half of the Chinese nurses that they surveyed reported job dissatisfaction and nearly 40 % of them intended to leave their current employment. The various demographic features of the participants being involved in the survey procedure were better comprehended in terms of age, marital status and work experience. Factors including overall job satisfaction, extrinsic rewards, interactions, praise, recognition, control, and responsibility contribute into an intention to leave amid the nurses.

Psychiatric nurses are exposed to increased levels of stress due to intense interpersonal interactions with patients, dynamic changes in patients' behaviors and -emotions, and emotional distress, which can negatively impact their well-being and patient safety. Job stress has been associated with low job dissatisfaction, burnout,

and general health issues among nurses, compromising their ability to perform tasks and resulting in anxiety and insomnia. Therefore, addressing work-related stress is crucial to mitigate its negative effects on the well-being of psychiatric nurses and the quality of patient care.

In connection with this problem, psychiatric nurse turnover is becoming a serious issue in a large city like Makkah where nurses' turnover showed significant degrees of disengagement, frustration, and job dissatisfaction brought on by compassion fatigue, putting patient safety and nursing care quality at risk. These feelings can also lead to workplace violence and incivility, and an unhealthy work environment.

According to a research study done by a study, 20–40 % of nurses reported feeling compassion fatigue. Training psychiatric nurses in strategies used for obtaining compassion satisfaction would improve job satisfaction and reduce their turnover. A study concurs that significant workplace stress from many sources, troubles healthcare professionals causing some professionals to respond negatively to these stressors resulting in poorer health and significant patient safety concerns, while others may thrive in these situations. Strategies to ameliorate nursing stressors include providing support and resources for nurses, such as counseling services, stress management programs, and flexible work schedules.

Therefore, this proposed study is thought to significantly contribute to impacting the compassion fatigue experienced by psychiatric nursing staff in Mekkah Mental Health hospitals and would ensure job satisfaction for better retention rates of the nurse workforce. Hence, the purpose of this study is to evaluate the impact of a Compassion Support Program that would reduce psychiatric nurses' levels of compassion fatigue, increase their job satisfaction, and decrease their turnover.

Evidence-Based Solution and Theoretical Integration

The intervention program developed and implemented in this study serves as an evidence-based solution to the critical issue of high nurse turnover in psychiatric hospitals. By integrating stress management techniques, reflective practice, emotional resilience training, and supportive supervision, the program addressed both emotional and organizational factors influencing nurse retention.

Theoretically, the findings align with Figley's Compassion Fatigue Theory, which emphasizes the impact of secondary trauma on caregivers, and Herzberg's Two-Factor Motivation Model, which explains how motivational and hygiene factors influence job satisfaction. Together, these frameworks provide a comprehensive understanding of how emotional recovery, workplace support, and intrinsic motivation enhance professional retention in high-stress environments such as psychiatric hospitals.

Implications for Nursing Practice and Policy

Organizational Integration

Psychiatric hospitals should institutionalize compassion fatigue reduction and wellness programs as a standard component of professional development and staff support systems.

Leadership and Supervision

Nurse managers and supervisors should receive specialized training in emotional intelligence, stress management, and supportive leadership to foster healthy work environments.

Policy Implementation

Health authorities and hospital administrators should integrate compassion fatigue screening and preventive interventions into workforce policies and staffing strategies.

Continuous Evaluation

Regular monitoring and long-term assessment of compassion fatigue, job satisfaction, and intent to stay should be conducted to ensure the sustained effectiveness of such programs.

CONCLUSIONS

In conclusion, the study's findings provide strong empirical support that the Compassion Support program significantly reduced compassion fatigue, improved job satisfaction, and increased nurses' intent to stay in psychiatric hospitals. Therefore, all study hypotheses were confirmed and. proved to be an effective and sustainable evidence-based approach to mitigating the persistent challenge of high turnover among psychiatric nurses.

By fostering emotional resilience, professional engagement, and organizational loyalty, the intervention directly contributes to workforce stability, improved quality of patient care, and overall organizational performance.

These findings emphasize the importance of addressing psychological and environmental factors within the nursing workforce and provide a replicable model for future nursing management and retention strategies

across mental health settings.

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