



# **Unravelling the Impact of Psychological Burnout and Compassion Fatigue on Turnover Intentions among Nursing Staff in Egypt's Governmental Sector: A Mediation Study**

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## **Unravelling the Impact of Psychological Burnout and Compassion Fatigue on Turnover Intentions among Nursing Staff in Egypt's Governmental Sector: A Mediation Study**

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### ***Abstract***

The current study examines the nature of the relationships between psychological burnout, compassion fatigue, and turnover intentions among nursing staff members in the governmental sector. A sample of 365 nurses was surveyed. Data were analyzed using IBM SPSS AMOS 26. The results indicated a positive relationship between psychological burnout and turnover intentions, suggesting higher levels of burnout are associated with increased intentions to leave the job. Similarly, a positive relationship was found between psychological burnout, compassion fatigue and between compassion fatigue and turnover intentions among the tested sample. Most notably, the analyses identified compassion fatigue as a significant mediator in the relationship between psychological burnout and turnover intentions. This suggests that efforts to mitigate compassion fatigue may be helpful in reducing turnover intentions driven by psychological burnout. The study concludes with a discussion of these findings, including their theoretical and practical implications, recommendations, study limitations, and directions for future research.

### **Keywords**

*Psychological Burnout, Compassion Fatigue, Turnover Intention*

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### ***Introduction***

The dynamic and demanding healthcare environment exposes nursing staff to a unique blend of stressors. Long working hours, the emotional weight of dealing with patients and their families, the burden of witnessing suffering, and making life-altering decisions contribute to what has been termed as psychological burnout (PB), turnover intentions (TI) and compassion fatigue (CF) among healthcare professionals (Aiken et al., 2012; Figley, 1995; Maslach et al., 2001).

According to scholars (e.g., De Hert, 2020; Zheng et al., 2023), Burnout is associated with negative outcomes for healthcare professionals and their organizations. Moreover, turnover intentions have also been noted as a severe issue in the nursing profession; it is leading to considerable expenses and a deterioration in the quality of treatment. This problem results from the fact that the nursing profession faces tremendous stressors (Aiken et al., 2012; Tett & Meyer, 1993). Similarly, compassion fatigue is described as the "cost of caring" for those experiencing emotional pain, resulting in secondary traumatic stress (Figley, 1995).

Although burnout, turnover intentions, and compassion fatigue affect healthcare professionals worldwide (e.g., Cao & Chen, 2021; Sung et al., 2012; Wells-English et al., 2019), there is a significant knowledge gap regarding the frequency of burnout and the factors that lead to turnover intentions among nursing professionals working in the public sector in Egypt. Previous research has focused chiefly on the Western setting (e.g., Aiken et al., 2012; Leiter & Maslach, 2009). Very little attention has been given to the issues nursing staff face in Egypt's public healthcare system (Ahmed & Ghaith, 2018).

According to CAPMAS (2023), the number of nursing staff has decreased from 191.4 thousand in 2017 to 148.8.6 thousand in 2020, which means that the number of working nurses in the governmental sector in Egypt has decreased by 42000. The Egyptian Nursing Syndicate addressed that the nursing sector faces various challenges which affect the staff's well-being; hence, the current study aims to investigate the incidence of psychological burnout and turnover intentions among nursing staff working in the

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governmental sector in Egypt to fill the void identified in the existing body of literature. Moreover, the research aims to examine the mediating role of CF. and provide essential insights into the causes contributing to burnout and intent of turnover among Egyptian nursing staff by examining the interactions between these variables.

### ***Literature Review and Hypotheses Development***

#### ***Psychological Burnout***

For decades, researchers have been interested in psychological burnout. Several antecedents have been found in the literature that leads to the development of burnout. According to Karasek's (1979) Demand-Control Model, burnout is caused by high job demands and low control. Other researchers, such as Demerouti et al. (2001), who developed the work Demands-Resources Model, have elaborated on this concept. This model emphasizes the role of work demands and the availability of job resources in developing burnout. Kahn et al. (1965) were the first to identify role ambiguity and role conflict as stressors. Researchers, such as Jackson et al. (1986), have linked these variables to burnout.

Cohen and Wills (1985) emphasized the significance of social support in stress reduction. According to research by Leiter and Maslach (1988), a need for more social support can contribute to burnout. Low self-esteem and neuroticism have been discovered to be associated with burnout. According to Lee and Ashforth (1996), people with these characteristics are more susceptible to burnout. The climate and ethos of an organization can also contribute to burnout. According to researchers such as Bakker et al. (2005), a negative organizational climate can exacerbate the effect of job demands on burnout.

Extensive research has been conducted on psychological burnout, and its origins can be traced to numerous theories and perspectives proposed by academics. Here, we will discuss critical theories and perspectives on the origins of Burnout, as well as the contributions of relevant scholars.

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American psychologist Herbert Freudenberger coined the term "burnout" in the context of occupational stress and exhaustion. In a seminal paper published in 1974, he defined burnout as physical and mental exhaustion caused by long exposure to high-stress levels and unrealistic expectations, especially in helping professions such as healthcare, social work, and education. Freudenberger observed that individuals experiencing burnout exhibited emotional and physical exhaustion, cynicism, a diminished sense of accomplishment, and a decline in the quality of their work. He emphasized the significance of recognizing and treating burnout to maintain the health and productivity of individuals working in high-stress environments (Freudenberger, 1974).

Christina Maslach (1981) is regarded as a pioneer in burnout research. She co-created the Maslach Burnout Inventory (MBI) with Michael P. Leiter and Susan E. Jackson. The theory of Maslach identifies three fundamental dimensions of burnout: emotional exhaustion, depersonalisation, and reduced personal accomplishment.

Schaufeli and Bakker (2004) provided a different viewpoint on the concept of burnout by describing it as a condition of tiredness that is work-related and occurs because of extended exposure to the demands of one's job that are not balanced by appropriate resources provided by that job. They emphasized the fact that burnout is a condition that is unique to employment. Pines and Aronson (1988) described burnout as a state of mental, bodily, and emotional weariness brought on by prolonged involvement in emotionally taxing circumstances. They emphasized the role that mental and emotional tiredness play in developing burnout.

Maslach and Leiter (2008) expanded the concept of burnout by describing it as a sustained response to persistent emotional and interpersonal pressures on the job. They did this to account for the fact that burnout can occur anywhere in a person's career. They emphasized that the three aspects that characterize burnout are exhaustion, cynicism, and a feeling that one's efforts are fruitless.

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***Turnover Intentions***

The term "turnover intentions" was coined by Mobley (1977) and refers to an individual's conscious and purposeful inclination to quit their current organization. He emphasized the significance of turnover intentions as an essential step in the turnover process, which comes before real turnover itself.

According to Tett and Meyer (1993), turnover intentions are individuals' self-reported likelihood of quitting their current employer within the following year. Their meta-analytic analysis shed light on the significance of employee turnover intentions as a substantial predictor of employee turnover.

The term "turnover intentions" is also defined by Price and Mueller (1981), who described it as the desire or goal of an individual to quit their current position within a given time frame. They stated that the intentions to leave an organization result from various individual and organizational factors interacting.

Because employee turnover is such an important issue for businesses, researchers have focused a great deal of attention on the factors that lead workers to express a desire to quit their jobs. According to the Two-Factor Theory developed by Herzberg and colleagues in 1959, job satisfaction is believed to be impacted by intrinsic and extrinsic variables. Both Mobley (1977) and Tett and Meyer (1993) discovered that discontent with one's work predicts intentions to leave an employer.

Affective, continuation and normative commitment are the three components that make up the Three-Component Model of Organizational Commitment that was created by Meyer and Allen (1991). Several researchers, like Meyer et al. (2002) and Griffeth et al. (2000), have concluded that a lack of commitment to one's organization is associated with an increased likelihood of leaving that organization.

The Demand-Control Model developed by Karasek (1979) and the research on burnout conducted by Maslach and Leiter (2008) provide light on the impact that stresses at work have on the well-being of workers. Burnout and job stress were found to have a positive association with intentions to leave, according to Lee and Ashforth's (1996) research.

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Eisenberger et al. first presented the idea of 'perceived organizational support' in 1986. This concept refers to employees' opinions about how much their company values their efforts and cares about their well-being. Rhoades and Eisenberger (2002) discovered a link between a low perceived organizational support and greater inclinations to depart.

Graen and Uhl-Bien (1995) proposed the Leader-Member Exchange. Its primary focus is on the nature of the interaction between employees and those in charge of them. According to the findings of research conducted by Harris et al. (2011), low-quality LMX relationships are positively connected to intentions to quit an organization.

Greenhaus et al. (2003) investigated the idea of work-life balance, which can be defined as the extent to which an individual successfully balances their duties in both their professional and personal lives. According to the findings of research conducted by Allen et al. (2000), employees who experience a work-life imbalance have higher inclinations to resign.

Greenhalgh and Rosenblatt (1984) were the ones who first presented the idea of job insecurity, which may be defined as the perceived risk of losing one's job or of experiencing unfavorable changes in working conditions. According to the findings of research conducted by Sverke et al. (2002), job instability is positively associated with intentions to leave an organization.

### ***Psychological Burnout and Turnover intentions***

Several academics researched the connection between psychological burnout and intentions to leave a job, particularly in the nursing industry. Researchers Alharbi et al. (2020) looked at nurses in Saudi Arabia for their study and discovered a significant positive association between burnout and plans to leave the profession. They hypothesized that addressing burnout could increase turnover rates in the nursing profession. Labrague and de Los Santos (2020) investigated the connection between burnout, levels of job satisfaction, and the likelihood of leaving one's current position among Filipino nurses. According to their study, higher burnout degrees were related to increased intentions to leave work, and job satisfaction was a mediator in this

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relationship. Zhang et al. (2021) investigated the connection between Chinese nurses' feelings of burnout, their level of engagement in their work, and their plans to leave their jobs. They discovered a positive correlation between burnout and turnover intentions, while a negative association existed between work engagement and those intentions. In addition, the association between burnout and intentions to leave one's job was mediated by one's level of participation in their work.

In a study that El-Shafei and his colleagues (2021) carried out on Egyptian nurses, they discovered an association between feelings of burnout and intent to leave one's current position. The relevance of job satisfaction and organizational commitment as potential mediators in this relationship was also highlighted in the study. Researchers Hinderer et al. (2014) investigated how burnout, compassion satisfaction, and plans to leave nursing all played a role in Turkish nurses. They found that higher burnout and lower compassion satisfaction levels were strongly connected with higher turnover intentions.

These studies show a constant and positive association between psychological burnout and intentions to leave the nursing profession among nurses. Researchers believe that interventions aiming at lowering burnout may also contribute to lowered intentions of leaving an organization, ultimately benefiting healthcare workers and the organizations themselves.

***H1: Psychological burnout is positively associated with turnover intentions among Nursing Staff in The Governmental Sector in Egypt***

***Compassion fatigue as a mediator***

Figley (1995) established the concept of compassion fatigue as a sort of "secondary traumatic stress disorder" that can be experienced by helping professionals, such as therapists and nurses, who work with patients who have undergone horrific events. He characterized compassion fatigue as the emotional and physical exhaustion that arises from the demands of empathetic interaction and exposure to the suffering of others. Specifically, he said that it is the outcome of the rigours of empathic engagement. Joinson (1992) used the phrase "compassion fatigue" to characterize the exhaustion nurses suffer because of the emotional demands of patient care. She hypothesized that compassion fatigue develops when medical professionals, such as nurses, run

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out of emotional reserves because of the strenuous empathy demands of their jobs. Stamm (2010) established the Professional Quality of Life (ProQOL) model, and one of the primary components of this model is compassion fatigue. They characterized compassion fatigue as the negative element of providing care, resulting from the emotional residue of exposure to other people's suffering and the inherent problems in caregiving responsibilities. She said that compassion fatigue is caused by combining these two factors. Siedine Coetzee and Hester Klopper conducted a concept analysis of compassion fatigue within the nursing practice context for the research published in Coetzee and Klopper (2010). They defined compassion fatigue as a state of physical and emotional tiredness, characterized by a reduced capacity to empathize with patients, negative attitudes towards work, and a lessened sense of personal success. Compassion fatigue is a condition that affects healthcare professionals.

Mahmoudi et al. (2020) surveyed Iranian nurses for their research and discovered a statistically significant and positively correlated association between burnout and compassion fatigue. They hypothesized that effective therapies aimed at reducing burnout could also help reduce the effects of compassion fatigue experienced by nurses.

Maben et al. (2020) investigated the connection between burnout and compassion fatigue in the nursing workforce in the United Kingdom. According to their findings, a positive correlation existed between burnout and compassion fatigue; this highlights the requirement for specific treatments to improve nurses' mental health and well-being.

Hunsaker et al. (2015) researched a sample of United States nurses to investigate the association between burnout, compassion fatigue, and compassion satisfaction. They discovered a correlation between increased levels of burnout, increased levels of compassion fatigue, and decreased levels of compassion satisfaction.

Sacco et al. (2015) investigated the connection between burnout, compassion fatigue, and the level of satisfaction experienced by critical care nurses. According to the results of their study, compassion fatigue was

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positively connected with burnout, while compassion fulfilment was inversely correlated with burnout.

***H2: Psychological burnout is positively associated with Compassion fatigue among Nursing Staff in The Governmental Sector in Egypt***

Specifically in the field of nursing, several researchers have explored the association between compassion fatigue and plans to leave the profession. In a study carried out on Turkish nurses by Hinderer et al. (2014), the researchers discovered a substantial positive link between compassion fatigue and turnover intentions. The study's findings led the researchers to conclude that treating compassion fatigue could help lessen nurses' intentions to leave their jobs.

Cocker and Joss (2016) researched Australian emergency nurses to investigate the connection between compassion fatigue, burnout and plans to leave the profession. They discovered that compassion fatigue was positively associated with turnover intentions, and they hypothesized that treatments focused on lowering compassion fatigue among emergency nurses could help decrease turnover intentions.

Frona et al. (2022) studied nurses and discovered a substantial positive connection between compassion fatigue and turnover intentions. The study was published in the journal *Nursing Research*. The researchers hypothesized that addressing the issue of compassion fatigue could assist in enhancing the mental health of nurses and lower the likelihood that they would leave their jobs.

***H3: Compassion fatigue is positively associated with turnover intentions among Nursing Staff in The Governmental Sector in Egypt***

Particularly in the nursing sector, several researchers have investigated the function of compassion fatigue as a mediator in the connection between psychological burnout and aspirations to leave one's current position. Zhou et al. (2020) explored compassion fatigue's impact on moderating the relationship between burnout and intentions to leave the profession among Chinese cancer nurses. They discovered that compassion fatigue was a partial mediator of the association between burnout and turnover intentions, which suggests that

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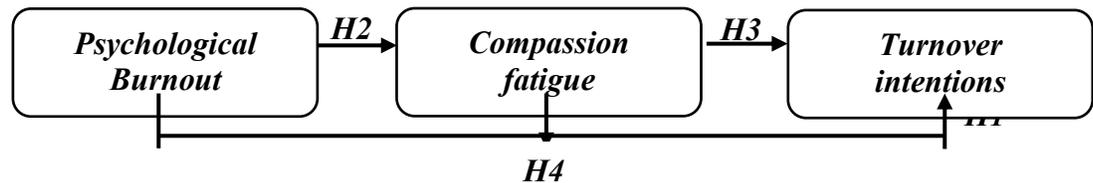
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treating compassion fatigue could help attenuate the impact that burnout has on nurses' intentions to leave their positions and find other employment.

A study conducted on Korean nurses by Sung et al. (2012) concluded that compassion fatigue partially mediated the association between burnout and intentions to leave nursing. They hypothesized that if there were less compassion fatigue among nurses experiencing burnout, there would be fewer plans to leave the profession.

These studies indicate that compassion fatigue mediates the relationship between psychological burnout and turnover intentions among nurses. Interventions targeting compassion fatigue may help mitigate the impact of burnout on nurses' intentions to leave their jobs, ultimately benefiting both healthcare professionals and organizations.

***H4: Compassion fatigue mediate the relationship between psychological burnout and turnover intentions among Nursing Staff in The Governmental Sector in Egypt***



**Fig1. Proposed Model**

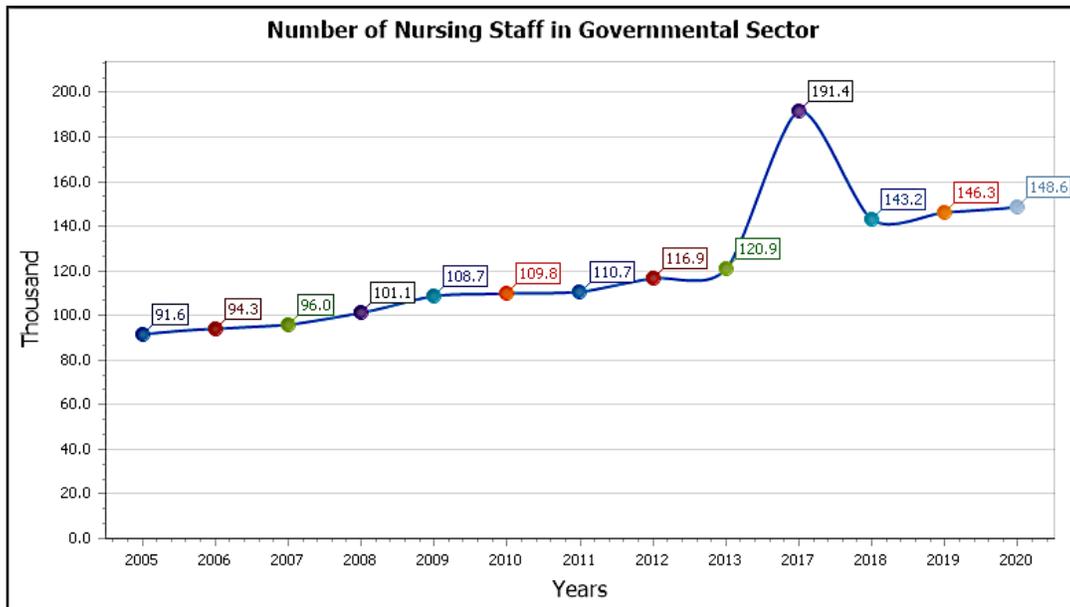
***Methodology***

Empirical descriptive and analytic methods were used to compile this study's findings. These methods included database surveying, utilizing specific qualitative research approaches, and the field survey design to collect data via a targeted survey.

***Sampling and Data Collection***

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The nursing staff in the governmental sector, Including the chief medical officer, the head of male nurses, the head of female nurses, the male nurses, the female nurses, the assistant of male nurses, the assistant of female nurses, and the home nursing staff, this includes everyone who works in the nursing field. Fig 2 reflects the number of Nursing Staff in the Governmental



Sector in Egypt, which is 148600. The sampling method was chosen for gathering the necessary data because of the vast population of nurses working in the public sector, the time factor, and the cost considerations. According to the principle of large numbers, 384 people made up the sample size.

Source: CAPMAS. (2023). Capmas. Retrieved March 13, 2023, from [https://www.capmas.gov.eg/Pages/IndicatorsPage.aspx?page\\_id=6141&ind\\_id=2519](https://www.capmas.gov.eg/Pages/IndicatorsPage.aspx?page_id=6141&ind_id=2519).

Fig.2 Nursing Staff in Governmental Sector

This study gathered the required data from the sample via an online questionnaire. The questionnaire included three sections; the first section measures psychological burnout. Consequentially, the researchers adopted a (Malach-Pines, 2005) scale including ten items. The second section measures

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compassion fatigue; the researchers adopted a (Sun et al., 2016) scale including thirteen items. The third section measures turnover intentions; the researchers adopted a (Bothma & Roodt, 2013) scale including six items. a Likert scale with a maximum of five points, ranging from (1) for Strongly Disagree to (5) for Strongly Agree. Using Google Forms to administer the online questionnaire, data were gathered through an electronic interrogation procedure. 365 of the 411 responses we received were preserved for analysis. The three-month period from Jan 2023 to March 2023 that the data were collected. SPSS and Amos Ver.18 were employed for the data analysis.

***Reliability of the Field Study's Measures***

**Table 1. shows the CR, AVE, and Cronbach's Alpha coefficients.**

<b>variables</b>	<b>Alfa</b>	<b>CR</b>	<b>AVE</b>
<b>Psychological Burnout</b>	0.827	0.836	0.737
<b>Compassion Fatigue</b>	0.823	0.834	0.771
<b>Turnover Intentions</b>	0.835	0.844	0.782

Table 1 displays the reliability and validity indices for the three study variables: Psychological Burnout, Compassion Fatigue, and Turnover Intentions. Among the indices are Cronbach's Alpha, Composite Reliability (CR), and Average Variance Extracted (AVE).

Psychological Burnout; Cronbach's Alpha = 0.827 indicates a high level of internal consistency, indicating that the items on the scale are closely related and measure Psychological Burnout with high reliability. Composite Reliability (CR): 0.836 also suggests a high level of reliability. The CR value exceeds the prescribed threshold of 0.7, indicating that the scale's construct validity is high. Average Variance Extracted (AVE): 0.737 is greater than the recommended cutoff of 0.5, indicating sufficient convergent validity. This indicates that the scale's items adequately capture the core concept of Psychological Burnout.

Compassion Fatigue; Cronbach's Alpha = 0.823 indicates a high level of internal consistency, indicating that the scale's items accurately measure Compassion Fatigue. Composite Reliability (CR): 0.834 exceeds the recommended threshold of 0.7, indicating that the Compassion Fatigue scale has acceptable construct validity. Average Variance Extracted (AVE): 0.771

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exceeds the recommended minimum of 0.5, indicating adequate convergent validity. The scale's items effectively capture the concept underpinning compassion fatigue.

Turnover Intentions; Cronbach's Alpha = 0.835 indicates a high degree of internal consistency, indicating that the items on the scale accurately measure Turnover Intentions. Composite Reliability (CR): 0.844 is above the recommended threshold of 0.7, indicating that the Turnover Intentions scale has acceptable construct validity. Average Variance Extracted (AVE): 0.782 is significantly greater than the recommended threshold of 0.5, indicating sufficient convergent validity. The scale's items effectively capture the concept underlying Turnover Intentions.

In conclusion, the table demonstrates that all three scales (Psychological Burnout, Compassion Fatigue, and Turnover Intentions) exhibit strong internal consistency, construct validity, and convergent validity, indicating that the scales are valid and reliable measures of their respective constructs within the context of the study.

***Data analysis***

**Table 2. Correlation Matrix**

<b>variables</b>	<b>Psychological Burnout</b>	<b>Compassion Fatigue</b>	<b>Turnover Intentions</b>
<b>Psychological Burnout</b>	1		
<b>Compassion Fatigue</b>	0.904**	1	
<b>Turnover Intentions</b>	0.746**	0.772**	1

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table 2 displays a correlation matrix for psychological burnout, compassion fatigue, and turnover intentions. Correlation coefficients range from -1 to 1, with positive values suggesting a positive relationship and negative values indicating a negative relationship between variables.

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Psychological burnout and compassion fatigue have a correlation coefficient of 0.904, indicating a strong positive correlation. Compassion Fatigue tends to increase in tandem with Psychological Burnout.

Psychological Burnout and Turnover Intentions: The correlation coefficient between these two variables is 0.746, indicating a reasonably significant positive association. Turnover Intentions are likely to grow when Psychological Burnout increases.

The correlation coefficient between compassion fatigue and turnover intentions is 0.772, indicating a moderately significant positive association.

Var.	R	R <sup>2</sup>	Beta	F	Sig	Status
Psychological Burnout	0.746 <sup>a</sup>	0.556	0.543	455.487	0.001 <sup>b</sup>	Accepted

a. Predictors: (Constant), Turnover Intentions

Turnover Intentions tend to increase as Compassion Fatigue increases.

**Testing H1: Psychological burnout is positively associated with turnover intentions among Nursing Staff in The Governmental Sector in Egypt**

**Table 3. Regression Analysis of Psychological Burnout and Turnover Intentions**

Table 3 displays the regression analysis results examining the relationship between Psychological Burnout and Turnover Intentions in the Egyptian public sector nursing workforce. The table contains several important statistics:

- **R:** Psychological Burnout and Turnover Intentions have a correlation coefficient of 0.746, indicating a moderately strong positive relationship.
- **R<sup>2</sup>:** The coefficient of determination (R<sup>2</sup>) is 0.556, which indicates that Psychological Burnout explains 55.6% of the variance in Turnover Intentions. This suggests that Psychological Burnout contributes significantly to explaining Turnover Intentions among nursing personnel in the Egyptian government sector.
- **Beta:** The standardized regression coefficient (Beta) for Psychological Burnout is 0.543, which indicates that as Psychological Burnout increases

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by one standard deviation, Turnover Intentions increase by 0.543 standard deviations, all other variables being held constant.

- **F:** The F-statistic for the regression model is 455.487, which measures its overall significance. A high F-value signifies that the model fits the data well.
- **Sig:** The significance level (Sig) is 0.001, which is less than the commonly used threshold of 0.05, indicating that there is a statistically significant

Var.	R	R <sup>2</sup>	Beta	F	Sig	Status
<b>Psychological Burnout</b>	0.904 <sup>a</sup>	0.817	0.646	1617.681	0.001 <sup>b</sup>	Accepted

a. Predictors: (Constant), Compassion fatigue

relationship between Psychological Burnout and Turnover Intentions.

**Testing H2: Psychological burnout is positively associated with Compassion fatigue among Nursing Staff in The Governmental Sector in Egypt**

**Table 4. Regression Analysis of Psychological Burnout and Compassion Fatigue**

Table 4 displays the regression analysis results examining the relationship between Psychological Burnout and Compassion Fatigue in the Egyptian public sector nursing workforce. The table contains several important statistics:

- **R:** The correlation coefficient (R) between Psychological Burnout and Compassion Fatigue is 0.904, indicating that there is a strong positive relationship between the two variables.
- **R<sup>2</sup>:** The coefficient of determination (R<sup>2</sup>) is 0.817, which indicates that Psychological Burnout explains 81.7% of the variance in Compassion Fatigue. This suggests that Psychological Burnout significantly contributes to explaining Compassion Fatigue among nursing personnel in the Egyptian government sector.
- **Beta:** The standardized regression coefficient (Beta) for Psychological Burnout is 0.646, which indicates that as Psychological Burnout increases

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by one standard deviation, Compassion Fatigue increases by 0.646 standard deviations, all other variables being held constant.

- **F:** The F-statistic, which quantifies the significance of the regression model, is 1617.681. A high F-value signifies that the model fits the data well.
- **Sig:** The significance level (Sig) is 0.001, which is below the commonly employed threshold of 0.05, indicating that the relationship between Psychological Burnout and Compassion Fatigue is statistically significant.

***Testing H3: Compassion fatigue is positively associated with turnover***

Var.	R	R <sup>2</sup>	Beta	F	Sig	Status
Compassion fatigue	0.772 <sup>a</sup>	0.595	0.786	533.987	0.001 <sup>b</sup>	Accepted

a. Predictors: (Constant), Turnover Intentions

***intentions among Nursing Staff in The Governmental Sector in Egypt***

**Table 5. Regression Analysis of Compassion Fatigue and Turnover Intentions**

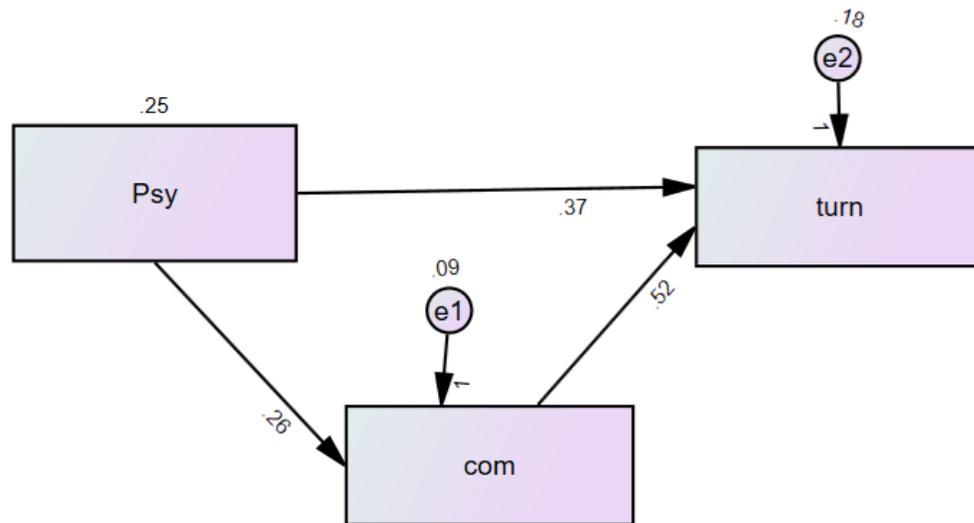
**Table 5 displays the regression analysis results examining the relationship between Compassion Fatigue and Turnover Intentions among nursing staff in the Egyptian government sector. The table contains several important statistics:**

- **R:** The correlation coefficient between Compassion Fatigue and Turnover Intentions is 0.772, indicating a moderately strong positive relationship.
- **R<sup>2</sup>:** The coefficient of determination (R<sup>2</sup>) is 0.595, indicating that Compassion Fatigue explains 59.5% of the variance in Turnover Intentions. This suggests that Compassion Fatigue contributes significantly to explaining Turnover Intentions among nursing staff in the Egyptian government sector.
- **Beta:** The standardized regression coefficient (Beta) for Compassion Fatigue is 0.786, indicating that, holding all other variables constant, as Compassion Fatigue increases by one standard deviation, Turnover Intentions increase by 0.786 standard deviations.

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- **F:** The F-statistic for the regression model is 533.987, which measures its overall significance. A high F-value signifies that the model fits the data well.
- **Sig level:** is 0.001, which is less than the generally accepted threshold of 0.05, indicating that the relationship between Compassion Fatigue and Turnover Intentions is statistically significant.

**Testing H4: Compassion fatigue mediates the relationship between**



*psychological burnout and turnover intentions among Nursing Staff in The Governmental Sector in Egypt*

*Fig 2. Model*

**Table 6. The multiple regression weight between constructs**

Variable	Path	variable	Est.	S.E.	C.R	P
Compassion fatigue	<---	Psychological Burnout	.265	.031	40.276	***
Turnover Intentions	<---	Psychological Burnout	.365	.105	3.468	***
Turnover	<---	Compassion	.522	.075	6.935	***

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**Intentions**

**fatigue**

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Table 6 displays the results of a multiple regression analysis of the relationships between Psychological Burnout, Compassion Fatigue, and Turnover Intentions among nursing staff in the Egyptian government sector.

The model's paths are statistically significant, suggesting Psychological Burnout is positively associated with Compassion Fatigue and Turnover Intentions. Compassion Fatigue is positively associated with Turnover Intentions. This suggests that as Psychological Burnout increases, so do Compassion Fatigue and Turnover Intentions. Similarly, Turnover Intentions tend to increase when Compassion Fatigue increases.

To determine the nature and magnitude of the association between compassion fatigue as an intermediate variable in the relationship between psychological burnout and turnover intentions and to test the validity of this hypothesis, the researcher used SPSS and Multiple Regression Analysis. Through the programme, the relationship paradigm was examined.

In two cases, the researcher utilized regression and multiple correlation analyses on psychological burnout as the independent variable and turnover intentions as the dependent variable Barron & Kenny (1986):

- In the absence of the compassion fatigue variable
- In the second case, the compassion fatigue variable is present.

The researcher can determine the role of compassion fatigue as a mediator in the relationship between psychological fatigue and turnover intentions by comparing the outcomes of these two cases. If the relationship between psychological burnout and turnover intentions weakens or significantly shifts when compassion fatigue is included in the model, this would suggest that compassion fatigue acts as a mediator, mediating the relationship between psychological burnout and turnover intentions.

**To conduct this analysis using SPSS, the researcher will take the following steps:**

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Without compassion fatigue, I will conduct a regression analysis with psychological burnout as the independent variable and turnover intentions as the dependent variable.

I will conduct a second regression analysis with psychological burnout and compassion fatigue as independent variables and turnover intentions as the dependent variable.

Then Comparing, the coefficients, R-squared values, and significance levels in both models were used to determine the role of compassion fatigue in the relationship between psychological burnout and turnover intention.

First case

**Table 7. Psychological Burnout and Turnover Intentions**

Model	Unstandardized Coefficients		Standardised Coefficients	T	Sig
	B	Std. Error	Beta		
(Constant)	1.845	0.105		17.587	0.001
1 Turnover Intentions	0.543	0.025	.746	21.342	0.001
R	0.746	R <sup>2</sup> 0.556	Sig. 0.001	F 455.487	

The results of a linear regression analysis examining the relationship between psychological burnout and turnover intentions are presented in the table above. The analysis provides insights into the relationship's intensity, direction, and significance. Following is a comprehensive analysis of the results:

Unstandardized Coefficients (B): represent the quantity of change in the dependent variable (psychological burnout) that is associated with a one-unit change in the independent variable (turnover intentions), all other variables being held constant. The constant (intercept) term is 1.845, indicating the psychological burnout level expected when turnover intentions are 0. The unstandardized coefficient for turnover intentions is 0.543, indicating that psychological burnout increases by 0.543% for each unit increase in turnover intentions, all other factors being equal.

Standardized Coefficients (Beta): The standardized coefficients represent, in standardized terms, the strength of the relationship between the

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dependent and independent variables. A coefficient with a greater absolute value indicates a stronger relationship between variables. In this instance, the standardization coefficient for turnover intentions is 0.746%, indicating a strong positive correlation between psychological burnout and turnover intentions.

**T-value:** The T-value or T-statistic is used to test the null hypothesis that there is no relationship between the dependent and independent variables. The T-value for turnover intentions is 21,342, which is significantly greater than the critical T-value (normally around 2 for a 95% confidence level). This suggests that there is a statistically significant relationship between psychological burnout and turnover intentions.

**Significance (Sig):** The significance level (p-value) assesses the probability of observing a T-value as extreme as that predicted by the null hypothesis (no relationship between the variables). The p-value for employee turnover intentions is 0.001, which is lower than the commonly employed significance level of 0.05. This indicates that there is a statistically significant relationship between psychological burnout and turnover intentions so we can reject the null hypothesis.

**R:** The correlation coefficient (R) assesses the strength and direction of a linear relationship between two variables. In this instance, R equals 0.746%, indicating a strong positive correlation between psychological burnout and intentions to leave the organization.

The F-statistic examines the overall significance of the regression model. An F-statistic of 455.487 is significantly greater than the critical F-value indicating that the overall model is statistically significant and can explain a substantial amount of variance in the dependent variable.

In conclusion, the regression analysis results indicate a strong, positive, and statistically significant relationship between psychological burnout and staff turnover intentions.

$$\text{Psychological Burnout} = 1.845 + (0.543 * \text{Turnover Intentions})$$

**Table 8. The Mediating Role of Compassion Fatigue**

Model	Unstandardized Coefficients		Standardised Coefficients	T	Sig
	B	Std. Error	Beta		
1	(Constant)	1.335	0.070	19.085	0.001
	Turnover	0.088	0.025	3.458	0.001

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<b>Intentions</b>					
<b>Compassion</b>	0.579	0.025	0.811	23.301	0.001
<b>Fatigue</b>					
R 0.907	R <sup>2</sup> 0.823		F 839.239	Sig. 0.001	

A multiple linear regression analysis of the relationship between psychological burnout, turnover intentions, and compassion fatigue is presented in the table. The following are the results:

The constant (intercept) is 1.335, indicating that when turnover intentions and compassion fatigue are zero, psychological burnout has an expected value of 1.335.

The unstandardized coefficient for turnover intentions is 0.088, indicating that psychological burnout increases by 0.088 units for each unit increase in turnover intentions, holding compassion fatigue constant.

The unstandardized coefficient for compassion fatigue is 0.579, indicating that psychological burnout increases by 0.579 units for each unit increase in compassion fatigue, assuming turnover intentions remain constant.

Beta represents the relative contribution of each independent variable to the model. The Beta value for turnover intentions is 0.120, whereas the Beta value for compassion fatigue is 0.81. This suggests that compassion fatigue has a greater effect on psychological burnout than turnover intentions an organization.

The p-values (Sig.) indicate that turnover intentions and compassion fatigue have a statistically significant relationship with psychological burnout.

The R value (0.907) represents the correlation between observed and predicted psychological burnout values, indicating a strong relationship between the independent variables (turnover intentions and compassion fatigue) and the dependent variable (psychological burnout).

The R2 value of 0.823% indicates that the model, which incorporates turnover intentions and compassion fatigue, explains 82.3% of the variance in psychological burnout.

The F statistic (839,239) and its associated significance level (Sig. = 0.001) indicate that the overall model is statistically significant, indicating that

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the relationship between the independent and dependent variables is not the result of random chance.

Psychological Burnout = 1.335 + (0.088 \* Turnover Intentions) + (0.579 \* Compassion Fatigue).

**By comparing the results in Tables 6 and 7 to determine the role of compassion fatigue as a mediator between turnover intentions and psychological burnout.**

The R-value increases from 0.746 to 0.907 when compassion fatigue is included as a mediator, demonstrating a greater link between the variables.

R<sup>2</sup> rises from 0.556 to 0.823, showing that including compassion fatigue as a mediator account for an additional 26.7% of the variance in psychological burnout.

The relatively high Beta value of 0.811 for compassion fatigue suggests that it significantly mediates the relationship between turnover intentions and psychological exhaustion.

The F statistic increases from 455.487 to 839.239, while the significance level remains at 0.001, indicating that the model is statistically significant in both instances.

In conclusion, the analysis indicates that compassion fatigue significantly mediates turnover intentions and psychological burnout. Incorporating compassion fatigue into the model increases the variance explained in psychological burnout. It increases the direct effect of turnover intentions, highlighting the significance of incorporating compassion fatigue when examining the relationship between turnover intentions and psychological burnout among nursing staff.

### ***Discussion of Findings***

The current study aimed to examine the relationship between psychological burnout, compassion fatigue, and turnover intentions and examine the mediating role of compassion fatigue in the nursing profession in Egypt's public sector. The study results support all four hypotheses, highlighting the complex relationships between psychological burnout,

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compassion fatigue, and turnover intentions in Egypt's public sector nursing profession.

The current study on nursing staff in the Egyptian government sector aligns well with previous research findings from various settings and countries, reinforcing the notion that psychological burnout plays a significant role in nursing professionals' intentions to leave their positions.

Like Alharbi et al. (2020), Labrague and de Los Santos (2020), and El-Shafei et al. (2021), the present study discovered a strong positive correlation between psychological burnout and turnover intentions among nursing staff. This prevalent finding highlights the need for interventions to address burnout to reduce turnover rates in the nursing profession, regardless of location or culture.

The current study is consistent with the findings of Hinderer et al. (2014), Cocker and Joss (2016), and Fronda et al. (2022), whom all found a positive correlation between compassion fatigue and turnover intentions among nursing staff.

Like Labrague and de Los Santos's (2020) findings, the current study discovered that compassion fatigue mediates the relationship between burnout and the turnover intentions of the organization. This finding emphasizes the importance of considering multiple factors when designing and implementing interventions to reduce fatigue and turnover intentions among nursing staff.

Moreover, the present study's findings are consistent with those of Zhang et al. (2021) and Hinderer et al. (2014), as compassion fatigue was identified as a significant mediator in the relationship between psychological burnout and turnover intentions. This finding suggests that focusing on factors such as compassion fatigue and work engagement may help mitigate exhaustion's effect on intentions to leave the nursing profession.

The current study is consistent with the findings of Hinderer et al. (2014), Cocker and Joss (2016), and Fronda et al. (2022), whom all found a positive correlation between compassion fatigue and turnover intentions among nursing staff.

The researcher argues that psychological burnout may lead to compassion fatigue in various ways. First, nurses suffering from burnout may become emotionally exhausted, making it difficult for them to empathize with

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their patients. This can lead to compassion fatigue over time. Second, A disengaged attitude towards work is a common indicator of burnout. Nurses who are experiencing this may find it difficult to connect emotionally with their patients, adding to compassion fatigue. Third, Feelings of inefficacy, another prevalent sign of burnout, can make nurses feel as though their efforts to aid patients are futile. This can be especially harmful to their ability to empathize and care for others, hastening the onset of compassion fatigue.

The researcher also argues that psychological burnout may lead to turnover intentions. First, emotionally exhausted nurses may struggle to offer appropriate patient care, leading to dissatisfaction and frustration. Emotionally exhausted nurses may opt to leave their work or profession to protect their personal well-being. Second, another facet of burnout is depersonalisation or cynicism. It entails adopting a pessimistic, distant, or cynical attitude towards one's job, coworkers, and patients. Nurses who experience depersonalisation may begin to feel alienated from their profession, making it difficult to find job satisfaction and increasing the probability of job turnover. Third, a component of burnout is a sense of inadequacy or a lack of personal success. Despite their efforts, nurses who believe they are not making a difference may experience a loss in job satisfaction, which may reduce their incentive to stay in their current employment or even in the profession. Fourth, Physical symptoms such as weariness, sleeplessness, and other health issues can result from psychological burnout. These physical symptoms might make it difficult for nurses to perform their duties efficiently, leading many to consider quitting their jobs for the sake of their physical health.

The researcher argues that compassion fatigue may lead to nurses' turnover intentions in various ways. First, Compassion fatigue affects a nurse's personal and work life, affecting relationships, personal health, and general quality of life. Nurses suffering from these impacts may wish to leave their careers to regain personal balance and wellness. Second, Compassion fatigue, like burnout, can undermine work-life balance because emotional and physical exhaustion makes it difficult for nurses to fulfil personal and family commitments. This can result in a situation where abandoning the job or profession is the only plausible alternative for regaining equilibrium. Third,

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Compassion fatigue can result in psychological anguish, including post-traumatic stress disorder (PTSD) symptoms. Invasive thoughts, nightmares, and avoidance behaviours are examples of these symptoms. Nurses experiencing these symptoms may feel compelled to leave their workplace, contributing to turnover intentions.

***Discussion of the recommendations***

**Several recommendations can be made to decrease the levels of psychological burnout, turnover intentions, and compassion fatigue among nursing staff in the public sector based on the findings of the current study and previous research:**

Healthcare organizations should provide nursing employees with stress management and resilience-building programmes. These programmes may consist of seminars, training sessions, and support groups that teach coping strategies, relaxation techniques, and mindfulness practices to aid nurses in managing stress and preventing burnout.

Encourage a workplace culture that makes nursing staff feel valued, appreciated, and acknowledged for their efforts. Encourage open communication and collaboration among team members and acknowledge their contributions with consistent feedback.

Ensure the nursing staff has manageable workloads, adequate staff-to-patient ratios, and sufficient resources to perform their duties effectively. Providing flexible work schedules and sufficient pauses can also aid in preventing burnout and compassion fatigue.

Implement initiatives that promote job satisfaction and organizational commitment among the nursing staff, such as providing competitive compensation and benefits packages, opportunities for professional development and growth, and fostering a sense of belonging and inclusiveness.

Emotional support and mental health services: Provide nursing staff who may be experiencing exhaustion, compassion fatigue, or other mental

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health concerns with access to emotional support and mental health services such as employee assistance programmes, counselling, and therapy services.

Mentorship and peer support: Establish mentorship and peer support programmes to facilitate knowledge-sharing, skill development, and emotional support among nursing staff, especially those new to the profession or confronting difficult circumstances.

Offer training and education on recognizing and addressing compassion fatigue, including strategies for self-care and techniques for maintaining personal and professional boundaries to prevent emotional exhaustion and preserve empathy.

Regularly survey the levels of burnout, compassion fatigue, and turnover intentions among nursing staff, and assess the efficacy of interventions implemented to address these issues. Utilize the collected data to perpetually refine and enhance strategies to promote the health of nursing staff.

By implementing these recommendations, healthcare organizations can reduce the prevalence of psychological burnout, turnover intentions, and compassion fatigue among nursing staff, enhancing their well-being and fostering a more stable, effective, and compassionate healthcare workforce.

### ***Theoretical implications***

The theoretical implications of the present study on psychological burnout, compassion fatigue, and turnover intentions among nursing staff contribute to the extant body of knowledge in several ways:

The study strengthens the relationship between psychological burnout and compassion fatigue, providing additional evidence to support the necessity of addressing both factors in the nursing profession.

Clarifying the mediating role of compassion fatigue: The research emphasizes the mediating role of compassion fatigue in the relationship between psychological burnout and turnover intentions, suggesting that addressing compassion fatigue may increase the effect of burnout on nurses' intentions to quit their jobs.

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Generalizability across cultures: The current study demonstrates that the association between psychological burnout, compassion fatigue, and turnover intentions in the profession is applicable across diverse cultural and healthcare contexts. This result enhances the validity of the theoretical framework.

### ***Practical Implications***

These findings can inform policies and strategies to resolve psychological burnout and compassion fatigue among nursing staff in the public sector.

Healthcare organizations can develop and implement interventions that target psychological burnout and compassion fatigue, such as stress management programmes, mindfulness training, and mental health support groups.

Improve working conditions: Organizations can invest in improving working conditions for nursing personnel by reducing workload, improving nurse-to-patient ratios, and providing additional resources and support.

Encourage a culture of open communication, mutual support, and recognition of nurses' contributions to alleviating feelings of compassion fatigue and exhaustion.

Offering workshops or training programmes on coping strategies, self-care, and recognizing the symptoms of burnout and compassion fatigue can help nurses more effectively manage these challenges.

Regularly evaluating the efficacy of interventions and adjusting based on feedback can assist organizations in optimizing their strategies for addressing psychological depletion and compassion fatigue.

By considering this research's theoretical and practical implications, healthcare organizations can develop evidence-based interventions and policies

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to reduce psychological burnout and compassion fatigue among nursing staff, resulting in improved job satisfaction, retention, and patient outcomes.

***Limitations and future research***

Despite providing valuable insights into the relationships between psychological burnout, compassion fatigue, and turnover intentions among nursing staff in the Egyptian government sector, the present study has several limitations that must be considered.

**Cross-sectional design:** Since this research employs a cross-sectional design, it cannot establish causal relationships between the variables. Future research could use longitudinal designs to comprehend better the causal pathways between psychological burnout, compassion fatigue, and intentions to leave the workforce.

**Generalizability:** The study concentrates on nursing personnel in the Egyptian government sector. Therefore, it is possible that the results cannot be generalized to nursing personnel in other countries or private healthcare settings. Future research could explore these relationships in various contexts to enhance the generalizability of the findings.

The study relies on self-report data, which may be susceptible to social desirability, recall, and other response biases. Future studies should include more objective measurements or integrate self-report data with supervisor ratings or other external assessments to triangulate the results.

The research examines the links between psychological tiredness, compassion fatigue, and turnover intentions. Other significant elements, such as job happiness, organizational support, and personal resilience, may impact these correlations. Future research could investigate the impact of these additional variables to gain a better knowledge of the factors that influence nursing staff turnover intentions.

Cultural characteristics specific to Egypt may influence the links between psychological burnout, compassion fatigue, and turnover intentions in the workplace. Future research could investigate the significance of cultural

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elements in these associations, which could help explain why results varied between cultures.

Future research should strive to address these limitations and expand on the current study's findings to provide a more comprehensive understanding of the factors influencing nursing staff turnover intentions. This knowledge can inform the development of more effective interventions and strategies to enhance the well-being of nursing personnel and, consequently, improve the quality of patient care.

### ***Conclusion***

This study adds to our understanding of the link between psychological burnout, compassion fatigue, and turnover intentions in government-employed nurses. According to the findings, psychological burnout is related to compassion fatigue and turnover intentions. Furthermore, the study identifies compassion fatigue as a mediator in the relationship between psychological burnout and turnover intentions.

Interventions and strategies designed to combat psychological burnout and compassion fatigue among nursing staff. By implementing targeted interventions, improving working conditions, fostering a supportive work environment, providing ongoing education and training, and monitoring the efficacy of these efforts, healthcare organizations can better support nursing staff and improve job satisfaction, retention, and patient outcomes.

Understanding and resolving the factors contributing to burnout and turnover intentions is crucial to ensuring a stable and resilient nursing workforce considering the growing demand for nursing professionals worldwide. By addressing the root causes of psychological burnout and compassion fatigue, healthcare organizations can contribute to the well-being of nursing staff, resulting in a more sustainable and efficient healthcare system.

Both psychological burnout and compassion fatigue pose substantial issues in the nursing profession and contribute significantly to nursing turnover. Burnout, defined as emotional, mental, and physical tiredness due to continuous professional stress, can result in emotions of depersonalisation, decreased personal accomplishment, and overall job unhappiness. Compassion fatigue, on

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the other hand, can occur from the emotional drain of constantly delivering empathy and compassion to suffering patients and can cause physical exhaustion, psychological anguish, diminished job satisfaction, and poor personal life.

Burnout and compassion fatigue have serious consequences, resulting to greater turnover intentions in nurses. This impacts individual nurses' mental and physical health and has broader ramifications for the healthcare system, leading to greater recruiting and training expenses, potential decreases in patient care quality, and overall system instability.

Fostering supportive work environments, maintaining fair workloads, giving resources for emotional support and mental health, and promoting wellness programmes and stress management training are all effective techniques for minimizing these concerns. Recognizing and addressing these concerns early on can assist in retaining qualified nursing personnel, improve patient care, and contribute to a healthy work culture in healthcare settings.

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## الأثر الوسيط للإرهاق العاطفي في العلاقة بين الاحتراق النفسي ونية ترك العمل لدى هيئة التمريض بالقطاع الحكومي في مصر

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### ملخص الدراسة

تهدف الدراسة الحالية إلى دراسة الأثر الوسيط للإرهاق العاطفي في العلاقة بين الاحتراق النفسي ونية ترك العمل لدى هيئة التمريض بالقطاع الحكومي في مصر، بلغ حجم العينة ٣٥٦ مبحوث، استخدم الباحث IBM SPSS AMOS 26 لتحليل البيانات، وأظهرت النتائج وجود علاقة إيجابية بين كل من (الاحتراق النفسي و نية ترك العمل)، (الاحتراق النفسي و الإرهاق العاطفي)، (الإرهاق العاطفي و نية ترك العمل)، كما أظهرت النتائج أن الإرهاق العاطفي يتوسط العلاقة بين الاحتراق النفسي ونية ترك العمل لدى هيئة التمريض، قام الباحث بمناقشة نتائج الدراسة، و أوصى بمجموعة من التوصيات على رأسها أهمية التخفيف من الإجهاد العاطفي لمجتمع الدراسة كونه ذو أهمية في تقليل نية ترك العمل التي يقودها الاحتراق النفسي، قام الباحث أيضاً بمناقشة الآثار النظرية والعملية للدراسة، قيود الدراسة، وتوجهات البحوث المستقبلية.

### الكلمات المفتاحية

الاحتراق النفسي، الإرهاق العاطفي، نية ترك العمل