Examining Compassion Fatigue and Psychological Distress Among Medical Professionals: Evidence from a Cross-Sectional Study in a Provincial Hospital

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ABSTRACT

Healthcare professionals frequently face emotionally demanding situations when caring for patients experiencing illness and trauma, which can lead to compassion fatigue and psychological distress, thereby affecting their performance and well-being. This study examined the levels of compassion fatigue and psychological distress among healthcare professionals working at Jiangxi Provincial People's Hospital in China. A descriptive cross-sectional quantitative research design was employed. Data were collected from 325 healthcare professionals selected through simple random sampling. Standardized instruments were used, including the Compassion Fatigue Scale (CFS) and the Depression Anxiety Stress Scale (DASS). Descriptive statistics, independent-samples t-tests, and Pearson correlation analyses were conducted. Results revealed that respondents experienced relatively high levels of compassion fatigue and moderate levels of psychological distress, indicating that healthcare professionals across multiple disciplines frequently encounter emotional strain associated with patient care and workplace demands. There is a significant negative relationship ($r = -0.461$, $p < .001$) between compassion fatigue and psychological distress. Differences in psychological distress were also observed across age, gender, and years of professional experience. These findings emphasize the importance of institutional strategies aimed at reducing the emotional burden experienced by healthcare professionals. Implementing psychological support programs, stress management interventions, and workplace policies that promote resilience and work–life balance could help mitigate compassion fatigue and improve overall well-being. The findings also provide practical guidance for hospital administrators and healthcare policymakers in designing evidence-based workplace mental health initiatives to strengthen workforce resilience, enhance staff retention, and promote the delivery of high-quality patient care.

Keywords: compassion fatigue, psychological distress, healthcare professionals, coping mechanisms

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I. INTRODUCTION

Healthcare professionals play a crucial role in maintaining public health and providing care to individuals experiencing illness, trauma, and psychological challenges. However, the emotionally demanding nature of healthcare work often exposes professionals to prolonged stress. According to Garnett et al. (2023), healthcare providers frequently experience compassion fatigue due to continuous exposure to patient suffering and emotionally demanding clinical environments. Such conditions may result in adverse psychological outcomes. Among the most commonly reported issues in healthcare settings are compassion fatigue and psychological distress, both of which can significantly affect professional performance, emotional well-being, and the quality of patient care (Marshman et al., 2022).

Compassion fatigue refers to the emotional and physical exhaustion that arises from prolonged exposure to patients' suffering and trauma. Ondrejková and Halamová (2022) describe compassion fatigue as a common occupational hazard among helping professionals who regularly engage with individuals experiencing distress or trauma. Healthcare professionals who consistently empathize with patients may gradually experience a diminished ability to provide emotional support due to cumulative stress and fatigue. This phenomenon has been widely described as the "cost of caring" associated with caregiving professions (Garnett et al., 2023).

Psychological distress, in contrast, is defined as a state of psychological suffering that encompasses symptoms of anxiety, depression, emotional exhaustion, and stress. Cyr et al. (2022) found that healthcare workers reported higher levels of psychological distress when they experienced prolonged occupational stress. Psychological distress may result from excessive workloads, high patient expectations, exposure to critical clinical situations, and inadequate institutional support (Yeşil & Polat, 2023). In Western countries, numerous studies have documented high levels of compassion fatigue and psychological distress among nurses, physicians, and other healthcare professionals. For example, Kartsonaki et al. (2023) reported substantial rates of compassion fatigue, burnout, and mental health symptoms among healthcare workers in clinical settings. However, relatively few studies have examined these issues within Chinese healthcare settings, where cultural factors, workplace dynamics, and healthcare policies may influence psychological outcomes differently. Therefore, local studies are needed to better understand the experiences of healthcare professionals in China.

Several demographic factors have been identified as important correlates of compassion fatigue and psychological distress among healthcare professionals. In a recent scoping review, Noor et al. (2025) found that age and gender were consistently associated with compassion fatigue across helping professions, with younger and less experienced practitioners being more likely to experience compassion fatigue because of their limited clinical exposure and less developed coping resources. Similarly, Koutra et al. (2025) reported that professional experience was associated with differences in burnout, compassion fatigue, and compassion satisfaction, suggesting that prolonged exposure to emotionally demanding clinical environments may alter healthcare workers' psychological responses over time. Gender has also been recognized as an important determinant of emotional well-being. Jarrad et al. (2025) found significant gender differences in depression, compassion fatigue, and resilience among nurses, highlighting

the importance of considering gender when assessing psychological outcomes. Collectively, these findings provide empirical support for examining the influence of age, gender, and professional experience on compassion fatigue and psychological distress among healthcare professionals working in a provincial hospital in China.

This study focuses on healthcare professionals (physicians, nurses, pharmacists, medical technologists, radiologic technologists, therapists, psychologists, paramedics, and other allied health professionals involved in patient care) working at Jiangxi Provincial People's Hospital, a major healthcare institution that serves a large patient population. These professionals represent one of the most critical groups within the healthcare system because they interact directly with patients and spend considerable time providing care. Their close and continuous contact with patients places them at greater risk of experiencing emotional strain and compassion fatigue. Although recent studies worldwide have examined compassion fatigue and psychological distress, relatively few have investigated these psychological outcomes across diverse groups of healthcare professionals in Chinese provincial hospitals. Furthermore, there is limited empirical evidence regarding the influence of demographic characteristics on compassion fatigue and psychological distress in this setting, particularly with respect to age, gender, and years of professional experience. Addressing these gaps is important for identifying vulnerable groups and informing institutional interventions that promote the psychological well-being of healthcare professionals.

The primary purpose of this study is to assess the levels of compassion fatigue and psychological distress among healthcare professionals at Jiangxi Provincial People's Hospital. Specifically, the study seeks to determine whether demographic characteristics such as age, gender, and years of professional experience are associated with these psychological outcomes. Additionally, it examines the relationship between compassion fatigue and psychological distress.

The study seeks to answer the following research questions:

1. What are the demographic characteristics of the respondents in terms of age, gender, and years of professional experience?
2. What is the level of compassion fatigue among healthcare professionals?
3. What is the level of psychological distress experienced by the respondents?
4. Are there significant differences in compassion fatigue and psychological distress according to respondents' demographic characteristics?
5. Is there a significant relationship between compassion fatigue and psychological distress?
6. What intervention strategies may be proposed to reduce compassion fatigue and psychological distress among healthcare professionals?

By addressing these questions, the study aims to contribute to the fields of clinical psychology and occupational health by providing empirical evidence on the emotional experiences of healthcare professionals in China. The findings may also assist healthcare institutions in designing evidence-based support programs that promote psychological well-being and resilience among healthcare professionals.

II. METHODS

Research Design

This study employed a descriptive cross-sectional quantitative research design. A descriptive cross-sectional design is appropriate for describing population characteristics and examining relationships among variables without manipulating them. In this study, the design was used to assess the levels of compassion fatigue and psychological distress among healthcare professionals and to examine the statistical relationship between these variables. Data were collected through standardized self-administered questionnaires, allowing the collection of measurable numerical data suitable for statistical analysis. The quantitative approach enabled the researcher to summarize patterns, identify differences across demographic characteristics, and determine the relationship between compassion fatigue and psychological distress among the participants.

Participants

The participants consisted of healthcare professionals (physicians, nurses, pharmacists, medical technologists, radiologic technologists, therapists, psychologists, paramedics, and other allied health professionals involved in patient care) working at Jiangxi Provincial People's Hospital. The target population comprised approximately 2,341 eligible healthcare professionals employed at the hospital. From this population, a sample of 325 participants was determined using statistical sampling procedures with a 5% margin of error. Participants were selected through simple random sampling to ensure that each eligible healthcare professional had an equal probability of being included in the study. Eligible participants were required to have at least three years of professional experience at the hospital.

Research Instruments

Three standardized instruments were used to collect data in this study.

Compassion Fatigue Scale (CFS)

Compassion fatigue was measured using the Compassion Fatigue Scale developed by Figley (1995). The instrument consists of 66 items measuring three dimensions: compassion satisfaction, burnout, and secondary traumatic stress among helping professionals. Respondents rated each statement using a Likert-type scale ranging from 0 (never) to 5 (very often). Previous studies have reported good internal consistency for the scale, with Cronbach's alpha coefficients typically ranging from .80 to .90, indicating good reliability in measuring compassion fatigue among healthcare professionals.

Depression Anxiety Stress Scale (DASS-42)

Psychological distress was measured using the Depression Anxiety Stress Scale (DASS-42) developed by Lovibond and Lovibond (1995). The instrument contains 42 items assessing three emotional states: depression, anxiety, and stress. Respondents rated the frequency of each symptom using a four-point Likert-type scale ranging from 0 (never) to 3 (almost always). The DASS-42 has been widely used in psychological research and has demonstrated strong reliability, with reported Cronbach's alpha values typically

above .90 for the overall scale and above .80 for each subscale, indicating high internal consistency.

Data Collection Procedure

Prior to data collection, permission was obtained from the hospital administration to conduct the study. Participants were informed about the purpose of the research and provided informed consent before completing the questionnaires. The questionnaires were distributed through an online survey platform to facilitate participant recruitment and data collection. Respondents received instructions on completing the survey, and the researcher ensured that all responses remained anonymous and confidential.

Data Analysis

Quantitative data were analyzed using descriptive and inferential statistical techniques. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the demographic characteristics of the respondents and the levels of compassion fatigue and psychological distress. Inferential statistics were employed to examine differences and relationships among the variables. Independent-samples t-tests and analysis of variance (ANOVA) were used to determine significant differences in compassion fatigue and psychological distress according to demographic characteristics such as age, gender, and years of professional experience. Pearson product–moment correlation analysis was conducted to examine the relationship between compassion fatigue and psychological distress.

Ethical Considerations

Ethical guidelines were strictly followed throughout the research process. Approval to conduct the study was obtained from the administration of Jiangxi Provincial People's Hospital prior to data collection. Participation was voluntary, and respondents were fully informed about the purpose of the research before completing the questionnaire. Participants were also informed that they could withdraw from the study at any time without penalty. Confidentiality and anonymity were maintained by not collecting personally identifiable information and by storing all study data in password-protected files accessible only to the researcher. The data were used solely for research purposes.

III. RESULTS

Demographic Characteristics of Respondents

A total of 325 healthcare professionals participated in the study. Table 1 summarizes the demographic characteristics of the respondents in terms of gender, age, and years of professional experience. The results indicate that the majority of respondents were female (88.6%), reflecting the gender composition of the study sample. A large proportion of respondents were relatively young, with 38.5% aged below 25 years and 33.8% aged 25–30 years, suggesting that the workforce consisted largely of early-career healthcare professionals.

Table 1.
Demographic Characteristics of Respondents (N = 325)

Variable	Category	n	%
Gender	Male	37	11.40
	Female	288	88.60
Age	Below 25	125	38.50
	25–30	110	33.80
	31–35	68	20.90
	≥36	22	6.80
Years of Experience	<3 years	117	36.00
	4–6 years	115	35.40
	7–9 years	70	21.50
	≥10 years	23	7.10

These findings are consistent with reports indicating that women comprise a substantial proportion of the healthcare workforce and that younger professionals represent an important segment of newly entering healthcare personnel (Kartsonaki et al., 2023).

Level of Compassion Fatigue

The level of compassion fatigue among respondents was measured using the Compassion Fatigue Scale (CFS). The overall composite mean for compassion fatigue indicators was 3.45, interpreted as "Always," indicating that respondents frequently reported experiences associated with compassion fatigue in their professional practice.

The results reveal that several items related to emotional exhaustion and professional strain received particularly high scores. The highest-ranked statement was "I have thoughts that I am a 'failure' as a medical professional" with a weighted mean of 3.74, interpreted as "Always." This suggests that many respondents frequently experienced self-doubt or feelings of professional inadequacy. Such feelings may reflect the high expectations placed on healthcare professionals, for whom errors can have serious consequences for patient health and safety.

Similarly, the statement "I felt depressed as a result of my work" received a weighted mean of 3.73, while "I find it difficult separating my personal life from my medical professional life" also obtained a weighted mean of 3.73, ranking second. These results indicate that respondents frequently experienced emotional strain and difficulty maintaining work–life boundaries. The inability to separate personal life from professional responsibilities has been recognized as a common characteristic of compassion fatigue, as healthcare professionals often carry the emotional burden of patient care into their personal lives.

The findings further illustrate the psychological demands of healthcare work. For instance, "I have felt weak, tired, and run down as a result of my work as a medical professional" obtained a weighted mean of 3.72, while "I feel like I have tools and resources that I need to do my work as a medical professional" and "Although I have to do paperwork that I don't like, I still have time to work with those I help" both obtained

weighted means of 3.70. These findings suggest that although respondents experienced substantial emotional and physical fatigue, they also perceived that they possessed adequate professional resources to fulfill their responsibilities.

The results also highlight the complex emotional experiences associated with caregiving. Statements such as "I am preoccupied with more than one person I help" (WM = 3.66) and "I have been in danger working with people I help" (WM = 3.69) reflect the demanding and sometimes risky nature of healthcare work. At the same time, respondents reported positive aspects of their profession. For example, "I like my work as a medical profession" obtained a weighted mean of 3.63, indicating that despite experiencing fatigue and emotional strain, respondents continued to demonstrate strong professional commitment.

Overall, the consistently high weighted means across many items indicate that healthcare professionals frequently reported emotionally demanding experiences associated with compassion fatigue. These findings suggest that respondents were regularly exposed to stressful circumstances, including patient suffering, emotional demands, and heavy workloads. This finding is consistent with previous studies indicating that healthcare professionals are particularly vulnerable to compassion fatigue because of their continuous exposure to patients' trauma and suffering (Garnett et al., 2023; Yeşil & Polat, 2023). Previous research has also shown that compassion fatigue is common among healthcare professionals working in high-stress clinical environments, particularly those involved in direct patient care (Zhang et al., 2022).

Level of Psychological Distress

Psychological distress among respondents was assessed using the Depression Anxiety Stress Scale (DASS). The results show an overall composite mean of 2.16, interpreted as "Rarely." This indicates that although respondents reported emotional strain in their work, severe symptoms of psychological distress were not frequently reported.

Among the indicators, the highest-rated statement was "I felt that I was using a lot of nervous energy," which obtained a weighted mean of 2.30. This suggests that respondents frequently reported experiencing mental tension or psychological strain while performing their duties. Other relatively highly rated indicators include "I found it hard to wind down" and "I had difficulty in swallowing," both with weighted means of 2.29, as well as "I found it difficult to relax" with a weighted mean of 2.26. These responses suggest that respondents experienced symptoms commonly associated with stress, including tension, restlessness, and difficulty relaxing.

Additionally, emotional indicators such as "I felt that life wasn't worthwhile" and "I felt down-hearted and blue" both obtained weighted means of 2.26, indicating that some respondents occasionally reported feelings of sadness or discouragement. Similarly, "I found myself getting upset rather easily" (WM = 2.24) and "I felt that I had nothing to look forward to" (WM = 2.24) suggest that emotional sensitivity and occasional pessimistic thoughts were present among some respondents. However, many indicators associated with more severe psychological distress received lower scores. For example, "I found it difficult to tolerate interruptions to what I was doing" obtained the lowest weighted mean (1.98), indicating that respondents rarely experienced this

symptom. Likewise, "I could see nothing in the future to be hopeful about" (WM = 1.98) and "I found it difficult to work up the initiative to do things" (WM = 2.00) were also interpreted as rarely experienced symptoms.

Overall, the findings indicate that while healthcare professionals occasionally reported symptoms of stress and emotional tension, more severe manifestations of psychological distress were reported less frequently. This pattern may reflect the influence of individual coping strategies, professional experience, workplace support, or other unmeasured factors. These findings are consistent with previous research suggesting that healthcare professionals experience varying degrees of stress and emotional strain in demanding clinical environments (El-Ashry et al., 2023; Akçay et al., 2025). Exposure to critical medical situations, heavy workloads, and responsibility for patient outcomes may contribute to these experiences among healthcare professionals.

Differences in Compassion Fatigue by Demographic Variables

Table 2 presents the results of the analysis examining differences in compassion fatigue and psychological distress across respondents grouped according to demographic characteristics. The results show that gender did not significantly influence compassion fatigue among respondents (F = 0.389, p = 0.533). Since the p-value exceeded the significance level of 0.05, the null hypothesis was not rejected, indicating that male and female respondents reported similar levels of compassion fatigue. This suggests that the emotional demands of caregiving may affect healthcare professionals similarly regardless of gender.

Table 2.

Differences in Assessment in Compassion Satisfaction / Fatigue Self-Exam for Medical Professional and Psychological Distress when grouped to Profile Variables

Compassion Fatigue	**F-value**	**p-value**	**Interpretation**	**Decision**
Gender	0.389	0.533	Not Significant	Failed to Reject
Age	11.578	<0.001	Significant	Reject
Working Years	9.222	<0.001	Significant	Reject
Psychological Distress				
Gender	4.664	0.032	Significant	Reject
Age	2.814	0.039	Significant	Reject
Working Years	4.683	0.003	Significant	Reject

Note: Significant at p-value < 0.05; R – Rejected; FR – Failed to Reject; S – Significant; NS – Not Significant

However, age and years of professional experience were found to be significantly associated with compassion fatigue. Age showed a statistically significant difference (F = 11.578, p < 0.001), while years of professional experience also showed a significant difference (F = 9.222, p < 0.001). These findings suggest that compassion fatigue varies according to the age and experience of healthcare professionals. Younger healthcare professionals may be more vulnerable to compassion fatigue because they are still

adapting to emotionally demanding clinical environments while developing professional confidence and resilience, a pattern similarly reported by Noor et al. (2025). Likewise, healthcare professionals with fewer years of experience may have had fewer opportunities to develop effective coping strategies and emotional regulation skills, increasing their susceptibility to occupational stress, as also noted by Koutra et al. (2025). In contrast, more experienced healthcare professionals may be better equipped to manage emotionally challenging situations through accumulated clinical expertise, stronger professional support networks, and adaptive coping strategies developed over time, consistent with the findings of Jarrad et al. (2025).

In contrast, psychological distress showed significant differences across all demographic variables. Gender showed a significant difference ($F = 4.664$, $p = 0.032$), indicating that psychological distress levels differed between male and female respondents. Age ($F = 2.814$, $p = 0.039$) and years of professional experience ($F = 4.683$, $p = 0.003$) also showed significant differences, suggesting that psychological distress varied according to respondents' life stage and professional experience. These findings indicate that demographic characteristics may influence the psychological experiences of healthcare professionals.

Relationship Between Compassion Fatigue and Psychological Distress

Pearson product–moment correlation analysis was conducted to determine whether compassion fatigue was related to psychological distress among healthcare professionals. As shown in Table 3, the results revealed a statistically significant negative correlation between compassion fatigue and psychological distress ($r = -0.461$, $p < 0.001$). Since the p-value was lower than the significance level of 0.05, the null hypothesis was rejected, indicating a statistically significant relationship between the two variables. The correlation coefficient of −0.461 indicates a moderate inverse relationship, suggesting that higher levels of one variable were associated with lower levels of the other.

Table 3.

Relationship between Compassion Satisfaction / Fatigue Self-Exam for Medical Professional and Psychological Distress

Compassion Satisfaction / Fatigue Self-Exam for Medical Professional	r-value	p-value	Interpretation	Decision
	-0.461	<0.001	Significant	Reject

Legend: Significant at p-value < 0.05; R – Rejected; FR – Failed to Reject; S – Significant; NS – Not Significant

This finding indicates that compassion fatigue and psychological distress moved in opposite directions within this sample. The reasons for this inverse association warrant further investigation, as it differs from the pattern commonly reported in the literature. Previous studies have generally found that compassion fatigue is associated with adverse mental health outcomes among healthcare professionals, including emotional exhaustion, burnout, and psychological distress, particularly in high-pressure clinical environments (Boitet et al., 2023; Stevens & Al-Abbadey, 2024).

IV. DISCUSSION

The findings of this study provide important insights into the psychological experiences of healthcare professionals working in clinical settings. The results indicate that healthcare professionals at Jiangxi Provincial People's Hospital experienced notable levels of compassion fatigue and psychological distress, highlighting the emotional challenges associated with caregiving professions. The demographic findings revealed that the majority of respondents were female and relatively young. This pattern is consistent with the demographic composition of the study sample and suggests that many respondents were at the early stages of their careers. Early-career healthcare professionals may be particularly vulnerable to emotional stress because of their limited professional experience and the challenges associated with adapting to demanding clinical environments.

The findings indicate that compassion fatigue is a prevalent concern among healthcare professionals, reflecting the emotional demands associated with continuous patient care. Healthcare professionals who regularly interact with patients experiencing trauma or severe illness are particularly vulnerable to developing compassion fatigue (Marshman et al., 2022). Although the respondents reported relatively low levels of psychological distress, the results suggest that the cumulative effects of workplace stress and emotional strain may still influence their mental well-being. Previous studies have similarly shown that prolonged exposure to stressful clinical environments can contribute to emotional exhaustion and burnout among healthcare professionals (Cyr et al., 2022).

The results also revealed a statistically significant negative correlation between compassion fatigue and psychological distress ($r = -0.461$, $p < 0.001$). This finding indicates an inverse association between the two variables within the study sample. This pattern differs from that reported in much of the existing literature, which has generally identified positive associations between compassion fatigue and adverse mental health outcomes among healthcare professionals (Yeşil & Polat, 2023). Consequently, the reasons underlying this inverse relationship warrant further investigation. Regardless of the direction of the association, the findings underscore the importance of implementing supportive interventions that promote the psychological well-being of healthcare professionals. Studies have shown that compassion-based training programs and mindfulness interventions can improve emotional resilience and reduce burnout among healthcare professionals (Román-Sánchez et al., 2022; Bodini et al., 2022). Additionally, nurse-led intervention programs have been shown to reduce compassion fatigue and improve psychological well-being (Partlak Günüşen et al., 2022).

Healthcare organizations should therefore prioritize strategies that promote mental health and resilience among healthcare professionals. Such strategies may include psychological counseling services, stress management workshops, peer support programs, and workload management policies. Institutional support can play a crucial role in preventing burnout and helping healthcare professionals maintain their ability to provide compassionate care. Furthermore, creative and therapeutic interventions, such as art therapy programs, have shown promise in reducing psychosocial distress among healthcare professionals (Tjasink et al., 2023). Encouraging healthcare professionals to engage in self-care practices may also help mitigate the effects of compassion fatigue and

enhance overall well-being (Rivera-Kloeppel & Mendenhall, 2023). Overall, the findings emphasize the need for healthcare institutions to recognize compassion fatigue as a significant occupational risk and to develop comprehensive support systems for healthcare professionals.

V. CONCLUSION

This study investigated the levels of compassion fatigue and psychological distress among healthcare professionals at Jiangxi Provincial People's Hospital. The findings indicate that healthcare professionals frequently encounter emotional strain in the course of patient care, which can influence their psychological well-being. The results also revealed a significant relationship between compassion fatigue and psychological distress. This reported correlation coefficient ($r = -0.461$) shows that the relationship was inverse, indicating that higher levels of one variable were associated with lower levels of the other within the study sample. These findings emphasize the need for healthcare institutions to recognize and address the psychological challenges faced by their workforce. Strengthening organizational support systems, promoting healthy work environments, and providing access to mental health resources are important strategies for reducing emotional strain among healthcare professionals. By prioritizing the well-being of healthcare professionals, healthcare institutions can enhance resilience, improve job satisfaction, and ultimately support the delivery of high-quality patient care.

VI. LIMITATIONS AND IMPLICATIONS

Limitations

This study has several limitations. First, the data were collected using self-report questionnaires, which may have introduced response bias because participants could have overestimated or underestimated their experiences of compassion fatigue and psychological distress. Second, the cross-sectional design limits the ability to determine causal relationships between the variables. Third, the respondents were drawn from a single provincial hospital, which may limit the generalizability of the findings to other healthcare settings. Finally, the study examined only basic demographic variables; other factors, such as workload, organizational support, and the workplace environment, were not included despite their potential influence on compassion fatigue and psychological distress (Yeşil & Polat, 2023).

Implications

The findings emphasize the importance of addressing compassion fatigue and psychological distress among healthcare professionals across diverse healthcare disciplines. Hospitals should consider implementing multidisciplinary mental health support programs, stress management training, and resilience-building interventions to support healthcare professionals. Targeted mentoring for younger and less experienced healthcare professionals, together with structured orientation and early-career resilience programs, may help strengthen coping strategies and facilitate adaptation to emotionally demanding clinical environments, particularly in light of the significant differences in compassion fatigue observed across age and years of professional experience. Previous research has shown that compassion-based and mindfulness interventions can improve

psychological well-being and reduce psychological distress among healthcare professionals (Rojas et al., 2023). Additionally, promoting self-care practices and supportive workplace environments may help reduce emotional exhaustion and improve overall job satisfaction among healthcare professionals. Healthcare institutions should also establish multidisciplinary teamwork and peer support programs that encourage collaboration among physicians, nurses, medical technologists, and other allied healthcare professionals to reduce occupational stress and promote psychological well-being. Future research should examine additional organizational and psychological factors associated with compassion fatigue and psychological distress across diverse healthcare settings and evaluate the effectiveness of interventions designed to support the well-being of healthcare professionals.

VII. DISCLOSURE STATEMENT

The authors declare that there was no conflict of interest in this research study.

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