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THE EFFECTS OF COMPASSION FATIGUE ON JOB SATISFACTION AMONG NURSES WORKING IN HEMODIALYSIS UNITS IN BAGHDAD CITY

Master Degree Thesis

MOHAMMED ABDULKAREEM HADI AL-SAEED

Çankırı 2021

The Effects Of Compassion Fatigue On Job Satifaction Among Nurses Working In Hemodialysis Units In Baghdad City

MOHAMMED ABDULKAREEM HADI AL_SAEED

Health Science Institute

Department Of Nursing

Master Degree Thesis

Thesis Supervisor
DR. ÖĞR. ÜYESİ SEHER GÖNEN ŞENTÜRK
Second Supervisor
DR. Safı Dahkil Nawam ALZEYADI

Çankırı 2021

ACCEPTANCE AND APPROVAL

We testify that the Master student (MOHAMMED ABDUL KAREEM HADI AL_SAEED - Student ID :188202009) at Çankırı University - Institute of Health Sciences - Department of Psychiatric and Mental Health Nursing has been examined and defended his thesis entitled (The Effects of Compassıon Fatigue on Job Satısfaction Among Nurses Workıng in Hemodialysis Units in Baghdad City) and after fulfilling all the necessary conditions determined by the relevant regulations, We saw, as jury members whose signatures below, that the thesis (is sufficient to obtain a master's degree in Psychiatric and Mental health nursing).

Date Members of discussion committee:

Thesis supervisor:	**Dr. Öğr. Üyesi Seher GÖNEN ŞENTÜRK** **Çankırı Karatekin University**	**……** **Signature**
Second supervısor:	**Safi Dakhil Nawam ALZEYADI** **University of Karbala**	**……** **Signature**
Committee Member:	**Doç. Dr. Satı DİL** **Çankırı Karatekin University**	**……** **Signature**
Committee Member:	**Dr. Öğr. Üyesi Pınar ÇİÇEKOĞLU ÖZTÜRK** **Muğla Sıtkı Kocaman University**	**……** **Signature**

I confirm the above result
Signature
Prof. Dr.Özcan ÖZKAN
Institute Director

ETHICAL DECLARATION

I present to you, my Master's thesis entitled ((The Effects of Compassıon Fatigue on Job Satısfaction Among Nurses Workıng in Hemodialysis Units in Baghdad City) under the supervision and guidance of my research supervisors including idea and hypothesis and certify that I have written it according to ethics and scientific values, upon which scientific research is based in writing the thesis.

Signature

Date : / / 2021

Student

Mohammed Abdulkareem Hadi Al_Saeed

ACKNOWLEDGMENT

I extend my sincere thanks to Assist. Prof. Dr. Seher GÖNEN ŞENTÜRK, Head of Department of Internal Medicine Nursing at the Institute of Health Sciences, and Dr. Safi Dahkil Nawam Alzeyadi, Chair of fundamental of the nursing department at the University of Karbala college of nursing, and all of the jury members thank them for their beautiful patience and the hard bearing in my direction and guidance, to prepare this work humble. My thanks, appreciation, and love for my family father, mother, lovely wife, and children for their support. I would also like to thank all the professors who expressed their scientific opinion regarding the questionnaire and the research, and I pay homage and appreciation to them for all that they provided to me.

I also extend my sincere thanks to everyone who helped me, near or far, for preparing this humble work.

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ABBREVIATIONS AND SYMBOLS

COVID : Corona Virus Disease

CF : Compassion Fatigue

CF : Compassion Fatigue

CS : Compassion Satisfaction

PTSD : Post-Traumatic Stress Disorger

STSD : Secondary Traumatic Stress Disorger

CKD : Chronic Kidney Disease

JSS : Job Satisfaction Scale

MBI : Maslach Burnout Invertory

WRSI : Work-Related Strain Inventory

MWSQ : Minnesota Work Satisfaction Questionnaire

D.F : Direction Finding

DV : Dependent Variable

INDV : Independent Variable

HS : Highly Significant

NS : Non Significant

ICU : Intensive Care Unit

STS : Secondary Traumatic Stress

SPSS : Statistical Package Of Social Science

ED : Emergency Department

HD : Hemodialysis

PD : Peritoneal Dialysis

WHO : World Health Organization

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Bağdat Şehri Hemodiyaliz Biriminde Çalışan Hemşirelerin Merhamet Yorgunluğunun İş Doyumu Üzerine Etkisi

ÖZET

ALSAEED, Mohammed Abdulkareem Hadi. Bağdat Şehri Hemodiyaliz Biriminde Çalışan Hemşirelerin Merhamet Yorgunluğunun İş Doyumu Üzerine Etkisi, (Yüksek Lisansi), Çankırı, 2021.

Bu araştırma hemodiyaliz ünitelerinde çalışan hemşirelerin merhamet yorgunluğu ve iş doyumu düzeylerini arasındaki ilişkiyi ve etkileyen faktörleri incelemek amacıyla yapılmıştır. Kesitsel tanımlayıcı araştırma tasarımı kullanılan bu çalışmanın örneklemini Irak' ın Bağdat şehrinde yer alan devlet hastanelerinin hemodiyaliz ünitelerinde çalışan 230 hemşire oluşturmuştur. Veriler, sosyo-demografik anket formu, merhamet yorgunluğu ölçeği (CFS) ve hemşirelerin iş doyumu ölçeği (NJSS) kullanılarak 1 Ağustos 2020 ile 15 Kasım 2020 tarihleri arasında online yöntem ile toplanmıştır. Hemodiyaliz hemşirelerinin % 57'sinin orta derece merhamet yorgunluğuna sahip olduğu, % 75.7' sinin işinden memnun olmadığı belirlenmiştir. Hemşirelerin sosyo-demografik özellikleri ile merhamet yorgunluğu ve iş doyumu arasında anlamlı bir ilişki yoktur ($p>0.05$). Hemşirelerin yaklaşık yarısı merhamet yorgunluğu yaşamakta ve yarıdan fazlası işinden memnun değildir. Özellikle genç yaştaki hemşireler merhamet yorgunluğu yaşamakta yaşı büyük hemşirelere göre daha risklidir.

Anahtar Kelimeler: MerhametYorgunluğu, İş Doyumu, Hemşireler, Hemodiyaliz.

The Effects of Compassıon Fatigue on Job Satisfaction Among Nurses Workıng in Hemodialysis Units in Baghdad City

SUMMARY

ALSAEED, Mohammed Abdulkareem Hadi. (The Effects of Compassıon Fatigue on Job Satısfaction Among Nurses Workıng in Hemodialysis Units in Baghdad City, (Yüksek Lisansi), Çankırı, 2021.

It was conducted to examine the relationship between the levels of compassion fatigue and job satisfaction of nurses working in the hemodialysis center and the factors affecting it. The sample of this study, which used a cross-sectional descriptive research design, consisted of 230 nurses working in the hemodialysis units of state hospitals in Baghdad, Iraq. Data were collected online between August 1th 2020 and November 15th 2020, using a socio-demographic questionnaire, compassion fatigue scale (CFS) and nurses' job satisfaction scale (NJSS). It was determined that 57% of the hemodialysis nurses had moderate compassion fatigue, and 75.7% were not satisfied with their jobs. There was no significant relationship between nurses' socio-demographic characteristics, compassion fatigue and job satisfaction ($p>0.05$). About half of the nurses experience compassion fatigue and more than half are dissatisfied with their jobs. Especially young nurses are more risky than older nurses to experience compassion fatigue.

Keywords: Compassion Fatigue, Job Satisfaction, Hemodialysis, Nurse.

1. INTRODUCTION

Compassion fatigue (CF) first coined by Joinson (1992) when researching burnout in nurses who work in emergency departments, she proposed that compassionate nurses, caring people, might bear the traumatic stress of those they help. The healthcare sector is becoming more sensitive to the deep emotional disorders that develop in health care providers as they sense their patients' suffering and pain in the face of chronic diseases, such as cancer. In this journey, healthcare providers are often associating, and the awareness of the effects of caring for chronic diseases on the caregivers is limited (Najjar et al., 2009).

Caring, compassionate caregivers are deemed to be nurses. During times of physical, spiritual, and emotional suffering, persons, families, and entire societies seek nurses for aid, cure, and encouragement. The inherent ability of a nurse to nurture and bear the pain of another as if it is his or her own can be conceived as compassion. So, nurses with persistent giving of themselves are in danger of experiencing "**compassion fatigue**" As nurses, if we have fatigued and worn down, we will not give (Harris & Griffin, 2015a).

Compassion Fatigue is defined as a "caring cost" that is provided to others in Pain, both emotional and physical (Figley, 1982). It is described by exhaustion on both a physical and emotional levels and a sharp alterations in the capacity of the helper to feel empathy for their clients, their families and friends, and their colleagues (Françoise Mathieu, 2007).

The decreased ability or interest of the nurse to be empathic or "client suffers bearing" as well as naturally occurring efforts and emotional reactions as a result of knowing about a traumatic event that occurred or endured by a person. The definition of CF was developed by Figley (1995) as he started to work on the specific working traumatic environment staff and mental health workers, and how they seem to feel the consequences of vicariously experiencing trauma In intensive care unit, if the worker was exposed to large amount of them and had a clear empathic nature, CF seemed to be the result of dealing with traumatized individuals (Adams et al., 2006).

Figley (1995) described secondary traumatic stress as the actual and resultant emotions and behaviors resulting from knowing a significant other's traumatic event, the stress that comes from assisting or trying to assist a traumatized or suffering person. He also described compassion fatigue as a more familiar concept associated with secondary traumatic stress disorder (STSD), which was also recognized by some researchers as a result of counter-

transfer from compassionate caregivers who indirectly experience the trauma endured by their patients. This idea was further connected to the emotional stress encountered by the patient's trauma, which Figley identified as an emotional result incurred by caregivers interacting with patients who have experienced trauma or pain (Owen & Wanzer, 2014).

Compassion is also known as emotion. In Comprehension Oakley refers to the affective component embodied in feeling, including a psychic component, it can be interpreted in terms of the mental tone that influences us and that characteristically permeates our thoughts, desires, and actions in ways that we are unaware of. The psychic quality indicates that for an extended time, compassion influences our lives, not only in the moment, and can exist in feeling absence. For example, in this case, the nurse who manifests compassion will not simply respond with feelings immediately at the suffering time but will care for the patient in a continuing way terms that may not always be expressed. Also, signs of compassion involve displays of behavior such as virtues leading to caring for the benefit of others, a knowledge of suffering, and an ability to engage to alleviate the suffering (Sabo, 2006).

Direct influences on the effectiveness and efficiency of every health-care delivery system, In many countries, the growing nursing shortage and high turnover are major concerns. Nurse recruitment and retention are chronic concerns related to job satisfaction(Lu et al., 2005). In recent times, the nurse's emigration has become a more common and contentious aspect of the study of the healthcare sector. The developed countries of the North are accused of sucking jobs from some of the world's poorest countries, countries that can poorly afford to lose workers in the healthcare sector. The more aggressive recruiting of overseas employees are seen as symptomatic of a failure to resolve the fundamental issues of recruiting and retention and of problems in developed healthcare systems with workforce planning (Bach, 2003).

The quality of nursing care decreases as nurses suffer job dissatisfaction and nurses depart their current jobs or professions (Ali & D.Clint, 2012). Stress can be described as a dynamic relationship between an individual and the environment where certain environmental problems exist. Tasks or incidents are considered to be taxing, beyond the abilities and skills of the individual, or jeopardize his or her well-being. In nursing job stress is common (Yang & Kim, 2012).

The worldwide shortage of nurses and high turnover has become an increasingly significant global problem for both developed and developing countries. In consideration of

this, in several countries, concern about the recruitment and retention of nursing workers is growing. Although various factors have been related to the turnover of nurses, the most frequently cited is job satisfaction (Lu et al., 2005). Job satisfaction is a term closely related to the nursing profession's intent to leave and, therefore, turnover (Coomber & Louise Barriball, 2007a).

1.1. Importance of the Study

"Caring is tiring", and admitting this truth is no shame. One might even go so far as to say that compassion fatigue happens only to the nurse who does their job well (Mendes, 2017). Today, the proportion of acute patients accessing healthcare through emergency departments continues to rise, the number of uninsured clients relying only on emergency department services is rising, and the average patient acuity is rising. Support facilities are limited at the same time, whereas reimbursement and credibility are largely reliant on access to the public patient satisfaction indicators. Because the relationship between gender and compassion satisfaction, job satisfaction, and compassion fatigue in pediatric nurses continues to lack agreement, future research should continue to examine possible interactions between these variables (Roney & Acri, 2018). It is now more important than ever to consider the links between caring, patient satisfaction with nursing care, and patient satisfaction with the healthcare experience (Hooper et al., 2010). Few studies have focused on nurses and their emotional exhaustion, referred to as compassion fatigue, from dealing with traumatized clients Adams et al., 2009). Effectively and efficiently to improve their performance. Nurses, in deciding the quality and cost of healthcare, the largest group of professionals play a significant role. They can be part of the solutions to key health care system issues, it is argued. For administrators and managers of healthcare facilities, concerns such as work satisfaction and organizational involvement for nurses are of greatest priority because of the vital role they play in the success of their facilities. The job satisfaction and organizational engagement of nurses were found to affect the productivity and efficiency of hospitals. Studies have generally found that satisfied staff are more productive and dedicated to their work, while absenteeism, complaints, and turnover are experienced by dissatisfied staff. Besides, job satisfaction was found to be associated with a variable in the nursing profession, including the patient's satisfaction and quality of healthcare (Mehdi et al., 2013).

1.2. Statement of the Problem

A descriptive correlational study was conducted to identify the concept of compassion fatigue, to describe the relationship between compassion fatigue and job satisfaction, evaluate the compassion fatigue, job satisfaction levels in Hemodialysis nurses, and determine compassion fatigue consequences and their effects on job satisfaction. Because of compassion fatigue, consider a heard problem which the nurses complain from it this study conducted on many Hemodialysis nurseswho working in Hemodialysis units in Baghdad City hospitals.

1.3. Objectives of the Study

The study aims:

1. To assess the levels of compassion fatigue among study subjects.
2. To assess the levels of satisfaction among study subjects.
3. To find out the relationship between compassion fatigue and satisfaction among study subjects.
4. To predict the levels of nurses' satisfaction from levels of compassion fatigue.
5. To find out the relationship between compassion fatigue and nurses' satisfaction with some demographic data.

1.4. Hypothesis

H0: Compassion fatigue level of nurses working in hemodialysis unit is not effective on job satisfaction.

H1: Compassion fatigue level of nurses working in the hemodialysis unit is effective on job satisfaction.

1.5. Research question

Are there effects of compassion fatigue on job satisfaction in nurses working in Hemodialysis units?

1.6. Research limitation

There may be some possible limitations in this study:

1. The communication with samples because of COVID-19 pandemic and its consequences (borders, airplanes closure, home quarantine) as i stayed in Turkey for a long time, and the overload on healthcare systems and healthcare workers.
2. The sample size with these circumstances is lower than expected.
3. 1,000 surveys were mailed to the hemodialysis centers members, only 230 were returned.
4. The prevalence of compassion fatigue and job satisfaction has been evaluated at a single point in time, and due to individual work-related circumstances, an individual's evaluation of his or her perceptions can change over time (Stamm, 2010).
5. Low rate of responses was a limitation for this research.
6. Some studies' response rates were not high, either due to the tight working schedules of nurses or lack of interest in the study. Some research methodologically has limitations due to restricted resource availability. Because of voluntary engagement, the nursing literature can be distorted within this restricted study setting (Adriaenssens et al., 2015).

1.7. Implication

While there are some limitations, to protect nurses from these factors, the variables contributing to compassionate fatigue, secondary traumatic stress, and burnout may allow nurses to identify them early. To raise awareness among nurses, more research can be carried out to find the specific causes leading to compassion fatigue. Due to the stressful conditions, they work in, nurses are at risk of developing compassion fatigue. Organizations that provide healthcare should understand that compassion fatigue is a concern and provide all nurses with a network of people who are willing to help, nurses must also cultivate sensibility of compassion fatigue. Interventions should concentrate on encouraging sufficient levels of practice and professional care (in terms of clinical decision-making, interdisciplinary consultation, and collaboration),

1. developing a strong spirit of team, and providing adequate hemodialysis departmental peer support,

2. qualitative leadership of nursing leaders (in supportive relationships, training, encouraging feedback, and provision of creativity and quality assurance opportunities).

3. the reduction of repeated exposure to traumatic situations.

4. the establishment of time-out facilities for (exposed) nurses in hemodialysis units.

5. the preparation of therapy for exposed nurses.

6. the training of nurses in hemodialysis units.

2. GENERAL INFORMATION

The purpose of this research was to better understand nurse's compassion fatigue and job satisfaction. This chapter explored the concepts of compassion fatigue, job satisfaction. The following databases were used: books, PubMed, nursing journals. Forefront the clinical work environment, nurses allow full care to clients who face complicated health problems (physical, psychological, and mental) requiring comprehensive support medical, therapeutic and psychological. Nurses take care of patients from diagnosis to recovery or death. Nurses undergo many stressful experiences that can also be endured effects' empowering (Yılmaz et al., 2018). In all occupations, work is a major source of stress. Stress main cause was job pressure, according to a 2014 national survey by the American Psychological Association, and the American Institute of Stress and other surveys found that chronic work stress affects about one-third of working Americans, with 37 percent indicating they were excellent or very good at handling job stress (American Psychological Association, 2015). In terms of absenteeism, reduced productivity, and employee turnover, high costs are correlated with work-related stress, as are a wide range of physical disorders, from headaches, insomnia to heart and immunological diseases (Abed-Ali et al., 2016).

Compassion is the foundation of the nursing profession. In Gallup polls, nurses have driven as the most trusted profession in both integrity and ethical principles. During periods of stress, acute and chronic disease, trauma, and end-of-life in complex settings, nurses provide care for patients, families, and communities. Both in the home or highly specialized intensive care units, nurses aim to establish a trusted relationship. They promote, advise, and develop health promotion strategies (American Nurses Association, 2015). Because they're the most vulnerable, nurses have both the privilege and the responsibility of engaging with others. They are supposed to provide patient-centered, personalized, holistic appropriate care that would be both age and culture. It is a stressful fact within a nurse's scope of practice to offer treatment to meet the intensive care unit needs of patients who face challenging circumstances (Secor et al., 2015).

2.1. Compassion fatigue

Compassion fatigue is a notion that has gotten a significant interest in past two decades as the difficulties of working in the healthcare profession have become more apparent.

Striving to manage the complicated demands of a burdened health-care system put those in charge of providing services under a huge amount of pressures. Those pressures can lead to an unable to nurture, which is particularly concerning for nurses who are responsible for care with compassion during times of wellness and illness (Nolte et al., 2017).

I first explored the effects of helping the traumatized in 1971. “As there is an acknowledgment that these clients will never completely recover, there is a cost of caring for someone with chronic illness”. In most conditions, the very act of being compassionate and empathic produces a cost (Figley, 2002).

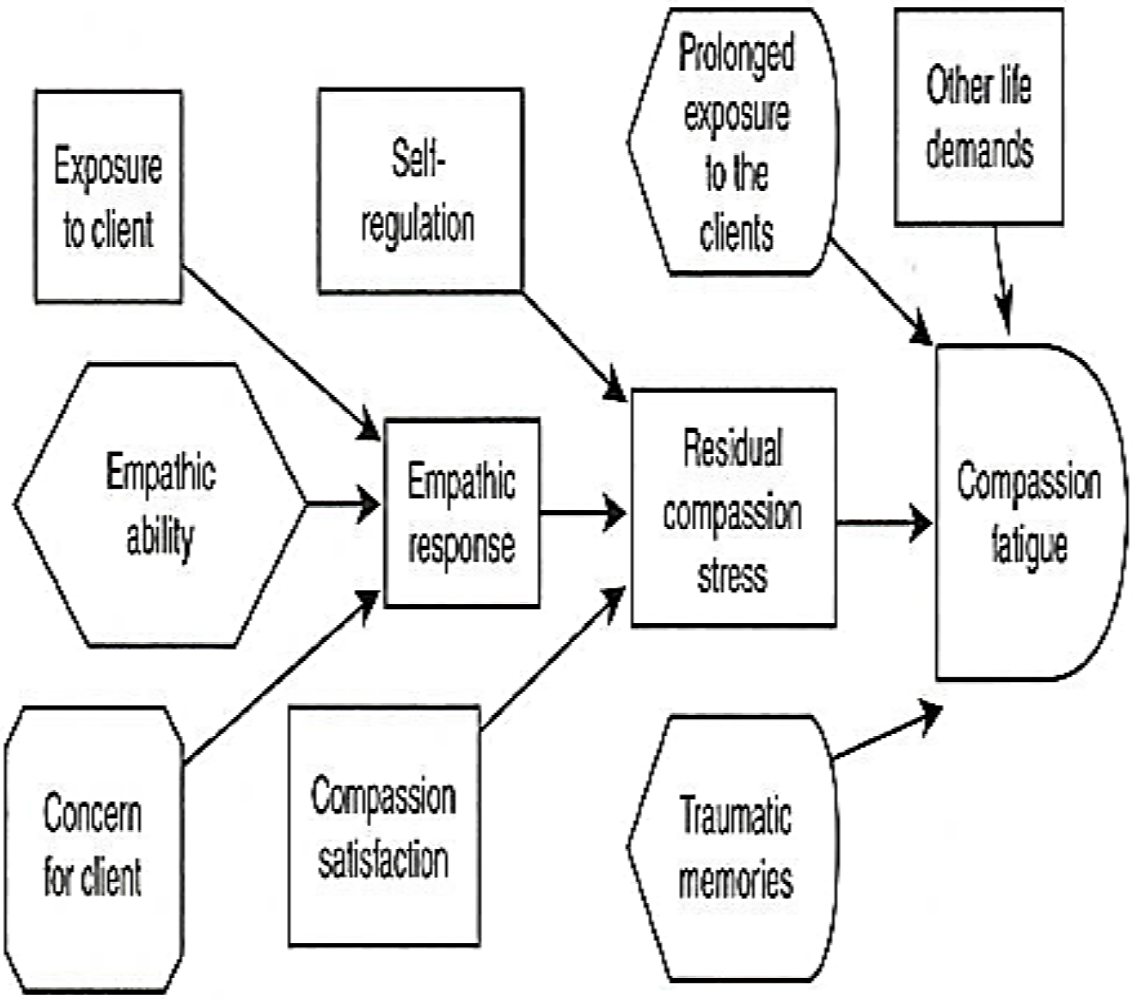


Figure 2.1: Compassion Stress/ Fatigue Model (Figley, 2014).

Joinson (1992) described nurses' compassion fatigue as being 'worn down' by patients' care needs in the emergency department (Flarity et al., 2013). Joinson (1992) and Figley (1995) noted the concepts of compassion fatigue. Figley classification of compassion fatigue based on the principles of burnout and secondary traumatic stress was also referred to it (Branch, Carole and Klinkenberg, 2015).

The concept of secondary traumatic stress disorder equated to compassion fatigue was used by Figley (1995). Secondary traumatic stress disorder has been described as the behaviors and feelings that arise from caring for people with trauma or pain. This pain can be either mental or physical. The behaviors are shown by compassion fatigue caregivers who are by closely following the behavior seen in post-traumatic stress disorder (McGibbon et al., 2010). Figley (2002) described compassion fatigue as a 'tension' arising from repeated exposure to traumatic circumstances and events that happen while caring for others where the patient does not see change by the care provider. Compassion fatigue is defined as a 'traumatizing emotional condition' occurring as a result of nurses focusing on the pain of the patients they care for (Corso, 2012).

The result of burnout and secondary traumatic stress is defined as compassion fatigue. Figley (2002) states the similarity in nature between compassion fatigue (CF) & post-traumatic stress disorder (PTSD). The distinction is that compassion fatigue arises as a consequence of caring for those who experience intensive care units. The distinction is that compassion fatigue arises as a consequence of caring for those who experience intensive care units. Compassion exhaustion has physical, emotional, and social effects for the tired care provider (Fetter, 2012). Valent and Stamm (2002) regard compassion fatigue, burnout as related topics. Valent mentions that compassion fatigue will come and go easily. It is an experience where a patient cannot be shielded from further discomfort or hurt by a caregiver (Yoder, 2010). Reference is made to the premise of Coetzee and Klopper (2010) that compassion fatigue results from an endless flow of self in the others care (Van Sant & Patterson, 2013).

LaRowe's (2005) concept of compassion fatigue refers to the negative emotional effects encountered by caregivers when they respond to others' suffering repeatedly. In direct recovery conditions or by experiences with co-workers, this pain may be encountered. The effect of compassion fatigue on empathy was highlighted. Figley (1995) the definition of compassion fatigue acknowledged the lack of empathy of a caregiver over time due to the repetitive experiences of the care provider caring for those who are suffering. Figley (1995) used secondary traumatic stress disorder interchangeably with compassion fatigue.

Bush (2009) identified compassion fatigue as an "emotional burden of being" for nurses who have endured pain and trauma and interacted with others. The caregiver has suffered a lack of intent and individuality over time. A decline in compassion and empathy was also noticed.
Sabo (2011) stated that a decline in empathy was a substantial personal attribute observed in caregiver's compassion fatigue.
Coetzee and Klopper (2010) state that compassion fatigue happens when a caregiver's self-care strategies do not fulfill the emotional needs that are expended on delivering that care (Melvin, 2015). Li, Early, Mahrer, Klaristenfeld, and Gold (2014) compare compassion fatigue with secondary traumatic stress disorder and note that post-traumatic stress disorder has similar characteristics. Secondary traumatic stress results from experiences with a person suffering from trauma (Li et al., 2014). Branch and Klinkenberg (2015) identified compassion fatigue as a 'traumatization' that happens because of their dedication to those they care for (Branch, Carole and Klinkenberg, 2015). Represents the caring concept beyond physical behavior, intellectual awareness, and experience among critical care nurses; it extends to the emotional bond between patient and caregiver (Sinclair et al., 2016).
The concept of caring is holistic, based on the science of caring identified in the theory of human caring by Jean Watson (Adams, 2016). Adams, 2016, explored the mystery behind the care of others by nurses and discovered the caring philosophy as an important part of nursing and remains the art of nursing science. From the beginning, nursing care was and is fundamental to the profession's philosophy that emanates from the eyes of nursing theorists, Florence Nightingale, Martha Rogers, Madeline Lininger, and Jean Watson (Adams, 2016) Compassion goes beyond the immediate relationship because caring is a gentle balance between science.

Watson Human Caring Theory: Awareness of which nurses embrace, even in a crisis or crucial incidents, and their humanistic actions (Adams, 2016). When delivering holistic care to their patients, nurses experience compassion fatigue through empathy and emotional attachment. compassion fatigue can be expressed as an example of Watson's philosophy of human care; a transpersonal caring relationship (Watson, 2010). As stated by Clark 2016, one of Jean Watson's original concepts of transpersonal experience was "an intersubjective human-human relationship in which the nurses affects and is affected by the others. "The Human Caring Theory" of Jean Watson stems from the caring moment and is partly based on the principles of transpersonal psychology (Clark, 2016). Watson's theory of human care used as a basis will convey the nurse patient's interpretation of relationship care (Mason et al., 2014).

(Kelly et al., 2015) examined compassion satisfaction, compassion fatigue of nurses in acute care through various specialties. The experiment was using a cross-sectional, quantitative analysis consisted of the Professional Quality of Life Scale (ProQOL), demographic data, and asked whether significant recognition had been received before. The survey was conducted by four hundred and ninety-one nurses, with a 35% of participation rate. The respondents in this study had a low range of secondary traumatic stress and normal or were in an average range of compassion satisfaction and burnout. For each subscale, the reliability was also measured and determined to be appropriate for Secondary traumatic Stress (a=0.79), Compassion Satisfaction (a=0.92), and burnout (a=083). Nurses who earned significant recognition were more compassionate satisfaction than those who did not. Researchers have revealed that burnout and secondary traumatic circumstances are faced by the younger generation, causing them to quit their job or even their career. They reached that organizations should improve meaningful recognition and improve compassion satisfaction because it can help nurses fight compassion fatigue and promote nurses retention (Kelly et al., 2015).

(Sacco et al., 2015) compassion fatigue, compassion satisfaction were examined in neonates, pediatrics, and adult critical care nurses. They carried out a cross-sectional analysis in nine separate hospital units in 2010. were included in the nine units: Three intensive care units (intensive care units; cardiovascular, medical, surgical), three mixed progressive care units, intensive care units (one medical, two surgical), one pediatric mixed-acuity, pediatric intensive care unit, one neonatal intensive care unit. All of the qualified nurses were sent a demographics, Professional Quality of Life Scale ProQOL survey by email. The survey and the demographics page were completed by two hundred and twenty-one nurses, achieving a 38% participation rate. over 94% were female and 71% had a bachelor's degree. For all three of the Professional Quality of Life Scale ProQOL categories, The participants' scores were all in the middle of the pack. The outcomes of the subscale were: secondary traumatic stress a=073, burnout a=0.45, compassion satisfaction a=0.91

In this sample, the nurses had a balance of compassion fatigue and compassion satisfaction (Sacco et al., 2015).

2.2. Job Satisfaction:

Job satisfaction conception came from the area of industrial psychology and studies of management. Its origin back to the movement of human relations in the 1930s: associated with the spread of Taylorist work organization practices Mayo and associates contended that

the emotions and feelings of workers at work were major factors of their effectiveness. It's a person's feelings about his or her job.

Spector 1997 identified as a key determining factor of the changing intent of careers among a range of health professionals, including nurses (Bride & Kintzle, 2011).

Job satisfaction is a complicated concept that has several dimensions. In general, job satisfaction, being an emotional and behavioral response, is described as a result of individual work performed the evaluation, work environment, and life. Job satisfaction is defined as an effective response to a job resulting from a comparison of perceived results with desired ones (Golbasi et al., 2008).

Herzberg Two-Factor Theory: Herzberg and associates created the two-factor theory in the 1950s, based on Maslow's hierarchy of needs theory, which presented an unbalance in the factors of satisfaction and dissatisfaction at work. According to the theory, satisfaction is primarily determined by attributes that produce employee's motivation, such as productivity, success, or appreciation, while dissatisfaction is determined by what Herzberg calls "hygiene factors", which means extrinsic characteristics such as working conditions and pay(Herzberg g, Fredrick and Mausnr, Bernard and Snydrman, 1959). The theory of Herzberg continues even today to be influential, Argued by (Goldthrobe, John Harry, David and Bachhofer, Frank and Platt, 1968). The job satisfaction analysis had to be based on a perception of the meanings (work orientations) that individuals bind to their work: thus, even though their employment provided limited intrinsic compensation, workers with an instrumental orientation towards their work may be satisfied. This formula was established further by (Kalleberg & Hudis, 1979).

(Lawler, 1973) suggested a model concerning various job characteristics, taking into consideration both expectations and real ability, while (John Locke, 1976) contended that the relative importance (or value) that each worker holds to a specific job attribute influences the effect that such attribute on satisfaction.

Freeman (1978) deduced that job satisfaction is a strong indicator of job market mobility and is linked to important factors in the job market, such as unionism. In parallel to the field of happiness researches, with which it is connected, the importance of job satisfaction research in economics has developed (Michaels, 1989).

Job Satisfaction can provide a broad understanding, while it remains a complex aspect of what job satisfaction involves, the idea is explained by the different variables that have It has been prosecuted with it. Different ideas current Different work satisfaction conceptualizations

that can be classified as theories of 'material' or 'process' (Campbell et al., 1970). (Herzberg, 1966) Motivator-Theory of hygiene and Maslow's (1970) hierarchical sequence of Requires and attempts to exemplify material theories and aim to describe conditions or principles in order to be achieved person happiness at work (McLeod, 2007).

(Herzberg, 1966) identified maintenance and factors that influence motivation related to the attitudes of people to work: maintenance or 'dissatisfiers' such as salaries and associated rewardes, policies and procedures, and working environment; and motivating factors such as appreciation, accomplishment, and self-satisfaction. Two key themes run through these hypotheses along with definitions: there is an affective component to job satisfaction, i.e., a feeling of enjoyment, and an element of perception that assesses whether one's job meets one's needs (Tovey & Adams, 1999). This is especially important in evaluating the reasons why various studies use many approaches to measurement and provide justification for this case.

(Abed-Ali et al., 2016), In Iraq, AL-Najaf City, a cross-sectional descriptive study was conducted from 2014 to 2015. To evaluate the effect of the burnout of nurses on the satisfaction of patients with nursing care. A non-probability was chosen for (107) patients and (25) nurses from the AL-Sadder Medical City medical-surgical units. An evaluation method was used and developed by the researcher to determine the effect of burnout of nurses on the satisfaction of patients with nursing care. The study revealed that nurses are exposed to certain pressures due to the practice environment, according to the study results and discussion, and this causes them to be emotionally exhausted and fatigue. The burnout of nurses affects the patients' satisfaction with nursing care. The study concluded that nurses are subject to certain pressures due to the practice environment, according to the study results and discussion, and this causes them to be burnt. Additionally, the burnout of nurses affects the satisfaction of patients with nursing care (Abed-Ali et al., 2016).

Between December 2010 and March 2011, a study was done in China by Liu, While, Li, and Ye. The goal of the research was to examine the role of nurses' views who working in cardiac critical care of their job satisfaction and to investigate the factors (personal and work) associated with it. Among the 220 trained nurses, two hundred and fifteen participated in the study. Over half of those respondents were satisfied with jobs but dissatisfied with their ancillary benefits, duties, work-life balance, scheduling, and career prospects. A logistics regression analysis was entered into their data and determined that the experience of years, the entitlement of holiday take a massive part in job satisfaction (Liu et al., 2015).

Zhang, Tao, Ellenbecker, and Liu (2013) the job satisfaction of nurses in critical care and nurses in general wards in China was discussed. 1,700 questionnaires were sent to nine separate hospitals by the researchers; 446 from critical care nurses and 1,118 from general ward nurses were returned. The study found that when it came to "co-workers (t=5.796, p<0.001, family/work balance (t=5.305, p<0.001, administration (t=4.619, P<0.001, praise/recognition (t=5.826, p<0.001), workloads (t=4.473, P<0.001), work itself (t=6.090, P<0.001) and pay (t=2.965, P=2.965), nurses in the general ward were more satisfied.

Overall, general ward nurses were more pleased with their job in this study than critical care nurses (t=6.899, P<0001) (Zhang et al., 2013).

2.3. The relation between job satisfaction and nurse's turnover

Dissatisfaction growing, according to Hellman (1997), results in a greater chance for workers to seek opportunities for other jobs. The relationship between job satisfaction and intent to quit was found to be significantly different from zero and consistently negative in his meta-analysis of US studies of non-nursing workers. In nursing studies, these results were replicated, with several authors concluding that increasing job satisfaction decreased turnover rates.

Seccombe and Smith (1997) found that the nurses' motivations for quitting were based on problems that are known to influence job satisfaction, such as inadequate supervisory relationships and insufficient professional development opportunities, rather than external labor market pressures that managers would justifiably feel powerless to control. Mueller and Price presented a review of disciplinary perspectives relating to the interpretation of nurse turnover behavior (1990). This included: economic research with an emphasis on individual choice and variables of the labor market; sociological research with an emphasis on work environment and content characteristics; Psychological studies that examined human factors and cognitive processes. This notion was built by Irvine and Evans (1995) into a model for their meta-analytical research on job satisfaction and turnover (Coomber & Louise Barriball, 2007b).

Nursing productivity in hospitals is often impacted by job satisfaction, organizational involvement, and actions of organizational citizenship, as well as career participation. Salaries and fringe benefits were identified as the greatest factors affecting nurses' turnover and performance in Taiwan hospitals (Smith, 2016).

Alharbi, Wilson, Woods, and Usher (2016) In Saudi Arabia, proceded a study to assess the level of burnout and job satisfaction of critical care nurses and to determine whether the two

variables have a relationship. In three separate hospitals, a questionnaire combining the demographic variables, Maslach Burnout Inventory (MBI), and the job satisfaction survey (JSS) was administered to nurses in critical care. The combined survey for the study was conducted by one hundred fifty Saudi national critical care nurses. Participants ranging in age from 20 to 45 years old, according to demographics; but most participants ranging in age from 26 to 30 years old. Only one third of the participants had a degree of advanced study, bachelor's degree or Associate's degree. 84% of nurses reported elevated levels of emotional exhaustion, 77% of depersonalization level elevated, while only 42% had elevated levels of perceived personal accomplishment. Job satisfaction ratings are negatively associated with "emotional fatigue (β= -0.41, t (19) = 2.53, P<0.05), decreasing by 0.41 for each additional point of emotional exhaustion" Emotional exhaustion is a burnout component, and according to these results, burnout predicts low job satisfaction (Alharbi et al., 2016).

Klopper, Coetezee, Pretorius, and Bester (2012) explored the association between the work environment of nurses in critical care units with their burnout and job satisfaction. South Africa has a system of dual-health care. Approximately 80% of the total population is covered by the public sector.of the workforce and provides the impoverished population with free healthcare. Approximately 20 percent of the population is in charge of the private sector, yet 60 percent of health spending is used. The private sector consists of profit-making companies and people servicing the public who can either afford medical benefits or they pay out of their own pockets (Klopper et al., 2012). Nine hundred and thirty-five nurses in critical care performed the RN4CAST survey and the Nursing Job Index Practice Climate Scale. RN4CAST is a survey consisting of nine basic aspects of a job: flexibility in the work schedule, advancement opportunities, work independence, professional status, salaries, opportunities of education, vacation time, sick leave and leave for study (Klopper et al., 2012).

2.4. The link between compassion fatigue and job satisfaction

The continued exposure to stress, and possibly has been consistently shown that stressful events inherent in the nursing profession led to the onset of negative effects on nursing, such as decreased job satisfaction, compassion fatigue/secondary traumatic stress disorder, and burnout. This is very important given reports of high nurse turnover rates (Halfer & Graf, 2006), especially at a time when a sizeable number of nurses is approaching retirement (Halfer & Graf, 2006). (Laschinger et al., 2010). Many have expressed concern that due to the unfavorable working conditions; new nurses will leave the profession (Scott et al., 2008),

which is a serious concern since the cost of replacing a new graduate nurse is high, both in terms of financial and organizational performance terms (Lindsey & Kleiner, 2005).

Turnover not only affects the individual but also impacts the remaining nursing staff negatively. A study by found that nursing units with moderate turnover levels were likely to have lower levels of learning in the work community, described as the ability to personally learn and then share personal learning experiences with others relative to those without a turnover (Bae et al., 2010). It is therefore important to determine ways to recognize protecting new nurses from these adverse implications instead, they support good results in hiring and recruiting and retain reliable nursing workers. Despite the exposure of nurses to stressful job scenarios, nurses may find deep satisfaction in working with patients in need of assistance and genuine appreciation. This is known as compassion satisfaction or the satisfaction of an individual with his role as a professional caregiver (Stamm, 2002). Compassion satisfaction was recognized as an important factor in the prediction of nursing care (Burtson & Stichler, 2010). Compassion satisfaction has been identified as a strong predictor of patient satisfaction through previous qualitative studies, and its a motivational factor that affects recruitment and retention (Graber & Mitcham, 2004).

Hemodialysis nurse who sees a patient many times a week over years will be involved somewhat emotionally in the care of their patients, and their situations many kidney specialists care on a longer-term basis for patients and their families. As a result of their job, a hemodialysis nurse will find themselves struggling with complicated emotions. They would certainly be engaged in intensive care unit discussions, and might even be in places where they are the carrier of bad news. They can find themselves emotionally drained if they then go home and care for their families without taking time to nurture themselves (Jokc, 2017). Researchers confirm that compassion fatigue signs include burnout and secondary experiences of traumatic stress (Perry, Beth and Toffner, Greg and Marrick, Trish and Dalton, 2011). With consequences both inside and outside the workplace for practitioners (Gough, 2007). In a qualitative survey of registered nurses, as indicators of compassion fatigue in affected participants, researchers reported symptoms of emotional emptiness, balance problems, sleeplessness, and withdrawal syndromes (Austin et al., 2009). Symptoms of repetitive thinking, hyper-vigilance, anxiety, depression, and mood swings can also occur (Loolo, 2016).

(Uğur et al., 2007a) this research has been designed and conducted as a field study for identifying the impact of the physical environment on the stress levels of hemodialysis nurseswho work in the governmental and private hemodialysis centers in the capital city of

Ankara (n=161). According to the findings obtained from the study, it was found that the "level of education" and "employment institution" of hemodialysis nursesare closely linked to the level of stress of hemodialysis nurses. The age of nurses, marital status, number of children, job seniority, years of service, employment status, occupation of husbands, and educational levels of husbands are not significantly linked to their stress level. A survey of 18 hemodialysis units was performed in the city center of Ankara, Turkey. 161 hemodialysis nursesreferred to the 210 registered hemodialysis nurses.

Of the non-responding hemodialysis nurses, 45 were disqualified because no permission was granted by two hospital administrations to apply the questionnaire in their hospitals. In the study, therefore, the response rate was 76.7 percent. According to the statistical analysis findings, we can easily see that their stress levels increase when the educational levels of hemodialysis nursesdecrease (Soltan et al., 2007). Researched the workers working at Ankara Hospital's organizational stress factors and their findings agree with the outcomes of this research. Another major source of stress for hemodialysis nursesis the "institution of employment" (Uğur et al., 2007a).

Arıkan, Köksal, and Gökce¸ (2003) this research was cross-sectional, observational, and comparative researches. The applicant subject population consisted of 180 nurses: 31 dialysis nurses, 100 intensive care units, and 49 ward nurses employed in the Turkey. Researchers hypothesized that dialysis nursing could manifest variations in levels of job stress, burnout, and as the prototype of specialist nursing and that these differences could be correlated with differences in the way they view their relationships with their professional contacts and opinions. Nurses were asked to select "positive," "moderate," or "negative" to convey how their relationships with co-workers and the viewpoints of their professional contacts about the nursing profession were viewed. In our sample, dialysis nurses had decreased job stress and burnout relative to ICU and ward nurses, as well as improved job satisfaction and higher frequencies of positive opinions about their jobs relationships with co-workers of physicians and the views of their expert contacts towards the practice of nursing. Such distinctions a reduced intent to leave the profession was followed by this. Some established predictors of job satisfaction, work-related stress, and burnout were confirmed in this research as well as supplied information on an unexplored area. Dialysis nurses, with higher levels of work satisfaction, tend to be at a reduced risk for job stress, burnout, and premature nursing retirement. More Job tension, burnout, and job satisfaction can be linked to the nature of relationships with physician colleagues and the views of professional contacts about the nursing profession as viewed by nurses. As the discrepancies in dialysis nurses were noted,

they did not seem to be the product of being dialysis nurses per se, but rather the circumstances. We propose that dialysis nursing should be used as a model to strengthen the conditions of other nursing branches, as it prevails in their units (Arikan et al., 2007a).

2.5. Summary

Compassion fatigue is a phenomenon that affects health care providers based on, qualitative, quantitative, and mixed studies analysis. The research concluded that many nurses struggle with compassion fatigue and secondary traumatic stress. Working in critical care units worldwide. Nurses in critical care units have low compassion satisfaction and lower overall job satisfaction than those working in a general unit. Compassion fatigue has been shown to it triggered various health concerns and attention loss and was unsafe not just for the nurse suffering it, but for the patients he or she cared for.

Despite the plethora of discussions on compassion fatigue, compassion fatigue studies have focused primarily on the American geographical environment, and minimal research has been carried out in the developing world (Bhutani et al., 2012);(Ain & Emirates, 2008). As a result, the discussion on compassion fatigue in Iraq traumatic crisis work settings has not been adequately addressed. As far as the researcher knows the lack of empirical research on the extent to which compassion fatigue directly predicts the work attitudes of practitioners in Iraq trauma-related work environments has posed difficulties with insufficient knowledge on potential trauma implications for nurses.

The war has created additional difficulties, such as poor safety and lack of transportation, that disrupt nurses and their work (International Council of Nurses, 2003). War circumstances impose a spectrum of traumatic life interactions in any place that could influence the degree of interpersonal violence. It has been shown that traumatic life experiences resulted from war situations are linked to depression, anxiety, and poor interpersonal relationships (Farhood et al., 1997). The occupational stress of nurses decreases job satisfaction and reduces the quality of nursing. This research is useful for hospital management to improve hospital working conditions and to improve the quality of life of nurses. The level of hemodialysis care will naturally improve by improving the quality of life of the hemodialysis nurses. The researcher argues that no single measure captures all aspects of the concept, which may include cognitive distortions, symptoms of trauma, burnout, and general psychological distress (Karakoc et al., 2016) due to the complex nature of compassion

fatigue using more than one measure to test the construct of compassion fatigue can provide possible triangulation and deeper insight into the experiences of the condition by practitioners.

3. METHODOLOGY

3.1. Design of the Study

A descriptive study is conducted through the period of August 1st, 2020 to November 15th, 2020 in-order to "The Effects of Compassion Fatigue on Job Satisfaction Among Nurses Working in Hemodialysis units in Baghdad City".

3.2. Setting of the Study

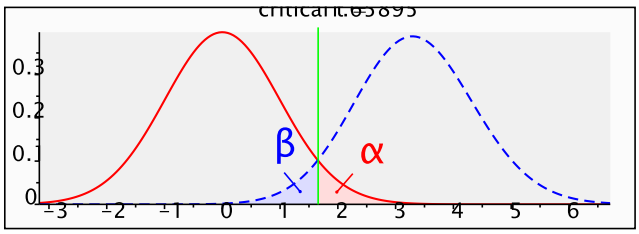
The setting of the study includes (10) hemodialysis units in teaching Governmental Hospital in Baghdad city.

3.3. The Sample of the Study

The study sample (230) subject is selected throughout the use of probability of random sample sampling.

Sampling Inclusion Criteria

1. The participant should be 18 years and older
2. Should have at least 6 months as a hemodialysis nurse
3. Being a clinician nurse
4. Don't have any psychological illnesses



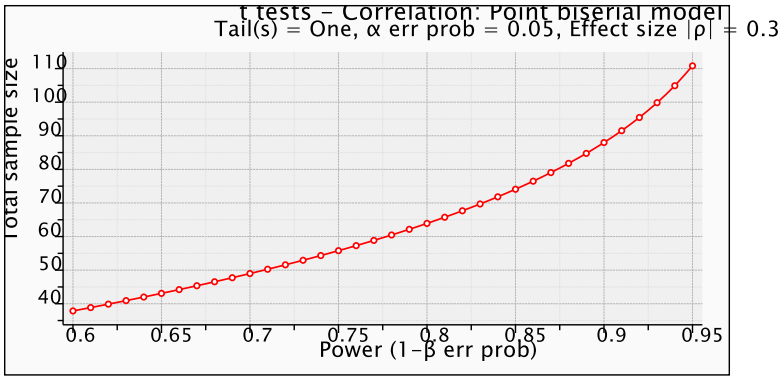


Figure 3.1 G Power Analysis Result.

3.4. The Study Instrument

An instrument questionnaire format was developed by the researcher for compassion fatigue and job satisfaction domains. In addition to the demographic data form. The reliability was done after experts reviewed and content validity was established. Furthermore, changes were made in the questionnaire items according to the recommendations and notes of experts.

The final study instrument consisted of three major parts and those parts are:

Appendix 2: Demographic Data Form

This form was developed by researchers to obtain data related to the demographic and some organizational characteristics of the nurses' such as age, education level, duration of work as a nurse, and duration of work as a hemodialysis nurse were included. This form included six questions.

Appendix 2: Index of Compassion Fatigue Scale (CFS-14-items)

A large body of relevant literature was extensively reviewed to find the appropriate tool for the recent study. A fifty seven items questionnaire was used to answer the study question regarding the effects of compassion fatigue on job satisfaction among nurses working in hemodialysis units. The Compassion Fatigue Scale, which was adopted and modified from the study done by (Adams et al., 2008a).

The Compassion Fatigue Scale is a widely used to measure the compassion fatigue or secondary trauma among individuals. .This scale is a self-reported instrument consists of 14 items (see appendix 2). This study used the Index of Compassion Fatigue Scale (CFS) Arabic

version (see appendix 2.3) which is adopted and modified by (Ameer S Abed Al-Razaq et al., 2018) which comprised (14) items "designed to measure the degree, severity, or magnitude of a problem with compassion fatigue. The instrument measures and rated on a five level rating scale from 1 to 5 respectively, 1 indicates never, 2 indicates rarely, 3 indicates sometimes, 4 indicates most of the time, and 5 indicates always. The levels of compassion fatigue among hemodialysis nurse are determined based on the sum of item scores. A score of 14-32 is considered mild level, 33-51 moderate level, 52-70 severe level. The items are rated on a Likert scale of (1-5). This model, which consists of 14 questions containing nurse information, contains the nurse's feelings about his\her work, feeling of exhaustion (physical, psychological, emotional), and work consequences.

Part 3: Job Satisfaction Scale (Appendix 2.2)

The scale was developed based on a literature review, a research study on the satisfaction of nurses achieved by João (2013), in which Siqueira (1995) validated the Escala de Satisfação no Trabalho-EST (job satisfaction scale), and the form developed by the authorization of the by region Observatory of the Regional Section of the Ordem dos Enfermeiros Autonomous Region of the Azores (Pororo). This resulted in a scale of 40 items (João et al., 2017).

3.5. Validity of the Study

To investigate the clarity, relevancy, and adequacy of the questionnaire to achieve the present study's objectives, content validity for the early developed instrument was determined through the use of a panel of experts (who have more than 5 years of experience in their field). A preliminary copy of the questionnaire was designed and presented to (10) experts. Experts had a mean of years of experience, all of them were asked to review the questionnaire. Results indicated that the majority of experts had agreed that questionnaire was appropriately designed and developed to measure the phenomena underlying the study.

In addition to the experts' responses, their suggestions were taken into consideration. So far, modifications are employed and the final copy of the constructed instrument is completed to be a fitting tool for conducting the study.

3.7. Reliability

Reliability of the Questionnaire: Reliability is an instrument's ability to measure the attributes of internal consistency of the questionnaire (LoBiondo-Wood & Haber, 2014) Data were gathered out of nurses working in the Hemodialysis units. Reliability-testing was used as a

statistical analysis method to measure the internal consistency and find out the concordance among the items of the compassion fatigue scale using the reliability coefficient. The scale had an acceptable level of internal consistency, as determined by a Cronbach's alpha of 0.78.
Reliability is concerned with the consistency and dependability of a research instrument to measure a variables. The determination of reliability of the questionnaire is based on Cronbach's Alpha reliability. It was determined through the use of the following formula.
The degree of reliability is usually determined by the use of correlation procedures. The reliability coefficient normally ranges from (-1.00) through (.00) to (+1.00), reliability coefficient above (0.78) is considered satisfactory (Polit & Hungler, 1999).

Table 3.1: Reliability Coefficient of the Study Instruments.

Studied Scales	Number of items	Cronbach's Alpha	Report
Compassion fatigue	**14**	**0.78**	**Good**
Job Satisfaction	**37**	**0.85**	**Good**

Table 3.1 is statistically formed for testing the reliability coefficient for the instruments of the present study, its results show that there is an acceptable level of Cronbach's alpha reliability value for the scales, and then there is a highly acceptable level of reliability for all scales. The results of the pilot study revealed that the questionnaire formats are reliable to study the phenomena on the same population at any time in the future (Polit & Hungler, 1999).

3.8. Data Collection Methods

The data collection process has been carried out from August 1^{st,} 2020 until November 15th, 2020 online by Google drive format each subject takes approximately (10-15) minutes to respond to the fill him.

3.9. Ethical Principles of Research

Written informed consent was obtained from the nurses, stating that participation in the study was voluntary and that the principle of confidentiality would be respected, and they were informed about the results of the study.

3.10. Statistical Data Analysis

The following statistical data analysis approaches by using (SPSS-ver. 26) were used to analyze and assess the data of the study. Statistical tables (frequencies and percentages), the arithmetic means & Mean of a score – (MS), Standard Deviation – (SD), Standard Error – (SE), Reliability (Alpha Cronbach) **C**oefficient – R.C. for the pilot study and Spearman's rho Correlation Coefficient, t test analyzes were used.

4. STUDY RESULT

Table 4.1: Distribution of nurses Demographic Data

Demographic data	Rating and intervals	Frequency	Percent
Age /years	20-29	161	70.0
	30-39	48	20.9
	40-49	16	7.0
	50-59	3	1.3
	60 and more	2	.9
	Total	230	100.0
Gender	Female	142	61.7
	Male	88	38.3
	Total	230	100.0
Time of duty	Morning	143	62.2
	Evening	20	8.7
	Night Duty	67	29.1
	Total	230	100.0
Education levels	Secondary school	32	13.9
	Diploma	53	23.0
	Bachelor	133	57.8
	M. Sc.	10	4.3
	Ph. D	2	1.0
	Total	230	100.0
Years of Nursing experience	1-5	160	69.6
	6 - 10	36	15.7
	11 - 15	15	6.5
	16 - 20	9	3.9
	21 - 25	7	3.0
	26+	3	1.3
	Total	230	100.0
Years of experience in Dialysis Units	1-5	195	84.8
	6 - 10	23	10.0
	11 - 15	6	2.6
	16 - 20	5	2.2
	21+	1	.4
	Total	230	100.0

Table 4.1 shows that the participants included 230 hemodialysis units registered nurses. The sample population appeared to be very youthful, followed by 90% of the sample population between the ages of 20-39, just 10 percent of the respondents reported being over 40 years old, relatively highly split between male and female sixty-one percent are female, and the same percent of the participants were working in the morning duty (08:00 am-03:00 pm). The majority of the study sample is a Bachelor's degree with more than half of the sample Table (1), twenty-three percent diploma degree nurses. Seventy percent of the sample

are new employees mean and standard deviation equal to 5.05 and 4.286 respectively. Also, most of the participants are new in the hemodialysis unit with 1-5 experience years the mean is 2.4 years and the standard deviation is 1.8 years.

Figure 4.1: Distribution of the Study Sample by Their Education Levels

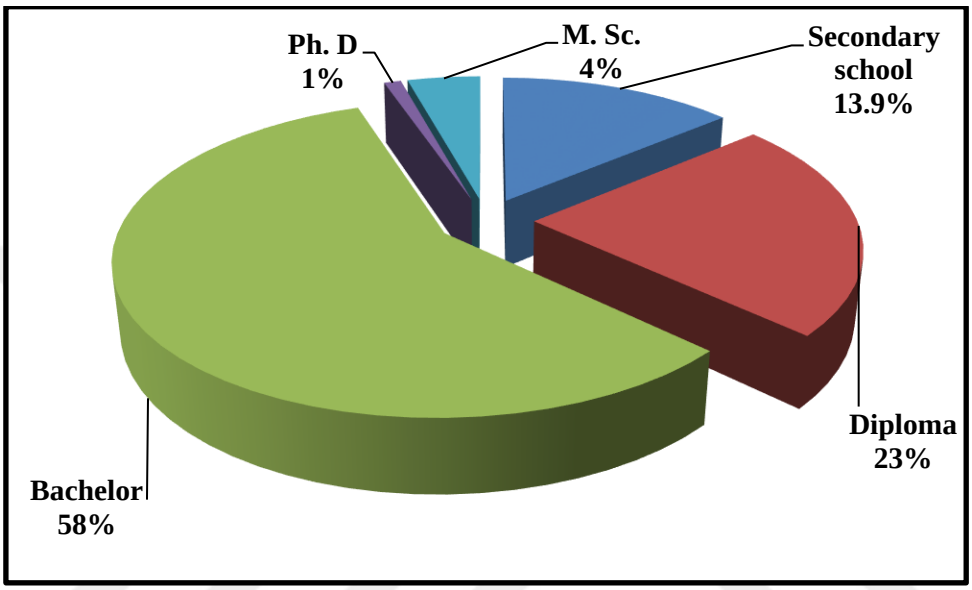


Figure 4.1 Shows that the majority of the study sample is a bachelor's degree nurse, then a diploma degree nurse.

Table 4.2: Overall Assessment of Compassion Fatigue and Job Satisfaction Among Nurses

Scale	Average	SD	Minimum	maximum
Compassion fatigue	37.383	9.3445	14.0	63.0
Job satisfaction	113.165	32.9130	37.0	185.0

Table 4.2 Shows that the average of nurses at compassion fatigue is (37.383±9.34) and the average of job satisfaction is (113.165±32.9130).

Table 4.3: Distribution of Nurses Obtained Score from Compassion Fatigue and Job Satisfaction by Their Sociodemographic Characteristics

Scale	Gender	n	Average	SD	t	p
Compassion fatigue	**Female**	**142**	37.634	9.0831	-.517	.606
	Male	**88**	36.977	9.7909		
Job satisfaction	**Female**	**142**	114.500	32.6674	-.781	.436
	Male	**88**	111.011	33.3799		

Scale	Age	n	Average	SD	X^2	p
Compassion fatigue	20-29	161	36.783	8.9921	7.548	.110
	30-39	48	37.500	9.1419		
	40-49	16	41.375	12.7430		
	50-59	3	48.000	4.0000		
	60 and more	2	35.000	.0000		
Job satisfaction	20-29	161	113.814	32.6367	3.062	.547
	30-39	48	115.688	32.7532		
	40-49	16	104.750	37.5597		
	50-59	3	97.333	37.5810		
	60 and more	2	91.500	6.3640		
Scale	**Education levels**	**n**	**Average**	**SD**	**X^2**	**p**
Compassion fatigue	Secondary school	32	36.250	10.4264	1.903	.754
	Diploma	53	37.962	10.1583		
	Bachelor	133	37.068	8.6936		
	M. Sc.	10	41.200	10.6542		
	Ph. D	2	42.000	1.4142		
Job satisfaction	Secondary school	32	108.844	41.8909	2.254	.689
	Diploma	53	119.075	32.1875		
	Bachelor	133	111.368	31.1337		
	M. Sc.	10	119.100	30.5921		
	Ph. D	2	115.500	13.4350		
Scale	**Time of duty**	**n**	**Average**	**SD**	**X^2**	**p**
Compassion fatigue	Morning	143	36.727	9.0134	2.231	.328
	Evening	20	39.150	10.5495		
	Night Duty	67	38.254	9.6693		
Job satisfaction	Morning	143	113.916	31.3604	6.919	.031
	Evening	20	127.950	38.1237		
	Night Duty	67	107.149	33.4670		
Scale	**years of service experience**	**n**	**Average**	**SD**	**X^2**	**p**
Compassion fatigue Job satisfaction	1-5	160	37.013	9.0303	7.286	.200
	6 - 10	36	36.278	7.9915		
	11 - 15	15	35.533	9.4934		
	16 - 20	9	45.889	12.6139		
	21 - 25	7	42.429	13.8547		
	26+	3	42.333	6.6583		
Compassion	1-5	160	113.525	32.081	8.983	.110

fatigue				8		
	6 - 10	**36**	119.944	34.5931		
	11 - 15	**15**	106.000	37.3994		
	16 - 20	**9**	90.111	33.2958		
	21 - 25	**7**	104.571	20.1565		
	26+	**3**	137.667	32.3934		
Scale	**Years of experience in Dialysis Units**	**n**	**Average**	**SD**	**X^2**	**p**
Compassion fatigue	**1-5**	**195**	37.231	9.2654	2.292	.682
	6 - 10	**23**	37.000	10.3221		
	11 - 15	**6**	40.667	6.2183		
	16 - 20	**5**	41.600	12.6214		
	21+	**1**	35.000	.00		
Job satisfaction	**1-5**	**195**	113.169	32.3760	1.821	.769
	6 - 10	**23**	112.913	36.9925		
	11 - 15	**6**	126.000	45.8301		
	16 - 20	**5**	102.200	23.5733		
	21+	**1**	96.000	.00		

Table 4.3 the finding in this table indicated that there is no significant difference between male and female in compassion fatigue. Also, there is no significant difference between male and female in job satisfaction. There is no significant difference between age groups in compassion fatigue and job satisfaction. Also, the finding shows that the age group (50-59) years had high score obtained from compassion fatigue. While, the age group (30-39) years had high score obtained from job satisfaction. There is no significant difference between education levels in compassion fatigue and job satisfaction. Also, the finding shows that the Ph. D group had high score obtained from compassion fatigue. While, the M. Sc. group had high score obtained from job satisfaction. There is significant difference between times of duty in compassion fatigue at p-value (0.031), there is no significant deference between time of duty job satisfaction. Also, the finding shows that the evening shift group had high score obtained from compassion fatigue and job satisfaction. There is no significant difference between years of service experience in compassion fatigue and job satisfaction. Also, the finding shows that the (16-20) year's group had high score obtained from compassion fatigue. While, the 26+ years group had high score obtained from job satisfaction. There is no

significant difference between years of experience in Dialysis Units in compassion fatigue and job satisfaction. Also, the finding shows that the (16-20) year's group had high score obtained from compassion fatigue. While, the (11-15) years group had high score obtained from job satisfaction.

Table 4.4: Correlation between the nursing staff compassion fatigue and their job satisfaction

Variables		Compassion fatigue	Job satisfaction
Compassion fatigue	Spearman's rho Correlation Coefficient	1	.231**
	Sig. (2-tailed)		.000
	n	230	230
Job satisfaction	Spearman's rho Correlation Coefficient	.231**	1
	Sig. (2-tailed)	.000	
	n	230	230

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

Table 4.4 there is significant statistical correlation between the nursing staff compassion fatigue and their job satisfaction at p-value (0.000).

5. DISCUSSION

The study's findings are thoroughly reviewed and interpreted in this chapter, which includes the presentation of supporting evidence from the literature and relevant to the study's objectives. 230 nurses in Baghdad city Hemodialysis units completed the questionnaire. All parts of the questionnaire were completed in full participants for (14 items) of the compassion fatigue scale which is adopted and modified by (Al-Razaq et al., 2018), and the job satisfaction scale (37 items) published by (João et al., 2017). 70% were aged under 30 years old, majority of the hemodialysis nurseswere college graduates. 5% of them have a Master's degree or PhD.

both practitioners in health care who manage the suffering patients are at greater risk of compassion fatigue, in particular, female experts and others with fewer years of experience. No one is protected from being at risk of compassion fatigue.

5.1 Assessment of nurses' compassion fatigue and job satisfaction

Statistical analysis shows 57% of the study sample have moderate compassion fatigue, and 36.5% have mild compassion fatigue. The same average female and male, the condition can be encountered by both male and female professionals, no significant difference has been shown in the compassion fatigue between female and male in the study. 36.5% of the samples have mild compassion fatigue 80% of them in the age group 20-29 years. 174 of the study's subject is unsatisfied with their job 121 of them are (20-29) age group, (108) female. The study concludes that young nurse, short career is faster receptive to be unsatisfied with the job.

5.2 Discussion and interpretation results of Nurses' compassion fatigue (CF) and Job Satisfaction (JS) and their demographic data

There is no significant difference between male and female in compassion fatigue. Also, there is no significant difference between male and female in job satisfaction. There is no significant difference between age groups in compassion fatigue and job satisfaction. Also, the finding shows that the age group (50-59) years had high score obtained from compassion fatigue. While, the age group (30-39) years had high score obtained from job satisfaction. There is no significant difference between education levels in compassion fatigue and job satisfaction. Also, the finding shows that the Ph. D group had high score obtained from compassion fatigue. While, the M. Sc. group had high score obtained from job satisfaction.

There is significant difference between time of duty in compassion fatigue at p-value (0.031). There is no significant difference between time of duty job satisfaction. Also, the finding shows that the evening shift group had high score obtained from compassion fatigue & job satisfaction. There is no significant difference between years of service experience in compassion fatigue and job satisfaction. Also, the finding shows that the (16-20) years group had high score obtained from compassion fatigue. While, the 26+ years group had high score obtained from job satisfaction. There is no significant difference between years of experience in Dialysis units in compassion fatigue and job satisfaction. Also, the finding shows that the (16-20) years group had high score obtained from compassion fatigue. While, the (11-15) years group had high score obtained from job satisfaction.

Arikan et al., (2007) cross-sectional, observational, and comparative study consist of 180 (ICU intensive care unit, dialysis, ward) nurses in Antalya state hospital, Turkey. The study concluded that dialysis nurses had the lowest burnout, job stress, and the highest job satisfaction than the intensive care unit, and ward nurse.

We explain this finding because of the samples' age over 40 years, which means the study's hemodialysis nurse is more life, professionally experienced than other nurses in the study.
A study supports our findings, and study results are similar, by (Kelly et al., 2015) cross-sectional electronic survey from 700-bed quaternary care facility Southwestern U.S. Study subjects were 491 registered nurses (RN) to assess compassion fatigue, compassion satisfaction in acute care nurses in a hospital environment across various specialties.
Taking age and experience into account. We've found that there are nurses in (33 years) was more likely to experience higher burnout and STS levels and lower CS levels than their colleagues in (aged 65 years) or (ages 49 years). Perhaps more worrisome is that we found that they were more likely to have higher CF and lower CS as nurses gained experience. Highly satisfied nurses encounter substantially fewer CF, greater CS than their less satisfied colleagues, the study shows that burnout and STS are faced by the younger generations of nurses, potentially leading to their professional abandonment. The study shows that increasing CS, meaningful awareness, and increasing satisfaction can fight CF (Arikan et al., 2007b).
The latest results indicate an inverse association between age and compassion fatigue of the respondents. When age is lowered, the possibility of compassion fatigue is increased. In other words, relative to age, younger nurses are at greater risk of compassion fatigue. This means that younger nurses have fewer job professions and low experiences of life, CF may be a major cause of dissatisfaction and loss of retention early in their careers. These findings

consistent with (Al-Razaq et al., 2018). A descriptive study aim to assess compassion fatigue in Intensive Care Units' healthcare professionals (physicians, pharmacists, nurses, and technicians) of the teaching hospitals in Babylon city, Iraq 2018, (n=156) the study concludes that no one is excluded from being at threat of compassion fatigue. The condition can be encountered by both male and female professionals. The findings confirm the results of the research done by (Hunsaker et al., 2015), which was planned to classify demographic and work-related elements that contribute to the rise of compassion exhaustion in 1000 nurses work in the emergency department (ED) in the United States. The research showed that among those who were young, greater levels of compassion fatigue were observed. The reason for being at risk is that nurses of younger ages have a fewer career and life practice; thus, they are less equipped to deal with the complexities of nursing critical care.

The findings in the current outcome agree with the studies that studied compassion fatigue among healthcare professionals in Pakistan (Military et al., 2015) that targeted the phenomenon of compassion fatigue among health care providers. Tasks can be performed 254 health care workers who served in hospitals in the military. Their findings found that approximately (31%) of respondents had mild compassion fatigue, (66%) had moderate compassion fatigue, and (2.8%) had extreme compassion fatigue. They found that in the professions dealing with a terminal illness or death situations, the occurrence of compassion fatigue was greater.

(Ariapooran, 2014)) the goal of his study was to predict the risk among nurses of compassion fatigue. Study samples were (216) nurses participate in the research. Researchers emphasize 78 percent of the caregivers at an average to the high degree of compassion fatigue. Depression, post-traumatic stress disorder, headache, and hypertensive blood pressure, are the clear stress consequences of participants. These results have been compounded by the fact that professionals in the healthcare sector because of their roles as care professionals, and typically face a significant number of deaths. Researchers even find out that nurses are more ready to sacrifice their interests for their patients' needs, describing the increased impact on their feelings.

5.3 Discussion and interpretation results of the relationship between the compassion fatigue and job satisfaction among nurses who work in dialysis units

The finding of the study shows that there is a significant association between the different study variables which is that approximately half of the study sample have moderate compassion fatigue and they are unsatisfied with their job, and more than a quarter of the

study samples have mild compassion fatigue. 15% of the study sample have moderate compassion fatigue are job satisfied.

Karakoc et al., (2016) A cross-sectional, multicenter, observational study designed to assess and compare Hemodialysis (HD) and Peritoneal dialysis (PD) nurse burnout levels in Turkey. The study concluded which is consistent with our research that the level of burnout among younger people is greater, and the target population of burnout reduction programs should concentrate on young professionals. By pairing them with experienced colleagues, young and inexperienced nurses should be supported (Karakoc et al., 2016b).

Uğur et al., (2007) found in their research which planned and conducted as field research to determine the impact of the physical environment on the level of stress of hemodialysis nursesworking in the official and private hemodialysis centers of Ankara, Turkey (n=161). The research concluded that the occupational stress of nurses reduces job satisfaction and decreases nursing efficiency. This data is valuable for hospital management to create a safer environment in hospitals and to raise the standard of living and life quality of nurses. The quality of hemodialysis care is immediately improved by raising the quality of the nurse's life (Uğur et al., 2007b).

Results of our study of is disagreed with previous research studies, like (Petleski, 2013) study showed that as emergency department staff, nurses surveyed during this project were working full-time. The distribution of male and female (male 8% and female 91%) represents the department of emergency in which this project was performed. On average, more than 87 percent of participants reported high compassion satisfaction. Nearly one-third of respondents, however, reported elevated burnout and over 90% reported elevated secondary trauma stress (STS) related to their role as emergency nurses. Male nurses recorded higher burnout and secondary stress self-perception scores than female nurses. Ours explain for the differences between this study and our study is the samples' size which (n=30), while our study (n=230), and the differences between emergency department (ED) and Hemodialysis (HD) unit work settings or environment, burnout, job satisfaction, physical and mental health results are correlated with work-related stress (Khamisa et al., 2015).

6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

- According to the results of the study, the study's conclusion that the younger nurse has a higher opportunity to experiencing compassion fatigue because he/she doesn't have enough life, professional experiences to protect himself from exposure to these negative feelings.
Belongs to Hemodialysis units' environment or setting trauma event caused by patients' verbal or behavioral violence (Buurman et al., 2011), violent language by a supervisor, a physician was the main trauma experience (Niiyama et al., 2009). These findings demonstrate that verbal abuse is a common occurrence in the nursing workplace, and managing it may be an important technique for reducing compassion fatigue, especially in female nurses.

1. Compassion fatigue directly affects job satisfaction, according to the statistics which is approximately half of the study sample have moderate compassion fatigue and they are unsatisfied with their job as a Hemodialysis nurse.
2. Demographic characteristics of age, gender, educational level, time of duty, and years of nursing experience, have effective domains of both compassion fatigue, job satisfaction respectively.
3. The study concludes that young nurse, short career is faster receptive to be unsatisfied with the job.
4. In a previous study, we explain the study's findings because of the sample's age over 40 years, which means the study's dialysis nurse is more life, professionally experienced than other nurses in the study.
5. Due to the analysis of our data these results provide further findings that support the link between work-related stress, burnout, job satisfaction, and nurses' general health in the environment of a developing country.
6. Young Hemodialysis nurseswere riskier to have compassion fatigue than an old nurse.
7. Taking age and experience into account. We've found that there are nurses in (33 years) was more likely to experience higher burnout and STS levels and lower CS levels than their colleagues at (aged 65 years) or (ages 49 years). Perhaps more worrisome is that we found that they were more likely to have higher CF and lower CS as nurses gained

experience. Highly satisfied nurses encounter substantially fewer CF, greater CS than their less satisfied colleagues, the study shows that burnout and STS are faced by the younger generations of nurses, potentially leading to their professional abandonment. The study shows that by increasing CS, meaningful awareness and increasing satisfaction can fight CF.

6.2 Recommendations

1. New nurses have to learn how to handle the compassion fatigue with the need for rising trained nurses numbers. They will need to build problem-focused coping strategies and to improve job satisfaction they can accept support. Unfortunately, few healthcare organizations recognize, analyze, or provide strategies to deal with compassion fatigue. Nurse managers should create a fair workload for nurses, and the relationship between workplace trauma incidents and compassion fatigue must be understood by nurses. The level of job satisfaction and quality of care in nursing departments can be improved by these efforts.
2. Continued studies should be addressed quality, turnover, and CF-related and financial consequences.
3. Providing continued dialysis education for nurses can be effective in reducing compassion fatigue.

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APPENDICES

Appendix 1: List Names of Experts Adjudication Questionnaire

No.	Full Name	scientific title	Specialization	Workplace
1	Ali Kareem Kudhair Al-Jubouri	Professor	Ph.D. Psychiatric Mental Health Nursing	University of Kerbala-College of Nursing-Iraq
2	Mohammed Baqir Al-jubori	Assistant Professor	Ph.D. Adult Nursing	University of Baghdad-College of Nursing-Iraq
3	Sabah Jaafar Mishl	Assistant Professor	Ph.D. Adult Nursing	University of Muthana-College of Nursing- Iraq
4	Haider Hamza Ali	Assistant Professor	Ph.D. Mental Health Nursing	University of Babylon-College of Nursing- Iraq
5	Najlaa Mustafa Jabir Alsiheemy	Assistant Professor	Ph.D. Psychiatric Mental Health Nursing	University of Cairo-College of Nursing- Egypt
6	Qahtan Qasim Muhammed	Assistant Professor	Ph.D. Psychiatric Mental Health Nursing	University of Baghdad-College of Nursing-Iraq
7	Hassan Ali Hussein	Assistant Professor	Ph.D. Psychiatric Mental Health Nursing	University of Baghdad-College of Nursing-Iraq
8	Abdulmahdi Abdulridha Alshahmany	Assistant Professor	Ph.D. Psychiatric Mental Health Nursing	University of Babylon-College of Nursing- Iraq
9	Hussien J. Alibrahemi	Assistant Professor	Ph.D.Community Health Nursing	University of Babylon College of Nursing-Iraq
10	Murtadha Ghanem Al-Jubouri	Assistant Professor	Ph.D.Community Health Nursing	University of Kufa College of Nursing-Iraq

Appendix 2: Questionnaire of the study (in English and Arabic language)

The Effects of Compassion Fatigue on Job Satisfaction Among Nurses Working in Hemodialysis Units in Baghdad City

Instructions for filling out the questionnaire:

This questionnaire in your hands is part of the requirements for obtaining a master's degree in mental and mental health nursing at Çankırı University in Turkey. You can choose whether or not to participate in this research and you do not need to mention your name and the data will be used for scientific research purposes and for this research only.

Researcher: Muhammad Abdul Karim Hadi Al-Saeed

Demographic Data

Age

Sex

Work Time

Years Of Experience As A Nurse

Years Of Work In Hemodialysis Unit

Academic Achievement

2.1 Compassion Fatigue Scale

No	Statements	Never 1-2	Rarely 3-4	Sometimes 5-6	Often 7-8	Very Often 9-10
1.	I am preoccupied on more than one of those who i treat them					
2.	I have felt trapped by my work.					
3.	I have thoughts that I am not succeeding in achieving my life goals.					
4.	I have had flashbacks connected to my clients.					
5.	I feel that I am a "failure" in my work.					
6.	I experience troubling dreams similar to those of a client of mine.					
7.	I have felt a sense of hopelessness associated with working with clients/patients.					
8.	I have frequently felt weak, tired, or rundown as a result of my work					

	as a caregiver.					
9.	I have experienced intrusive thoughts after working with especially difficult client/patients.					
10.	I have felt depressed as a result of my work.					
11.	I have suddenly and involuntarily recalled a frightening experience while working with a client/patient.					
12.	I feel I am unsuccessful at separating work from my personal life.					
13.	I am losing sleep over a client's traumatic experiences.					
14.	I have a sense of worthlessness, disillusionment, or resentment associated with my work.					

(Ameer S Abed Al-Razaq et al., 2018)

2.2 Job Satisfaction Scale

No	Statements	Not at all"	Slightly	Moderately	Very	Extremely
1.	I am satisfied with the moments of dialogue and sharing of information with my co-workers.					
2.	I am satisfied with the spirit of collaboration between me and my co-workers.					
3.	I am satisfied with the workload at my workplace.					
4.	I am satisfied with my co-workers' effort to provide better care.					
5.	I am satisfied with my superiors' effort to improve my working conditions.					
6.	I am satisfied with my participation in decision-making in my workplace.					
7.	I am satisfied with the nurse-to-patient ratio in a shift.					
8.	I am satisfied with the career advancement opportunities.					
9.	I am satisfied with the level of trust that I have in my co-workers.					
10.	I am satisfied with how my					

	superiors allow me to participate in training courses/projects.					
11.	I am satisfied with the nurse per shift ratio according to the number of tasks to be performed.					
12.	I am satisfied with the physical conditions of the space where I provide care.					
13.	I am satisfied with the routines at my unit.					
14.	I am satisfied with the fact that my work is rewarded and/or valued by my superiors.					
15.	I am satisfied with the fact that my work is rewarded and/or valued by the patients.					
16.	I am satisfied with how patients and their families value my work					
17.	I am satisfied with the nursing tasks that I perform at this unit					
18.	I am satisfied with the other health professionals' skills.					
19.	I am satisfied with the training opportunities provided at my workplace.					
20.	I am satisfied with the level of competence of the colleagues in the same profession.					
21.	I am satisfied with the possibility to implement new knowledge at my workplace.					
22.	I am satisfied with the equipment/ materials at my unit.					
23.	I am satisfied with the organization of my workplace.					
24.	I am satisfied with my autonomy to provide adequate care to patients according to my skills.					
25.	I am satisfied with how protocols are organized and elaborated at my unit.					
26.	I am satisfied with the quality					

	of the care I provide taking into account the context where I work.					
27.	I am satisfied with the time that I have to wait to be promoted at my workplace.					
28.	I am satisfied with the tasks performed at my unit.					
29.	I am satisfied with my superiors' respect for my work.					
30.	I am satisfied with the number of protocols on the unit's functioning.					
31.	I am satisfied with my salary taking into account the tasks I perform.					
32.	I am satisfied with my salary taking into account my skills/knowledge					
33.	I am satisfied with the moments of dialogue and sharing of information with my superiors.					
34.	I am satisfied with the patients' perception of my activity.					
35.	I am satisfied with my superiors' encouragement to participate in training.					
36.	I am satisfied with the patients' respect for my work.					
37.	I am satisfied with the other health professionals' respect for the care I provide.					

(João et al., 2017)

Arabic Study Questionnaire

إجهاد التعاطف وتأثيره على الرضا الوظيفي للممرضين العاملين في وحدات الديلزة الدموية

التوجيهات الخاصة بتعبئة الاستبانة :

هذه الاستبانة التي بين يديك هي جزء من متطلبات الحصول على درجة الماجستير في تخصص تمريض الصحة النفسية والعقلية لجامعة جانكيري في تركيا ولك الاختيار ما إذا كنت ستشارك في هذا البحث أم لا ولا داعي ان تذكر اسمك وسوف تستخدم البيانات لأغراض البحث العلمي والخاصة بهذا البحث فقط.

الباحث: محمد عبد الكريم هادي السعيد

القسم الأول: الصفات الديموغرافية
العمر
الجنس
وقت العمل
سنوات الخبرة كممرض
سنوات العمل في وحدة الديلزة الدموية
التحصيل الدراسي
القسم الثاني: مقياس إجهاد التعاطف
إجهاد التعاطف: "الثمن لرعاية الآخرين الذين يعانون من آلام عاطفية" و "حالة شديدة من التوتر والانغماس بمعاناة المرضى لدرجة أنها تتسبب بصدمة للممرضين(FIGLEY).

2.3 Compassion Fatigue Scale (Arabic Version)

أنا منشغل البال على أكثر من شخص من الذين أعتني بهم. أبدا - نادرا - أحيانا - أغلب الأحيان
أنتفض أو أتفاجأ لسماع أصوات غير متوقعة
أسترجع بعض الافكار التي ترتبط بالمرضى الذين أقوم برعايتهم
يصعب على الفصل بين حياتي الشخصية وحياتي المهنية
لدي أحلام مزعجة مشابهة لما يعانيه المرضى الذين أعتني بهم
أشعر باليأس فيما يتعلق بعملي مع المرضى
أشعر وبصورة مستمرة بالضعف أو الإحباط نتيجة لعملي كممرض في قسم غسل الكلى
أعتقد أني تأثرت بالضغط النفسي الذى يعاني منه المرضى الذين أعتني بهم
أصبح عصبي لأسباب كثيرة بسبب عملي كممرض في قسم غسل الكلى
أتذكر وأسترجع وبصورة مفاجئة أو غير إرادية مواقف مخيفة مرت بي خلال عملي مع المرضى
أشعر بالاكتئاب بسبب الحالة الصحية للمرضى الذين أعتني بهم
أفقد النوم عند وجود مرضى يعانون من حالات مؤلمة
أعتقد أني اشعر بما يعانيه الأشخاص الذين أعتني بهم
أتجنب بعض النشاطات أو المواقف التي تذكرني بالحالات الصحية للمرضى الذين أعتني بهم

(Ameer S Abed Al-Razaq et al., 2018)

مقياس الرضا الوظيفي

الرضا الوظيفي: هو ما يشعر به الموظفون بالفعل عن أنفسهم كعمال، عملهم، مديريهم، بيئة العمل، حياتهم العملية بشكل عام (Castaneda GA, Scanlan JM)

2.4 Job Satisfaction Scale (Arabic Version)

أنا راضٍ لحظات الحوار وتبادل المعلومات مع زملائي في العمل أبدا - نادرا - أحيانا - أغلب الأحيان - دائما
أنا راضٍ عن روح التعاون بيني وبين زملائي
أنا راضٍ عن عبء العمل في مكان عملي
أنا راضٍ عن جهود زملائي في العمل لتوفير رعاية أفضل
أنا راضٍ عن جهود مسؤولِيَ لتحسين ظروف عملي
أنا راضٍ عن مشاركتي في صنع القرار في مكان عملي
أنا راضٍ عن نسبة الممرضين إلى المرضى في نوبة عملي
أنا راضٍ عن فرص التقدم في الوظيفة
أنا راضٍ عن مستوى الثقة لدي في زملائي في العمل
أنا راضٍ عن الكيفية التي يسمح لي بها مسؤولِيَ بالمشاركة في الدورات / المشاريع التدريبية
أنا راضٍ عن نسبة الممرضين لكل نوبة عمل وفقاً لعدد المهام التي يتعين القيام بها
أنا راضٍ عن الظروف المادية للمساحة التي أقدم فيها الرعاية
أنا راضٍ عن روتين العمل في وحدتي
أنا راضٍ عن حقيقة أن عملي يكافأ و / أو يقدره مسؤولِيَ
أنا راضٍ عن حقيقة أن عملي يكافأ و / أو يقدره المرضى
أنا راضٍ عن كيفية تقدير المرضى وأسرهم لعملي
أنا راضٍ عن مهام التمريض التي أؤديها في هذه الوحدة
أنا راضٍ عن مهارات المهن الصحية الأخرى
أنا راضٍ عن فرص التدريب المتوفرة في مكان عملي
أنا راضٍ عن مستوى كفاءة الزملاء في نفس المهنة
أنا راضٍ عن إمكانية تطبيق المعرفة الجديدة في مكان عملي
أنا راضٍ عن التجهيزات / المواد في وحدتي
أنا راضٍ عن تنظيم مكان عملي
أنا راضٍ عن استقلاليتي لتقديم الرعاية الكافية للمرضى وفقًا لمهاراتي
أنا راضٍ عن كيفية تنظيم البروتوكولات وتفصيلها في وحدتي
.أنا راضٍ عن جودة الرعاية التي أقدمها مع مراعاة السياق الذي أعمل فيه
أنا راضٍ عن الوقت الذي لا بد لي من الانتظار للترقية في مكان العمل
أنا راضٍ عن المهام المنجزة في وحدتي
أنا راضٍ عن احترام مسؤولِيَ لعملي
أنا راضٍ عن عدد البروتوكولات حول عمل الوحدة
أنا راضٍ عن راتبي مع مراعاة المهام التي أقوم بها
أنا راضٍ عن راتبي مع مراعاة مهاراتي / معرفتي
أنا راضٍ عن لحظات الحوار وتبادل المعلومات مع مسؤولِيَ
أنا راضٍ عن تصور المرضى لنشاطي
أنا راضٍ عن تشجيع مسؤولِيَ للمشاركة في التدريب
أنا راضٍ عن احترام المرضى لعملي
أنا راضٍ عن احترام المهن الصحية الأخرى للرعاية التي أقدمها

Appendix 3: CURRICULUM VITAE

Name & Surname	: Mohammed Abdulkareem Hadi Al-saeed
Education status	: Bachelor Degree in Nursing Science
License	: 2007, University of Baghdad, College of Nursing, General Nursing.
Professional Experiences	:1 year Clinical Nursing – 1-year Medical-Surgical Nursing 1-year Nursing Administration –1 year C.C.U Nursing – 11 years Hemodialysis Nursing – now Inspection and Investigation
Studies	: Assistant Head of Research and Studies Department.
Scientific Institutions of which it is a member	: Training and Human Development Center.
Training Courses	: Computer Programs – Human Resources – Administration Training – Nursing Field Training.
Scientific Study Areas	: Psychiatric and Mental Health Nursing