Quality of Work Life, Burnout and Compassion Fatigue among Mental Health Nurses

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Abstract

Background: The nursing profession is a much-demanded profession that creates a lot of stress. Mental health nurses face additional emotional strain that leads to an increase in the risk for experiencing burnout and compassion fatigue and reduced their quality of work life. **Aim of the study**: This study aimed to assess the quality of work life, burnout, and compassion fatigue among mental health nurses. **Design:** A descriptive research design was utilized in this study**. Setting:** The study was conducted at Abbassyia Psychiatric Mental Health Hospital**. Subjects:** This study was conducted on a purposive sample of 180 nurses who worked in the previously mentioned setting**. Study tools**: Data was collected using three tools: **Tool I:** Socio-demographic interview questionnaire. **Tool II:** Walton's quality of work life questionnaire. **Tool III:** Compassion Fatigue Self-Test questionnaire to assess burnout and compassion fatigue of studied nurses. **Results:** 91.11% of the studied nurses were females and their mean age was 35.25. Furthermore, 87% of them had moderate levels of quality of work life. Also, 34% of them showed a moderate risk for burnout and 42% of them had an extremely high risk for compassion fatigue. In terms of total of burnout and compassion fatigue: 43% of the studied nurses had extremely high-risk burnout out and compassion fatigue. **Conclusion:** The majority of the studied nurses had moderate levels of quality of work life, more than one third of them had moderate risk for burnout, more two-fifth of them had extremely high risk for compassion fatigue and total of burnout and compassion fatigue: In addition to that, there was a weak negative correlation, but statistically significant between total quality of work life and total of burn out and compassion fatigue of studied nurses. **Recommendation:** Design and implement programs to improve the quality of work life, reduce burnout and compassion fatigue among mental health nurses.

Key words: Quality of working life, Burnout, Compassion fatigue, Mental health nurses.

Introduction

Nurses are especially vulnerable to burnout syndrome because they represent the largest faction of healthcare professionals, and they are the frontline for direct patient care in hospitals ***(Alexander et al., 2015). Also,*** mental health nurses face additional emotional strain that leads to reduced quality of work life of them ***(Leiter & Maslach 2016).*** Quality of work life (QoWL) is a complex phenomenon involving a wide range of issues, workloads, accommodation, clinical support, career hierarchies such as promotion and position, and professional admiration ***(Kelbiso et al., 2017).***

The International Council of Nurses (ICN) is a strong advocate for QoWL, arguing that all nurses should have equitable pay, safe environments, and working conditions that are decent .The wellness of nurses has become of significant interest globally due to many nurses feeling stressed by their work ***(Akter et al., 2019).***

Dealing with psychiatric patients especially increases workload and put too much pressure on existing nurses, which could cause nurses' psychological problems, such as burnout ***(Yu et al., 2021; Lwin et al., 2017).*** Burnout (BO) is defined as "a state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations ***(Richardson et al., 2020).***

Burnout is a state of psycho-disturbance that mental health workers experience as a result of work pressures, and extra burdens that usually include the feeling of affectionate stress, apathy, and feeling short of achievement. It produces three important outcomes: emotional exhaustion, depersonalization and reduced sense of personal accomplishment ***(Bakar et al., 2022).*** Mental health nurses acquire such negative

consequences have been described in terms of burnout and compassion fatigue ***(Pehlivan & Güner 2018).***

Compassion fatigue **(CF)** is defined as "the final result of a progressive and cumulative process that is caused by prolonged, continuous and intense contact with patients, the use of self, and exposure to stress." ***(Coetzee & Laschinger 2018).*** Descriptors of comassion fatigue involve borrowed stress, compulsive sensitivity, disabled resiliency, emotional contagion, empathic distress, empathic strain, empathy fatigue, empathy overload, existential suffering, trauma, and wounded healer ***(Pehlivan & Güner 2018).***

Both compassion fatigue and burnout appeared to be associated with psychological problems. These aspects were selected as key variables in our study as they may be a potential threat to staff well-being and, consequently, care quality ***(Logan et al., 2023).***

Nurses who work in psychiatric hospitals work in demanding situations, hold high expectations for them, and believe they should be able to handle anything no matter what the challenge. Fortunately, job-related stress is both "treatable" and preventable. Mental health nurses can learn to cope with stress and burnout by gaining an understanding of stress and stressors, recognizing the signs and symptoms of job burnout, acquiring skills to manage its destructive effects, and preventing its occurrence in the future ***(Hamilton-West et al., 2018).***

Consequently, assessment of compassion fatigue, burnout and QoWL of psychiatric nurses are very important to enhance the hospital management and improve policies that promote an optimum work climate and provide appropriate intervention for mental health nurses and improve quality of patients` care.

Significance of the study:

Psychiatric nurses are at great risk for experiencing stress as they work in direct contact with psychiatric patients in a highly stressful environment and the difficult work condition of psychiatric hospitals. Such stress brings them different physical and mental health problems such as burnout, compassion fatigue, and decreases quality of work life ***(Shirpi & Thirumoorthi, 2021).***

Quality of work life (QoWL) is associated with work environment, which refers to considerations including leadership, hospital supports, cooperative relationships, staffing and resource adequacy, and promotion of nursing care. Also, income, work stress, and organizational commitment are predicting factors of QoWL ***(Akter et al., 2019).*** Studies have shown that poor QoWL has a strong correlation with burnout and compassion fatigue.

Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It produces three important outcomes: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment ***(Bakar et al., 2022).*** Also, the cross-sectional study was conducted from June–December 2016 on 286 nurses working in Beni-Suef University Hospital and demonstrated that 43.2% of nurses experienced moderate levels of burnout and 32.6% of them had high levels of burnout ***(Anwar& Elareed, 2017).***

The nurses are vulnerable to a variety of effects while exposure to clients' reenactments and accounts of traumatic experiences, and this is described in terms of compassion fatigue, which is defined as the practitioner's reduced capacity to be empathic or bear the suffering of clients ***(Cetrano et al., 2017).*** Consequently, compassion fatigue and burnout can eventually lower the quality of work life and quality of nurses' clinical performance ***(Abbasi et al., 2017).***

Hence, this study aimed to assess the quality of work life, burnout and compassion fatigue among mental health nurses. It seems important to understand what the quality of work life, burnout and compassion fatigue are as perceived by mental health nurses as well as their relation to each others in order to develop program to decrease burnout and compassion fatigue and enhance the quality of work life among mental health nurses.

Aim Of The Study

The aim of this study was to assess the quality of work life, burnout, and compassion fatigue as perceived by mental health nurses.

This aim was achieved by answering the following questions:

Research Questions:

1- What are the levels of quality of work life among mental health nurses?

2- What are the levels of burnout and compassion fatigue among mental health nurses?

3- To what extent does the quality of working life as perceived by mental health nurses affect the levels of burnout and compassion fatigue?

SUBJECTS AND METHODS

Research design:

A descriptive design was used in this study.

Research setting:

The study was conducted at Abbassyia Psychiatric Mental Health Hospital in Salah Salem Street, Cairo affiliated to the general secretariat of mental health and addiction treatment, consisting of adult inpatient units, pediatric clinics, adolescence clinics, geriatric units, and addiction units.

Sample type:

Purposive sample

Sample size:

The subjects of the present study included 180 nurses working in the previously mentioned setting was selected in the year 2021 from 650 nurses. The sample size was determined according to the following equation:

$$n = \frac{N}{(N-1) B^2 + 1}$$

n = Sample Size

N = Total Number

B = proportion of error (0.05)

(Thomason, 2012).

Sampling technique:

Purposive sample of mental health nurses who fulfill the following **criteria:**

-Free from any mental disorder.

-Employed full-time.

-Working at direct patient care.

-Agree to participate in the study.

-Both sexes (male and female).

Exclusion criteria: Senior management was excluded from the study

Tools for data collection:

Tool I: Socio-demographic interview questionnaire such as age, sex, level of education, years of experience, marital status, residency, and monthly income.

Tool II: Quality of work life (QoWL) scale ***(Walton, 1973)***

It was developed by **Walton, (1973)** adapted by the researchers**.** It was designed to assess the quality of work life**.** The scale has 35 items to measure the eight different dimensions of quality of work life

Table (1): the number of items of the every dimension of QoWL

No	Dimensions	No of items
1	Adequate and fair compensation	4
2	Working conditions	6 (2 of them have reversed responses)
3	Use of capacities at work	5
4	Opportunities at work	4
5	Social integration at work	4
6	Constitutionalism at work	4
7	Occupied space by the work in life	3
8	Social relevance and importance of work	5

It was modified by the researchers to fit the subjects and the setting of the study, thus the researchers had to replace some statements (12 statements) with others in the scale and then translated the scale items into simple Arabic Language.

Scoring system

The questionnaire presented questions made up of 35 items, following the 5-point likert scale (1=strongly dissatisfied, 2= dissatisfied, 3= neutral, 4= satisfied, 5=strongly satisfied) and distributed according to the eight dimensions of QWL assessment in accordance with Walton’s model. The least total score is 35 and the most total score is 175. The least total score is 35 and the most total score is 175 which higher score indicates higher QoWL.

Table (2): the sum total of each dimension of and for the total of QoWL

Scale dimensions.	Low QoWL	Moderate QoWL	High QoWL
Adequate and fair compensation	4-8	9-14	15-20
Working conditions	6-12	13-21	22-30
Use of capacities at work	5-10	11-17	18-25
opportunities at work	4-8	8-14	15-20
Social integration at work	4-8	9-14	15-20
Constitutionalism at work	4-8	9-14	15-20
Occupied space by the work in life	3-6	7-10	11-15
Social relevance and importance of work	5-10	11-17	18-25
Total quality of work life scale	35-69	70-122	123-175

Tool III: Compassion Fatigue Self-Test (CFST) scale:

It was developed by ***Stamm &Figley, (1995)*** and adapted by the researchers based on clinical experience and designed to assess compassion fatigue and burnout. It was translated by the researcher into the Arabic language. CFST has 40 items divided into two subscales: burnout (17 items) and compassion fatigue (23 items). The response to each item is as follows: (1 = rarely/never, 2 = at times, 3 = not sure, 4 = often and 5 = very often). Compassion fatigue items are: 1-8, 10-13, 17-26, and number 29, the rest of items are burnout items. The least total score is 40 and the total higher score is 200. Higher score indicates higher levels of burnout and compassion fatigue.

Table (3): the scoring system of (CFST) Scale

Items	Extremely low risk	low risk	Mode-rate risk	High risk	Extremely high risk
Total burnout subscale	17-19	20-24	25-29	30-42	43-85
Total compassion fatigue subscale	23-26	27-30	31-35	36-40	41-115
Total compassion fatigue and burnout	40-45	47-54	56-64	66-82	84-200

I. Operational design:

The operational design consists of preparatory phase, content validity and reliability, pilot study, and field work

i. Preparatory phase:

The researcher reviewed the literature using textbooks, scientific journals, and the internet to prepare the data collection tools to carry out the study's aim. The face validity of the tools in the form of the translation-back-translation technique was done to ensure the accuracy of the tools. The duration of the preparatory phase took about one month.

ii. Tool contents validity and reliability:

Validity: Content validity was done to the QoWL tool to identify the degree to which the used tools measure what was supposed to be measured. Tools were examined by panel of three psychiatric health nursing experts. The experts reviewed the tools for clarity, relevance, comprehensiveness, and simplicity then minor modifications were done. These modifications were in form of omission or addition of some questions or rephrasing some statements were done and the final form was developed.

Reliability: **Cronbach's Alpha Test was** used to measure the internal consistency of the tools used in the current study. It showed the high reliability of the them as the QoWL Walton`s scale was 0.86 and the CFST scale was 0.94.

Pilot Study: Before embarking on the actual study, a pilot study was carried out on 10% of nurses under the study (18 nurses) who met the inclusion criteria to test the applicability, clarity, and efficiency of the tools and the time to fill the study tools. Carrying out the pilot study gave the researcher experience to deal with the included subjects and the data collection tools. Data obtained from the pilot study were analyzed and minor modifications were done. Study subjects included in the pilot were in the main study sample as simple changes were needed which didn't effect on data obtained.

Fieldwork: The actual fieldwork started and was completed within ten months from the beginning of November 2021 to the end of June 2022. Before the data collection phase, the purpose of the study was explained to the Medical Director of Abbassyia Psychiatric Mental Health Hospital and the head nurse of each unit to get official approval and cooperation. The researcher was available two days (Saturday and Monday) per week through the morning shift from 10 am to 12 pm; three to six nurses per week were interviewed at their work place based on the availability of nurses.

The researcher interviewed each nurse individually after his/her agreement. The researcher explained the aim and the objectives of the study to each nurse to gain his/her consent and cooperation before participation. They were informed about their rights to withdraw from the study at any time and that the data collected from them would be just for the research and kept confidential. The study tools were filled out by the researcher, and each nurse took 20-30 minutes to fill out the tools. The researcher explained the studied tools and clarified each point in the study tools.

II. Administrative Design:

Official permission to carry out the study was obtained by submission of a formal letter issued from the Dean of the Faculty of Nursing, Ain Shams University to the director of the previously mentioned settings to collect the necessary data for the current study after a brief explanation of the purpose of the study and its expected outcomes. The nurses included in the study were informed about the aim of the study. Oral permission was obtained from them, and confidentiality was assured.

III. Ethical considerations:

The ethical research considerations in the study included the following:

-The research approval was obtained from the ethical committee of the Faculty of Nursing, Ain Shams University before starting the study. In addition, oral consent was obtained from each participant who agreed to share in this study after an explanation of the purpose and nature of the study.

-Each participant was assured that anonymity and confidentiality and the right to withdraw from the study at any time without any rationale would be guaranteed. Ethics, values, cultural background, and beliefs were respected. In addition, nurses were informed that obtained data was collected for research purpose.

IV. Statistical Design

The collected data were organized, coded and statistically analyzed using appropriate statistical tests. The statistical analysis of data was performed using the Statistical Package for Social Studies (SPSS), version 20.0 (SPSS Inc.., Chicago, Illinois, USA). Quantitative data were expressed as means and standard deviations (SD). Qualitative data were expressed as frequency and percentage (%). Pearson correlation coefficient test (r-test) and chi-square test were used to test the correlation between the study variables.

Degree of significance of results:

The significance of results was classified according to the p-value for the correlation coefficient, the following level was used:

-P-value > 0.05 was considered insignificant.

-P-value ≤0.05 was considered significant.

-P- value < 0.01 was considered a highly significant.

Results

Table (4) reveals that: the mean age of the studied nurses was 35.25±9.86 years. Female gender constituted 91.11% of them and 79.89% of them were married. Regarding the level of education and years of experience, 52.22% of them held a bachelor's degree and 48.89% of them worked more than 5 years. Furthermore, 52.22% of them had not enough monthly income.

Table (5) clarifies that, the most important dimensions were social relevance

importance of work and constitutionalism at work as more than 75% of studied nurses had moderate QoWL followed by constitutionalism at work as 75% of them had moderate QoWL, then social relevance, occupied space by the work in life and use of capacities at work as more than half of studied nurses had moderate QoWL. While the least essential three dimensions of QoWL were adequate and fair compensation, working conditions and social integration at work as less than 50% of them had moderate QoWL.

Figure (1) illustrates that 87% of the studied nurses had moderate satisfaction with quality of work life, while only 13%of them had low satisfaction with their quality of work life.

Figure (2) illustrates that 38% of the studied nurses had extremely low risk for burnout, and 34% of them had moderate risk for burnout, furthermore 24% of them had low risk for burnout.

Figure (3) illustrates that 42% of the studied nurses had extremely high risk for compassion fatigue, then 23% of them had low risk for compassion fatigue, and 18% of them had extremely low risk for compassion fatigue, furthermore 11% of them had moderate risk for compassion fatigue.

Table (6) clarifies that that there is a strong negative correlation and statistically significant between total quality of work life and burnout as P-Value = 0.00360** (P <0.01) and there is a weak negative correlation and statistically non-significant between total quality of work life and compassion fatigue as P-Value = 0.13604 (P >0.05). Furthermore, there is a weak negative correlation, but statistically significant between total quality of work life and total compassion fatigue and burnout as p-value = 0.02641* (P<0.05).

Table (4): Distribution of socio-demographic data among the studied nurses (n=180)

Items	No	%
Gender		
Male	16	8.89
Female	164	**91.11**
Age		
<30 years	82	45.56
30 < 40 years	36	20
>40 years	62	34.44
Mean ± SD= 35.25±9.86		
Level of Education		
Nursing School	32	17.78
Nursing Institute	54	30
Bachelor of nursing	94	**52.22**
Years of experience in mental health		
(1<3) years	70	38.89
(3<5) years	22	12.22
>5years	88	**48.89**
Marital Status		
Married	142	**79.89**
Single	38	21.11
Residence		
Rural	90	50
Urban	90	50
Monthly income		
Enough	86	47.78
Not Enough	94	**52.22**

Table (5): Assessment of total of every dimension of quality of work life of the studied nurses (n=180)

Items	Low QoWL		Moderate QoWL		High QoWL	
	No	%	No	%	No	%
Adequate and fair compensation	91	50.56	89	**49.44**	0	0.00
Working conditions	107	59.44	73	**40.56**	0	0.00
Use of capacities at work	70	38.89	102	**56.67**	8	4.44
Opportunities at work	72	40.00	104	**57.78**	4	2.22
Social integration at work	80	44.44	82	**45.56**	18	10.00
Constitutionalism at work	44	24.44	136	**75.56**	0	0.00
Occupied space by the work in life	63	35.00	97	**53.89**	20	11.11
Social relevance and importance of work	8	4.44	149	**82.78**	23	12.78

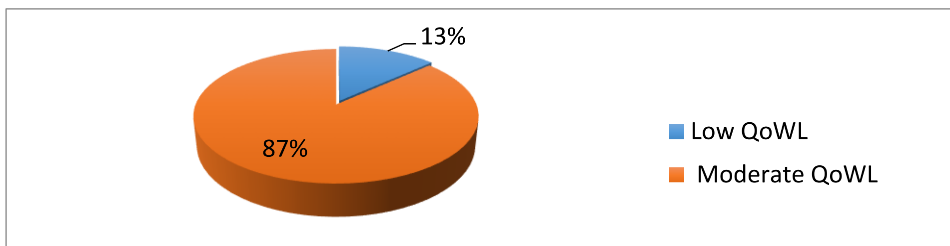

Figure (1): Frequency and percentage distribution of the studied nurses related to their total quality of work life (n=180)

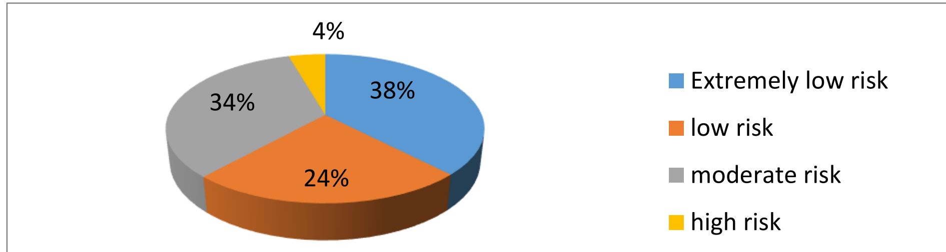

Figure (2): Frequency and percentage distribution of the studied nurses related to burnout (n=180).

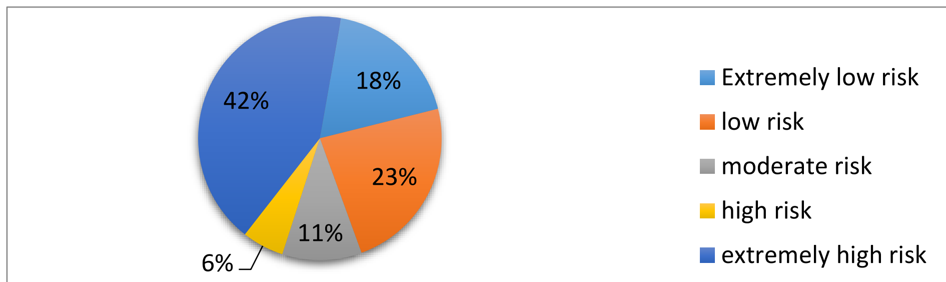

Figure (3): Frequency and percentage distribution of the studied nurses related to compassion fatigue

Table (6): Correlation between total quality of work life, total burnout, total compassion fatigue, and total of compassion fatigue and burnout of the studied nurses (n=180)

Items	Total quality of work life	P-Value
	r-test	
Total burnout	-0.22	0.00360**
Total compassion fatigue	-0.11	0.13604
Total of burnout and compassion fatigue	-0.17	0.02641*

Insignificant P > 0.05 NS significant P ≤ 0.05 * highly significant P < 0.01 **

Discussion

Mental health nurses are at increased risk of burnout and compassion fatigue. This study aimed to assess QoWL perceived by mental health nurses and its effect on burnout and compassion fatigue among mental health nurses. This could reduce the likelihood of burnout and compassion fatigue among mental health nurses. Therefore, it is important to design and implement programs to improve QoWL, understand and effectively manage burnout and compassion fatigue among mental health nurses.

Socio demographic data of the studied nurses

Regarding to **sex** of the studied nurses, the present study result showed that, almost of the studied nurses were female and the minority of them were male. This result is in agreement with ***Ashrafi et al., (2018)*** who carried out a study in Iran entitled “The relationship between quality of work life and burnout” and found that, the majority of nursing staff under the study were females.

Regarding **age** of the studied nurses the present study result showed that, their mean age was 35.25±9.86 ranging from (24-52) years old. This result agrees with ***Permarupan et al., (2020)*** who carried out a study in Malaysia entitled “Predicting nurses burnout through quality of work life and psychological empowerment’ and found that the majority of studied nurses were 31 years old and above.

As regard **educational level** of the studied nurses the current study result demonstrated that, more than half of them had held a bachelor's degree (high level of education). The present study result agrees with ***Hunsaker et al., (2015)*** who carried out a study entitled **“**Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses” who indicated that near to half of studied nurses held a bachelor’s degree.

As regard **marital status** of the studied nurses the present study result showed that, more than three quarters of them were married. The present study result goes in the same line with ***Wang et al., (2019)*** who carried out a study in China entitled **”** Job burnout and quality of working life among Chinese nurses” and found that more than half of the nurses were married.

As regard the **years of experience in the mental health** of the studied nurses, the present study result showed that, near to half of them had more than 5 years of experience. The present study result agrees with ***Permarupan et al., (2020)*** who found that more than half of studied nurses had working experiences of six years or above.

Quality of work life among the studied nurses; regarding **quality of work life** among the studied nurses, the current study results demonstrated that, the most important dimensions were social relevance and importance of work as more than three quarters of the studied nurses had moderate QoWL followed by constitutionalism at work as three quarters of them had moderate QoWL, then opportunities at work, occupied space by the work in life and use of capacities at work as more than half of them had moderate QoWL. While the least essential three dimensions of QoWL were adequate and fair compensation, working conditions and social integration at work as less than half of studied nurses had moderate QoWL. This could be due to that these nurses had low salaries, excessive work load and lack of safety and technology at work that made the work very hard.

The present study result is in agreement with ***Hassona et al., (2021)*** who carried out a study in Saudi Arabia entitled “Effect of Saudi nurses' perceived work-life quality on work engagement and organizational commitment”

and found that the highest mean was social relevance and importance of the work followed by work and lifestyle balance and a good team environment. Whilst not dissatisfied, the lowest mean was related to career opportunities.

In addition, the present study results disagree with ***Dehkordi et al., (2020)*** who carried out a study entitled **"**The effect of COVID-19 on anxiety, quality of work life and fatigue of health care providers in health care centers." and found that the highest mean was development of human capabilities, followed by general living space, providing opportunities for growth, development of human capabilities, adequate pay, safe and healthy environment, then social integration and cohesion and social dependence of work life.

Total quality of work life among the studied nurses; the current study results demonstrated that, the majority of the studied nurses had moderate quality of work life, and near to one eighth of them had low satisfaction with their quality of work life. This may be due to that, the studied nurses received low salaries, lack of safety and technology at work. Furthermore, the exposure to high levels of stress at work (e.g. changed shifts, dealing with aggressive patients and unexpected behavior), felt under pressure at work because of excessive work load and needed to be more commitment of the staff and colleagues at work that that made the work very hard and lead to decreased QoWL level.

This result agrees with ***Ashrafi et al., (2018)*** who carried out a study entitled "The relationship between quality of work life and burnout" and found that, the mean score of QoWL among the majority of the nurses under the study was moderate.

This present study is contrary to ***Lebni et al., (2021)*** who carried out a study in Iran entitled "Nurses' work-related quality of life and its influencing demographic factors at a public hospital in western Iran" and found that half of nurses reported higher levels of quality of work-life.

Burnout among studied nurses; the current study result demonstrated that, Regarding burnout among the studied nurses the current study results demonstrated that, more than one third of the studied nurses had extremely low risk for burnout, and about one third of them had moderate risk for burnout, furthermore one quarter of them had low risk for burnout. This could be due to that, mental health nurses exposing to highly stressful experiences and increased administrative pressures and prolonged exposure listening to patients' traumatic stories makes nurses or healthcare profession susceptible increasing stress and burnout also, the lack of supportive environment that is characterized by relationships of trust and respect. All of these factors increasing the risk for stress and burnout.

The present study result goes in the same line with ***Wang et al., (2019)*** who carried out a study in China entitled**"** Job burnout and quality of working life among Chinese nurses" and found that more than half of studied nurses (56.2%) experienced mild or moderate job burnout.

In addition to ***Hunsaker et al., (2015)*** who carried out a study entitled **"**Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses" and indicated low to average levels of burnout among nurses.

This study is not consistent with the results of the previous study ***Hooper et al., (2010)*** who carried out a study entitled **"**Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties**''** who perceived significantly higher levels of burnout among nurses.

Compassion fatigue among the studied nurses, regarding compassion fatigue among the studied nurses the current study result presented that, more than two fifths of studied nurses had extremely high risk for compassion fatigue, then near to one quarter of them had low risk for compassion fatigue, while near to one fifth of them had extremely low risk for compassion fatigue and only about one-tenth of them had moderate risk for compassion fatigue. This could potentially provide explanation that these nurses are experiencing higher levels of CF may be because they have spent more time in the profession. Nurses under the study have worked full time with higher number of patients and increased workload, thus the risk of CF was high.

This study in the line with ***Mangoulia et al., (2015)*** who carried out a study entitled "Prevalence of secondary traumatic stress

among psychiatric nurses in Greece" and determined that the majority of nurses experienced high levels of compassion fatigue.

This study results disagree with ***Mohammadi et al., (2017)*** who carried out a study entitled "The relationship between professional quality of life and caring ability in critical care nurses" and found that more half of nurses experienced moderate levels of compassion fatigue. In addition to ***Khan et al., (2015)*** who carried out a study entitled "Compassion fatigue amongst health care providers" and also found that almost of the nurses experienced a low to moderate levels of compassion fatigue. It was determined that more than one third of them experienced low levels of compassion fatigue and about two thirds of them at moderate levels.

Correlations between the studied variables:

The correlation between total quality of work life of the studied nurses and burnout; the study results demonstrated that; there was a strong negative correlation between total quality of work life and burnout. This may be due to that, high stress and workload put too much pressure on mental health nurses, which could cause nurses' psychological problems, such as burnout. Also, job burnout was the most important factor affecting mental health nurses' QoWL. Burnout has been found to impact mental health nurses' ability to deal with negative emotions, nurses' work performance and patient safety.

The present study result goes in the same line with ***Ashrafi et al., (2018)*** who found that, there was negative significant relationship between quality of work life and burnout. In addition to ***Casida et al., (2019)*** who studied "Burnout and quality of work life among nurse practitioners in ventricular assist device programs in the United States" which highlighted the association between the high job burnout and low QoWL among nurse practitioners in the United States.

The relation between total quality of work life of the studied nurses and compassion fatigue demonstrated that; the study results showed that; there was a weak negative correlation and statistically non-significant between quality of work life and compassion fatigue. This may be due to that, compassion fatigue is associated with exhaustion, negative emotions accompanying anger and frustration and the fear of doing work and traumatic experiences. Mental health nurses are at risk for compassion fatigue because they have direct contact with traumatized or suffering patients due to the nature of their work. So, mental health nurses had a higher prevalence of compassion fatigue that affect negatively on quality work life. This finding indicates that improving is essential in preventing work-related negative outcomes such increased stress and CF.

The present study is in disagreement with ***Cetrano et al., (2017)*** who carried out a study in Italy entitled "How are compassion fatigue, burnout, and compassion satisfaction affected by quality of working life" and found that, there is a significant correlation between total quality of work life and compassion fatigue as increased levels of compassion fatigue predicted by higher levels of work impaction on life.

Conclusion

The results of this study can be concluded that:

The majority of the studied nurses had moderate levels of quality of work life, more than one third of them had moderate risk for burnout, more two-fifth of them had extremely high risk for compassion fatigue and total of burnout and compassion fatigue: In addition to that, there was a weak negative correlation, but statistically significant between total quality of work life and total of burnout and compassion fatigue of the studied nurses.

Recommendations

Based on the current study findings the following recommendations were proposed:

-Developing measures such as; improving nurses' communication skills, providing educational classes on stress management ,coping strategies ,time management and using social resources that provide psychological support are important for mental health nurses to manage burnout and compassion fatigue and improve the quality of work life.

-Mental health nurses should staying in tune with the signs and symptoms of stress overload and burnout and remain alert to unhealthy coping mechanisms, such as

excessive use of caffeine, alcohol, or prescription medication; overeating or under-eating, smoking ,inactivity, or social withdrawal. Such habits can be difficult to change, and individuals should focus on changing one behavior at a time and seek help from professional counseling if necessary.

-Design and implement programs to improve quality of work life among mental health nurses by developing measures such as; nurses' participation in management, introduction of self-managing work teams (SMWTs), giving appropriate rewards and recognitions, maintaining flexibility in work schedules and providing satisfied monthly salaries.

-Five sessions treatment protocol, called the Accelerated Recovery Program (ARP), for distressed helpers are advised. It augments mental health nurses` ability to minimize compassion fatigue by addressing nine interventional domains.

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