

Comparison of Job Satisfaction, Work–Life Quality, and Compassion Level between Psychologists and Psychological Counselors

Abstract

Introduction: Various studies have been conducted in the literature on job satisfaction, work-related quality of life, and compassion with different sample groups. Our aim is to compare psychologists and psychological counselors (PC) in terms of these variables. **Methods:** It consists of 60 participants; 41 women and 19 men, 30 psychologists and 30 PC, aged between 23 and 52 years, working in schools, clinics, hospitals, and other institutions. Participants filled out a sociodemographic information form and were subjected to the Minnesota job satisfaction scale, the work-related quality of life scale, and the compassion scale. **Ethical Aspect of the Study:** This study was approved by the T.R. University of Üsküdar, Non-Interventional Studies Ethics Committee. **Results:** It was determined that as the age of psychologists and PC increases, their level of disconnection decreases in terms of compassion ($r = -0.264$; $P = 0.041$); thus, their ability to create a rapport increases with age, their compassion fatigue decreases as the workplace changes ($r = -0.256$; $P = 0.048$), their job satisfaction decreases as the noise level in the workplace increases ($r = -0.433$; $P = 0.001$), their job satisfaction increases as the work-related quality of life increases ($r = 0.373$; $P = 0.003$), their humaneness increases as their professional satisfaction increases, and their level of indifference and conscious awareness decreases as their compassion fatigue increases. **Conclusion:** Compassion fatigue is considered to be more related to the traumatic burden of the work done, because as the frequency of workplace changes increases, compassion fatigue decreases. The findings indicate that psychologists and PCs not only need to have suitable working areas available for their work but also need to change their work fields from time to time. It can be argued that the job satisfaction and work-related quality of life of psychologists and PCs working in private clinics are higher than those working in schools; moreover, the reason for the lower levels of burnouts may be due to the noise levels, as well as the workload at the workplace, other occupational groups, and the culture of the institution.

Keywords: *Compassion, job satisfaction, psychological counselor, psychologist, work–life quality*

Introduction

In the literature, it was seen that various studies on job satisfaction, work-related quality of life, and compassion were conducted with different sample groups, but there was no study comparing psychologists and psychological counselors (PCs) in terms of these variables.

Many authors' descriptions of job satisfaction are close to each other. For example, one study suggested that job satisfaction is an important factor driving people to work, job satisfaction will be possible when the hope of success as a

result of one's effort happens, and hence, job satisfaction is a way of fulfilling one's ego.^[1] Çekmecelioglu defines job satisfaction as the reactions developed by the employee depending on whether the work conditions, such as the work itself, the physical environment, the attitude of the management, or the outcomes of the job such as wage and job security, meet the employee's own standards, values, and expectations according to the employee's assessment.^[2] Akıncı reported that job satisfaction is a dynamic concept, and once job satisfaction is achieved, it does not mean that job satisfaction is sustained.^[3]

The concept of compassion has been neglected for many years in psychology

Dilara Tahincioglu¹,
Suleyman
Donmezler², Habib
Erensoy³, Tonguc
Demir Berkol²

¹Uskudar University, Institute of Social Sciences, Department of Psychology, Istanbul, ²Bakirkoy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital, Psychiatry Clinic, Istanbul, ³Uskudar University, Faculty of Medicine, Psychiatry Clinic, Istanbul Turkey

Received : 03-12-2020

Revised : 20-02-2021

Accepted : 21-02-2021

Published : 30-03-2021

Orcid

Dilara Tahincioglu {ORCID ID: 0000-0003-4743-8694}

Süleyman Dönmezler {ORCID ID: 0000-0002-3210-0976}

Tonguc Demir Berkol {ORCID ID: 0000-0003-4341-6826}

Habib Erensoy {ORCID ID: 0000-0002-4278-2739}

Address for correspondence:

Dr. Süleyman Dönmezler, İş Bankası Mensucları Sitesi, Zuhuratbaba, 34147, Bakırköy, Istanbul, Turkey.

E-mail: suleymandonmezler@gmail.com

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

Ethics committee approval: The ethical approval of this study was obtained from Üsküdar University Non-Invasive Research Ethics Committee with number B.08.6.YÖK.2. ÜS.0.05.0.06/2018/624 on May 23, 2018

How to cite this article: Tahincioglu D, Dönmezler S, Berkol TD, Erensoy H. Comparison of job satisfaction, work–life quality, and compassion level between psychologists and psychological counselors. *J Neurobehav Sci* 2021;XX:XX-XX.

Access this article online

Website: www.jnbsjournal.com

DOI: 10.4103/jnbs.jnbs_43_20

Quick Response Code:



but has been studied under concepts, such as affinity and empathy (Gilbert, 2005).^[32] In recent years, new orientations focusing on well-being, strength, and endurance rather than pathologies in psychology have also accelerated the studies on compassion.^[4] Compassion was defined by Gilbert as a concept that includes the desire to relieve someone else's pain, a cognitive process related to understanding the source of pain, and a behavioral process related to performing a compassionate action (Gilbert, 2005). One study suggests that compassion has no correlation with the concept of pity. In the concept of pity, there is no positive participation of the individual, while in compassion, there is an intense interest and respect; including helping, volunteering, and interaction.^[5] Since compassion includes helping, volunteering, and interaction, it is behaviorally similar to concepts such as empathy and sympathy. Neff and Pommier stated that empathy and compassion are very similar and sometimes even used interchangeably.^[6] Although compassion and empathy are generally defined as different concepts and it is stated that empathy is an important competence related to understanding the pain of others, it is also stated that it does not include motivation and behavior toward eliminating these problems.^[7] Sympathy, on the other hand, is a concept included in the emotional aspect of compassion, but compassion includes a more active reaction to the distressed person than sympathy.^[8]

PCs working in schools and psychologists working in clinics apply psychotherapy to their clients using various methods and techniques. The aim of this study was to investigate the relationship between job satisfaction, work-related quality of life, and compassion levels of PC working in schools and psychologists working in clinics. In the study, the job satisfaction, work-related quality of life, and compassion levels of psychologists and PCs were also examined taking into account that the noise level in the workplaces may have an effect on those who are working in schools and private clinics.

Methods

The ethical approval of this study was obtained from Üsküdar University Non-Invasive Research Ethics Committee with number B.08.6.YÖK.2.ÜS.0.05.0.06/2018/624 on May 23, 2018.

The study design was observational, cross-sectional, and relational. The sample of the study consists of 60 participants; 41 women and 19 men; 30 psychologists and 30 PC; aged between 23 and 52; working in various schools, clinics, hospitals, and other institutions; selected by simple random sampling method.

Primary outcome variables (dependent variables) were Minnesota job satisfaction scale, work-related quality of life scale, and compassion scale scores, and the independent variable was categorically defined as the individual being a

psychologist or a PC. In addition, the relationship between outcome variables was examined in two independent groups.

The inclusion and exclusion criteria of our study were being still actively working as a psychologist or PC, voluntarily accepting to participate in the study, and the absence of any physical and neurodevelopmental disease that would prevent filling the tests in the study. We evaluated the opposite of these criteria as the exclusion criteria of our study.

The sociodemographic questionnaire was prepared by the investigator and consists of questions about the participants' age, gender, education level, profession, and working conditions.

The Minnesota Job Satisfaction Scale consists of 20 items and uses a 5 point-Likert type response format (Weiss et al., 1967)^[34] and translated into Turkish by Baycan^[9] and whose validity and reliability studies were conducted (Cronbach's alpha = 0.77). Each question contains five options that describe the degree of satisfaction the person has with their job. These options are "very dissatisfied," "dissatisfied," "undecided," "satisfied," and "very satisfied." These options were evaluated by giving 1, 2, 3, 4, and 5 points, respectively. The highest score that can be obtained from the scale is 100, the lowest score is 20, and the midpoint of 60 points denotes neutral satisfaction. Scores approaching 20 indicate that the satisfaction level has decreased, and scores approaching 100 indicate that the satisfaction level has increased. Intrinsic satisfaction score consists of elements related to satisfaction associated with the inherent nature of the job, such as success, recognition or appreciation, the job itself, job responsibility, promotion, and job change due to promotion. The sum of the scores obtained from the items of this aspect is divided by 12 to calculate the intrinsic satisfaction score. Extrinsic satisfaction score consists of elements pertaining to the business environment such as corporate policy and management, type of audit, relations with managers, employees and subordinates, working conditions, and wages. The sum of the scores obtained from the items of this aspect is divided by 8 to calculate the extrinsic satisfaction score. The neutral satisfaction score of the scale is 3. If the scale result is <3, job satisfaction is considered low; if it is above 3, job satisfaction is considered high.

The work-related quality of life scale is a self-report assessment tool developed by Stamm (2005)^[35] and translated into Turkish by Yeşil *et al.*^[10] and consists of 30 items and three subscales. Professional satisfaction (compassion satisfaction) is the first of the subscales and refers to the sense of fulfillment and satisfaction that the employee feels as a result of helping another person who needs help in a field related to his or her job. The high score from this subscale indicates the level of satisfaction or fulfillment as being the helper. Items 3, 6, 12, 16, 18, 20, 22, 24, 27,

and 30 in the scale are items that measure professional satisfaction. The alpha reliability value of the scale is 0.87. The second subscale, the burnout subscale, is a test that measures the feeling of burnout caused by hopelessness and difficulty in coping with problems in business life. A high score on this scale indicates a high level of burnout. The alpha reliability value of the scale is 0.72. Items 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29 in the scale measure burnout. The third scale, compassion fatigue subscale, is a test created to measure the symptoms, resulting from encountering a stressful event. Employees who score high on this scale are recommended to seek support or assistance. Alpha reliability value of the scale is set to 0.80. Items 2, 5, 7, 9, 11, 13, 14, 23, 25, and 28 of the scale are developed to measure compassion fatigue. While evaluating the scale scores, items 1, 4, 15, 17, and 29 should be calculated by reversing them. A six-step chart ranging from “never” (0) to “very often” (5) was used to evaluate the items in the scale.

Compassion scale, developed by Pommier^[11] and studied for Turkish validity and reliability by Akdeniz and Deniz,^[12] measures the level of compassion of individuals and consists of 24 items. In the validity and reliability study of the scale, subspects that form the compassion structure were determined. These subspects include kindness ($cr\alpha = 0.73$), indifference ($cr\alpha = 0.64$), common humanity ($cr\alpha = 0.66$), separation ($cr\alpha = 0.67$), mindfulness ($cr\alpha = 0.70$), and disengagement ($cr\alpha = 0.60$). Kindness subspect is the sum of items 6, 8, 16, 24, indifference is the sum of items 2, 12, 14, and 18; common humanity is the sum of items 20, 11, 15, and 17; separation is the sum of items 10, 3, 5, and 22; mindfulness is the sum of items 13, 4, 9, and 21; and disengagement is the sum of items 1, 7, 19, and 23. The scale questions were brought to use by Akdeniz and Deniz^[12] in the validity and reliability study.

Results

The two groups were tabulated in terms of age, gender, education, and workplaces. Categorical variables are expressed as frequency distribution (percentage), and numerical variables as mean (standard deviation) [Table 1].

When we compared the two independent groups in terms of outcome variables, the mean scores ($\bar{x} = 9.67$) of the compassion scale indifference subscale of the PCs were found to be statistically significantly higher than the psychologists ($\bar{x} = 7.97, P = 0.030$). The workplace noise mean of the PCs ($\bar{x} = 3.33$) was found to be statistically significantly higher than the psychologists' mean workplace noise ($\bar{x} = 2.57, P = 0.019$). No statistically significant difference was found between the psychologists and the PC's mean scores from the other subscales of the Minnesota job satisfaction scale, the work-related quality of life, and the compassion scale [Table 2].

Another independent variable we want to examine was the workplace. Private school employees ($n = 33$) and private

Table 1: Statistics on the demographics of psychologists and psychological counselors

	Psychologist, <i>n</i> (%)	PC, <i>n</i> (%)	Total, <i>n</i> (%)
Gender			
Women	28 (93.3)	13 (43.3)	41 (68.3)
Men	2 (6.7)	17 (56.7)	19 (31.7)
Education status			
Bachelor's degree	9 (30.0)	18 (60.0)	27 (45.0)
Y. bachelor's degree	19 (63.3)	11 (36.7)	30 (50.0)
Doctor's degree	2 (6.7)	1 (3.3)	3 (5.0)
Workplace			
School	13 (43.3)	20 (66.7)	55.0
Private clinic	9 (30.0)	9 (30.0)	18 (30.0)
Hospital	2 (6.7)	0 (0.0)	2 (3.3)
Other	6 (20.0)	1 (3.3)	7 (11.7)
Age	30.40 (7.49)	29.37 (5.32)	

PC: Psychological counselors

clinic employees ($n = 18$) were compared in terms of means of workplace noise, job satisfaction, work-related quality of life, and compassion. The overall job satisfaction means of those working in private clinics ($\bar{x} = 4.21$) were found to be statistically significantly higher than the mean ($\bar{x} = 3.20$) of those working at school ($P < 0.001$) [Graph 1].

The mean of professional satisfaction ($\bar{x} = 42.22$) of those working in private clinics was found to be statistically significantly higher than the mean of those working at school ($\bar{x} = 36.76, P = 0.043$). The mean noise level perceived by those working at school ($\bar{x} = 3.61$) was found to be statistically significantly higher than the mean ($\bar{x} = 2.00$) of those working in private clinics ($P < 0.001$).

When we look at the relational implications, which is our secondary objective, a significant negative correlation was found between the ages of psychologists and PCs and the scores they received from the separation subscale of the compassion scale ($r = -0.264; P = 0.041$). A significant negative correlation was found between the number of workplace changes and the scores obtained from the compassion fatigue subscale of the work-related quality of life scale ($r = -0.256; P = 0.048$). A negatively significant relationship was found between the perceived noise level in the workplace and the total scores from the Minnesota job satisfaction scale ($r = -0.429; P = 0.001$), a significant negative correlation was found between the total scores from the Minnesota job satisfaction scale intrinsic satisfaction subscale ($r = -0.433; P = 0.001$), a significant negative correlation was found between the total scores of the Minnesota job satisfaction scale extrinsic satisfaction subscale ($r = -0.363; P = 0.004$), a significant negative correlation was found between the scores of the work-related quality of life scale professional satisfaction subscale ($r = -0.315; P = 0.014$), and a positive significant relationship ($r = 0.335; P = 0.009$) was found between the scores obtained from the work-related

Table 2: Evaluation of psychologists and psychological counselors workplace noise, job satisfaction, work-related quality of life, and compassion levels

Department	<i>n</i>	<i>X</i>	<i>S</i>	<i>Z</i>	<i>P</i>
General job satisfaction					
Psychologist	30	3.65	0.763	-0.636	0.525
PC	30	3.49	0.944		
Intrinsic satisfaction					
Psychologist	30	3.92	0.756	-0.829	0.407
PC	30	3.70	0.950		
Extrinsic satisfaction					
Psychologist	30	3.25	0.918	-0.267	0.790
PC	30	3.18	1.043		
Professional satisfaction					
Psychologist	30	40.23	6.951	-0.718	0.473
PC	30	37.57	10.500		
Exhaustion					
Psychologist	30	15.27	5.003	-0.719	0.472
PC	30	16.83	7.042		
Compassion fatigue					
Psychologist	30	15.03	10.190	-1.199	0.231
PC	30	17.23	8.274		
Kindness					
Psychologist	30	16.27	3.290	-1.342	0.179
PC	30	15.27	3.237		
Indifference					
Psychologist	30	7.97	4.295	-2.172	0.030*
PC	30	9.67	3.925		
Common humanity					
Psychologist	30	16.70	2.867	-1.856	0.063
PC	30	18.03	2.008		
Separation					
Psychologist	30	7.33	3.575	-1.803	0.071
PC	30	8.73	3.513		
Conscious awareness					
Psychologist	30	17.43	2.622	-1.267	0.205
PC	30	17.03	2.076		
Disengagement					
Psychologist	30	8.13	3.910	-1.391	0.164
PC	30	9.23	3.645		
Noise level					
Psychologist	30	2.57	1.165	-2.344	0.019*
PC	30	3.33	1.295		

* $P < 0.005$. Mann-Whitney U-test results of means, SD and independent samples. PC: Psychological counselor, SD: Standard deviation

quality of life scale burnout subscale [Table 3]. A positive statistically significant relationship was found between the total scores of the psychologists and PCs from the Minnesota job satisfaction scale and the scores from the job satisfaction subscale of the work-related quality of life scale ($r = 0.527$; $P = 0.000$). A negatively significant relationship was found between the total scores of the psychologists and PCs from the Minnesota job satisfaction scale and the scores from the burnout subscale of the

work-related quality of life scale ($r = -0.280$; $P = 0.030$). A positively significant relationship was found between the total scores of the psychologists and PCs from the intrinsic satisfaction subscale of the Minnesota job satisfaction scale and the scores from the job satisfaction subscale of the work-related quality of life scale ($r = 0.575$; $P = 0.000$). A negatively significant relationship was found between the total scores of the psychologists and PCs from the intrinsic subscale of the Minnesota job satisfaction scale and the scores from the burnout subscale of the work-related quality of life scale ($r = 0.344$; $P = 0.007$). A positively significant relationship was found between the total scores of the psychologists and PCs from the extrinsic satisfaction subscale of the Minnesota job satisfaction scale and the scores from the job satisfaction subscale of the work-related quality of life scale ($r = 0.373$; $P = 0.003$). A positively significant relationship was found between the total scores of the psychologists and PCs from the extrinsic satisfaction subscale of the Minnesota job satisfaction scale and the scores from the compassion fatigue subscale of the work-related quality of life scale ($r = 0.291$; $P = 0.024$). A positively significant relationship was found between the total scores of the psychologists and PCs from the extrinsic satisfaction subscale of the Minnesota job satisfaction scale and the scores from the separation subscale of the work-related quality of life scale ($r = 0.278$; $P = 0.032$). A positively significant relationship was found between the total scores of the psychologists and PCs from the job satisfaction subscale of the work-related quality of life scale and the scores from the kindness subscale of the compassion scale ($r = 0.430$; $P = 0.001$). A positively significant relationship was found between the total scores of the psychologists and PCs from the compassion fatigue subscale of the work-related quality of life scale and the scores from the indifference subscale of the compassion scale ($r = 0.340$; $P = 0.008$). A negatively significant relationship was found between the total scores of the psychologists and PCs from the compassion fatigue subscale of the work-related quality of life scale and the scores from the common humanity subscale of the compassion scale ($r = 0.259$; $P = 0.046$). There was no significant relationship between the scores of psychologists and PCs in other su-scales [Table 4].

Discussion

Job satisfaction and work-related quality of life of those psychologists and PCs working in private clinics were found to be higher than those working in schools, while their burnout levels were lower. It was also determined that as the age of psychologists and PC increases, their level of disconnection decreases in terms of compassion; thus, their ability to create a rapport increases with age, their compassion fatigue decreases as the workplace changes, their job satisfaction decreases as the noise level in the workplace increases, their job satisfaction increases as the

work-related quality of life increases, their humaneness increases as their professional satisfaction increases, and their level of indifference and conscious awareness decreases as their compassion fatigue increases.

Gilbert and Procter^[13] defines compassion as cognitive abilities and compassionate behaviors that include the desire to understand and reduce pain and feelings of empathy. The fact that the levels of indifference toward other people's pain in PCs are significantly higher than psychologists can be explained by the higher noise levels perceived by PCs in the workplace than psychologists. As a finding of the current study, the moderate correlation of noise levels with general job satisfaction, professional satisfaction, and burnout levels may indirectly regulate the indifference levels of PCs.

General job satisfaction, intrinsic job satisfaction, extrinsic job satisfaction, and professional satisfaction

Table 3: The evaluation between the demographic characteristics of psychologists and psychological counselors and their scores of job satisfaction scale from the Minnesota job satisfaction scale and the compassion scale

	Age	Workplace change	Duration of work	Noise level
General job satisfaction	-0.036	0.074	0.011	-0.429**
Intrinsic satisfaction	0.002	0.097	0.049	-0.433**
Extrinsic satisfaction	-0.114	0.019	-0.034	-0.363**
Professional satisfaction	0.209	0.139	0.234	-0.315*
Exhaustion	-0.149	-0.068	-0.194	0.335**
Compassion fatigue	-0.217	-0.256*	-0.169	0.141
Kindness	-0.007	-0.019	0.073	-0.048
Indifference	-0.236	-0.316*	-0.090	0.226
Common humanity	-0.075	-0.126	0.122	0.074
Separation	-0.264*	-0.245	-0.091	0.136
Conscious awareness	-0.065	-0.173	-0.016	0.036
Disengagement	-0.211	-0.196	-0.050	0.088

* $P < 0.05$. Spearman correlation analysis findings, ** $p < 0.001$

levels of psychologists and PCs working in private clinics were found to be significantly higher than those working at schools. However, the burnout levels of psychologists and PCs working at schools were found to be significantly higher than those working in private clinics. In addition, the noise level perceived by the psychologists and PCs working at schools was found to be significantly higher than the noise level perceived by those working in the private clinics. In their study on job satisfaction, Koroğlu^[14] revealed that workplace-related features such as temperature, light and noise level, ventilation, working hours and rest breaks, cleanliness and quality of the workplace, location, and work equipment affect job satisfaction. Likewise, Özer^[15] reported that excessive workload, boring qualities of the job, low wages, impossibility of promotion, excessive working hours, and negative physical working conditions such as noise, insufficient lighting, and heat are sources of stress in the workplace. On the other hand, Avşaroğlu *et al.*^[16] reported that job satisfaction can change depending on the feedback employees receive in their work life, which is an emotional feedback and also affects the quality of life. Şengül^[17] reported that the level of satisfaction of their clients significantly affects the job satisfaction of healthcare professionals. The higher levels of job satisfaction and professional satisfaction of psychologists and PCs working in private clinics may be due to the fact that they receive more frequent and immediate feedback regarding the satisfaction of their clients. There may be factors that reduce job satisfaction and professional satisfaction levels, such as the high number of clients in schools, consultation with psychologists and PCs working in schools being mandatory due to disciplinary problems rather than voluntary, and the absence of or late feedback from the client on satisfaction.

As the age of psychologists and PCs increases, their level of separation subscale of compassion scale decreases. In their study examining the levels of compassion of health

Table 4: Relationship between the scores of psychologists and psychological counselors in the Minnesota job satisfaction scale, the work-related quality of life scale, and the compassion scale

	1	2	3	4	5	6	7	8	9	10	11
1. General job satisfaction	-										
2. Intrinsic satisfaction	0.954**	-									
3. Extrinsic satisfaction	0.908**	0.757**	-								
4. Professional satisfaction	0.527**	0.575**	0.373**	-							
5. Exhaustion	-0.280*	-0.344**	-0.159	-0.549**	-						
6. Compassion fatigue	0.174	0.068	0.291*	-0.074	0.432**	-					
7. Kindness	0.059	0.088	0.002	0.430**	-0.215	-0.139	-				
8. Indifference	0.081	0.052	0.139	-0.235	0.219	0.340**	-0.384**	-			
9. Common humanity	0.091	0.103	0.083	0.180	-0.128	-0.014	0.199	0.033	-		
10. Separation	0.174	0.117	0.278*	-0.023	0.020	0.230	-0.250	0.687**	0.062	-	
11. Conscious awareness	-0.010	0.061	-0.109	0.179	-0.044	-0.259*	0.438**	-0.189	0.503**	-0.163	-
12. Disengagement	0.142	0.133	0.166	-0.107	0.127	0.226	-0.496**	0.802**	0.027	0.604**	-0.132

* $P < 0.05$, ** $P < 0.01$. Spearman correlation analysis findings

professionals, Polat^[18] revealed that separation levels, which are one of the subspects of compassion, do not differ according to age. This finding indicates that as the age of psychologists and PCs increases, their ability to create a rapport in their communication with their clients increases. Therefore, it can be suggested that the ability to feel an emotional connection with people who are suffering, the ability to create a rapport with people when they are sad, and the ability not to avoid the negative emotions of others increase with age.

Compassion fatigue decreases as the number of workplace changes of psychologists and PCs increases. Hamilton (2008)^[29] reported that psychological symptoms such as staying away from colleagues, staying away from patients, and feeling that there is no compassion left for the rest of life, as well as behavioral symptoms such as job absenteeism and anger, may occur in compassion fatigue. In this context, changing the work area or workplace can be seen as a protective factor in reducing the compassion fatigue that can be caused by the fact that psychological health professionals work with individuals who experience various crises and are constantly facing similar crises in the same workplace. For example, considering that a professional who continuously provides psychological support to oncology patients as a subfield of health psychology, developing emotional apathy toward the patients' lives over time is an indicator of compassion fatigue,^[19] it may be appropriate to change the working areas of the same professional by rotation. Thus, psychological healthcare professionals will have the opportunity to find purpose and meaning in every new working field and to recognize and understand the positive aspects of the service they provide. Similarly, due to the large number of students who are under the responsibility of psychologists and PCs working at schools, emotional apathy may develop against the problems of the students due to reasons such as not being able to contact each student, not being able to provide service at a level that can provide job satisfaction under the conditions of the workplace. It is considered that if the professionals who provide psychological health services can have the feeling of making a difference in their work and that they are competent in their work, it can prevent the development of compassion fatigue.

As the noise level perceived by psychologists and PCs in the workplace increases, their general job satisfaction, intrinsic job satisfaction, extrinsic job satisfaction, professional satisfaction decrease, and burnout levels increase. This finding complies with the literature. There are many studies demonstrating that the noise level in the workplace negatively affects job satisfaction and professional satisfaction and increases the levels of burnout.^[14,15,20-24] In workplaces where the noise level is high or perceived high, job satisfaction and work-related quality of life can be affected, which can reduce the performance of employees, increase their burnout and stress levels, and furthermore cause problems including physical and mental disorders.^[24]

As the professional satisfaction of psychologists and PCs increases, their general job satisfaction, intrinsic job satisfaction, extrinsic job satisfaction, and kindness levels increase. This finding complies with the literature. Polat and ve Erdem^[25] found a positively significant relationship between professional satisfaction, which is the subspect of work-related quality of life and kindness, common humanity, and conscious awareness aspects of compassion fatigue. Moreover, there are many studies indicating that job satisfaction increases professional satisfaction.^[1,2,10,26-28]

As the compassion fatigue of psychologists and PCs increases, their extrinsic job satisfaction and indifference levels increase and their level of conscious awareness decreases. This finding complies with the literature. Polat and ve Erdem^[25] found in their study that with the increase of compassion fatigue, the level of conscious awareness, which is the subspect of compassion, decreases and the levels of indifference increases. According to Coetzee and Klopper (2010),^[30] some emotional, psychological, social, behavioral, and physical changes are observed in individuals with compassion fatigues. Physical symptoms caused by compassion fatigue in individuals can be observed as fatigue, loss of strength, and decrease in physical performance. Mental and emotional symptoms are reluctance, malaise, depersonalization, burnout, irritability, and emotional oppression. Socially, it can seem as impassivity and indifference toward the environment. Mc Holm (2006)^[31] reported that compassion fatigue is a form of burnout experienced by healthcare professionals. Gilbert (2010)^[32] states that the therapists are more likely to develop compassion fatigue when they do not have a benevolent and positive attitude despite feeling empathy, and they can discover different treatment options when they are friendly toward their clients and adopt the attitude they need. This finding shows that although psychologists and PCs cannot establish emotional rapport internally with their clients at the level of compassion, they have job satisfaction with their work. It may not be possible for psychologists and PCs to constantly experience the state of creating a rapport with their client, creating a rapport emotionally with people who are suffering, not having difficulty in creating a rapport with them when they are sad, and not avoiding the negative emotions of others. For this reason, although they do not feel connected in terms of compassion in reality, they can adopt a positive attitude toward their clients with the empathy they establish at the conscious level and their job satisfaction may increase with the resulting positive feedback.

Limitations of our study

At the beginning of the study, it was considered that psychologists mostly work in the clinical environment and PC work in schools, and the comparison of job satisfaction, work-related quality of life, and compassion levels of these occupational groups in terms of factors, such as the

complexity of the working environment and the intensity of noise, was predicted to be helpful in determining how they can cope. However, collected data showed that the number of psychologists working in schools was almost equivalent to PCs. In private clinics, the numbers of psychologists and PCs were equal. Therefore, comparing psychologists and PC was not considered appropriate considering the adaptation of these individuals to the work environment, depending on their working years. However, these occupational groups were compared for discussion. Although the main purpose of the study is to compare these two occupational groups, it was not possible to observe the differences arising from the training of these occupational groups, considering that adaptation to the workplace may be a confounding variable.

Patient informed consent

Informed consent was obtained.

Ethics committee approval

The ethical approval of this study was obtained from Üsküdar University Non-Invasive Research Ethics Committee with number B.08.6.YÖK.2.ÜS.0.05.0.06/2018/624 on May 23, 2018.

Financial support and sponsorship

No funding was received.

Conflicts of interest

There are no conflicts of interest.

Author contribution area and rate

Dilara Tahincioğlu (%28): data acquisition, analysis interpretation

Süleyman Dönmezler (%24): involved in refining the conception of the work, the interpretation of data for the work and revising it critically for important intellectual content

Tonguç Demir Berkol (%24): involved in refining the conception of the work, the interpretation of data for the work and revising it critically for important intellectual content

Habib Erensoy (%24): conception/design of the work, data acquisition, analysis interpretation.

References

1. Eren E. Management and Organization (5th Edition), Istanbul: Beta Publishing; 2001.
2. Çekmecelioğlu H. İş tatmini ve örgütsel bağlılık tutumlarının iş ten ayrılma niyeti ve verimlilik üzerindeki etkilerinin değerlendirilmesi: Bir araştırma. İş, Güç Endüstri İlişkileri ve İnsan Kaynakları Dergisi 2006;8:153-16.
3. Akıncı Z. Factors which affect job satisfaction in the tourism sector: a survey in five star hospitality organizations. Akdeniz i.İ.B.F dergisi. 2002;4:1-25.
4. Seligman M, Steen T, Park N, Peterson C. Positive psychology progress: Empirical validation of interventions. Am Psychol 2005;60:410-21. doi: 10.1037/0003-066X.60.5.410.

5. Ekstrom LW. Liars, medicine, and compassion. J Med Philos 2012;37:159-80. doi: 10.1093/jmp/jhs007.
6. Neff KD, Pommier E. The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. Self Identity 2013;12:160-76. doi: 10.1080/15298868.2011.649546.
7. Boellinghaus I, Jones FW, Hutton J. Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation. Train Educ Prof Psychol 2013;7:267-77. doi: 10.1037/a0033092.
8. Gladkova A. Sympathy, compassion, and empathy in English and Russian: A linguistic and cultural analysis. Cult Psychol 2010;16:267-85. doi: 10.1177/1354067X10361396.
9. Baycan FA. Farklı gruplarda çalışan kişilerde iş doyumunun bazı yönlerinin analizi. Thesis, Boğaziçi University, İstanbul; 1985.
10. Yeşil A, Ergün Ü, Amasyalı C, Er F, Olgun NN, ve Aker AT. Validity and Reliability of the Turkish Version of the Professional Quality of Life Scale. Arch Neuropsychiatry Noropsikiyatri Arsivi 2010;47:111-7. doi: 10.4274/npa.5210.
11. Pommier EA. The compassion scale. The Compassion Scale. Dissertation Abstracts International Section A: Humanities and Social Sciences. 2010;72:1174.
12. Akdeniz S, Deniz ME. The Turkish adaptation of Compassion Scale: The validity and reliability study. J Happiness Well Being. 2016;4:50-61.
13. Gilbert P, Procter S. Compassionate mind training for people with high shame and self-criticism: A pilot study of a group therapy approach. Clin Psychol Psychother 2006;13:353-79. doi: 10.1002/cpp.507.
14. Köroğlu Ö. İş Doyumu ve Motivasyon Düzeylerini Etkileyen Faktörlerin Performansla İlişkisi: Turist Rehberleri Üzerine Bir Araştırma. Balıkesir Üniversitesi SBE Turizm İşletmeciliği ve Otelcilik Anabilim Dalı Yüksek Lisans Tezi, Balıkesir; 2011.
15. Özer MA. 21. Yüzyılda Yönetim ve Yöneticiler. Nobel Akademik Yayıncılık, Ankara; 2008.
16. Avşaroğlu S, Deniz ME, Kahraman A. Teknik Öğretmenlerde Yaşam Doyumu İş Doyumu ve Mesleki Tükenmişlik 54 Düzeylerinin İncelenmesi. The Journal of Institute of Social Sciences 2005;14:115-29.
17. Şengül A. İş Doyumu ve Tüketici Tatmin İlişkisi Kamu ve Özel Kesim Sağlık Hizmetlerinde Hekimlerin İş Doyumunun Hasta Tatminine Etkisi Üzerine Bir Araştırma. Celal Bayar Üniversitesi. İşletme Anabilim Dalı Doktora Tezi, Manisa; 2008.
18. Polat F. Merhamet Yorgunluğu Düzeyinin Çalışma Yaşam Kalitesi İle İlişkisi: Sağlık Profesyonelleri Örneği. Süleyman Demirel Üniversitesi SBE Yüksek Lisans Tezi. Isparta;2016.
19. Young JL, Derr DM, Cicchillo VJ, Bressler S. Compassion satisfaction, burnout, and secondary traumatic stress in heart and vascular nurses. Crit Care Nurs Q 2011;34:227-34. doi: 10.1097/CNQ.0b013e31821c67d5.
20. Abramis DJ. Work role ambiguity, job performance: Metaanalyses and review. Psychol Rep 1994;75:1411-33. doi: 10.2466/pr0.1994.75.3f.1411.
21. Erginer A. The Nature of Work Life. Contemporary Approaches in Management. Anı Publishing, Ankara; 2003.
22. Abu AlRub RF. Job stress, job performance, and social support among hospital nurses. J Nurs Sch 2004;36:73-8. doi: 10.1111/j.1547-5069.2004.04016.x.
23. Küçük S. Sağlık Çalışanlarında İş Doyumu ve İş Doyumunu Etkileyen Stres Faktörleri. Beykent Üniversitesi. İşletme Yönetimi Anabilim Dalı. Hastane ve Sağlık Kurumları Yönetimi Bilim Dalı Yüksek Lisans Tezi, İstanbul; 2014.

24. Altay M. Çalışma Yaşam Kalitesinin İş Tatmini, Örgütsel Bağlılık Ve İşten Ayrılma Niyeti İle İlişkisinde İş Yükü Ve Lider-Üye Etkileşiminin Rolü. Süleyman Demirel Üniversitesi. Sosyal Bilimler Enstitüsü. Çalışma Ekonomisi Ve Endüstri İlişkileri Anabilim Dalı. Doktora Tezi, Isparta; 2018.
25. Polat F, Erdem R. Journal of Süleyman Demirel University Institute of Social Sciences. 2017;1:291-312.
26. Karadağ G, Sertbaş G, Güner İÇ, Taşdemir HS, Özdemir N. An investigation job satisfaction, burnout and some related factors among nurses. Nursing Forum Journal 2002;5:8-15.
27. Saari LM, Judge TA. Employee attitudes and job satisfaction. Human Resour Manage 2004;43:395-407. doi: 10.1002/hrm.20032.
28. Şimşek M, Akgemci T, ve Çelik A. Davranış Bilimlerine Giriş ve Örgütlerde Davranış. Adım Matbaacılık, 5. Baskı Konya; 2007.
29. Hamilton M. Compassion fatigue: what school counsellors should know about secondary traumatic stres. The Alberta Counsellor. 2008; 30(1):9-21.
30. Coetzee SK, Klopper HC. Compassion fatigue within nursing practice: a concept analysis. Nurs Health Sci. 2010;12(2):235-243. doi:10.1111/j.1442-2018.2010.00526.x.
31. McHolm F. Rx for compassion fatigue. J Christ Nurs. 2006;23(4):12-21. doi:10.1097/00005217-200611000-00003
32. Gilbert, P. (2005). Social mentalities: A biopsychosocial and evolutionary reflection on social relationships. In M. Baldwin (Ed.), Interpersonal cognition (pp. 299–333). New York, NY: Guilford.
33. Gilbert, P. (2010). Compassion focused therapy: The CBT distinctive features series. London, UK: Routledge.
34. Weiss DJ, Dawis RV, England GW, Lofquist LH. (1967). Manual for the Minnesota Satisfaction Questionnaire. Minneapolis: University of Minnesota.
35. Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion fatigue and satisfaction test. In C. R. Figley (Ed.), Treating compassion fatigue (pp. 107–119). New York: Brunner-Routledge.