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The Relationships between Compassion Fatigue, Quiet Quitting, and Psychological Resilience in Healthcare Workers

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Abstract

Working conditions create an environment full of more difficulties every day. Especially in today's working life, increasing emotional burden and stress factors challenge the psychological resilience of individuals, which leads to compassion fatigue and ultimately to quiet quitting. The goal of this study is to conduct research on healthcare workers who have intensive working conditions considering the actuality of these concepts. In this study, data were collected from 263 healthcare workers serving in private healthcare institutions on the European side of Istanbul, selected by convenience sampling, and analyses were performed using the SPSS 24 software. According to the results, compassion fatigue had a positive relationship to quiet quitting and a negative relationship to psychological resilience. Additionally, a negative relationship was found between psychological resilience and quiet quitting. In other analyses, it was concluded that compassion fatigue positively affected quiet quitting, while psychological resilience negatively affected compassion fatigue and quiet quitting.

Key words: Compassion Fatigue, Quiet Quitting, Psychological Resilience, Healthcare Professionals

JEL Code: D23, J24, M10, M12, M54

1. Introduction

Today's work environments require not only physical effort but also significant emotional and psychological resilience. In jobs where people work closely with others, like healthcare, teaching, and social services, workers often see others going through tough times. They feel a lot of sympathy and care, which can

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be really draining. This can start to take a toll on their mental strength and, over time, lead to a condition called compassion fatigue. For healthcare workers, this means they may start to feel less able to show kindness and support to patients who are in a lot of pain or distress (Cingi & Eroğlu, 2019). This fatigue may later influence other behaviors of healthcare workers. At the same time, behavioral characteristics such as psychological resilience, which help employees cope with difficult events, may have a mitigating effect on compassion fatigue.

Psychological resilience is when someone can handle tough situations and adjust themselves even when things are hard (Öz & Yılmaz, 2009). That is, psychological resilience refers to the ability of individuals to adapt to stressful life events, while compassion fatigue indicates the emotional exhaustion that arises when this ability is excessively strained. These two concepts are worth noting because they have opposing characteristics. A limited number of studies in the literature (Çağatay & Yılmaz, 2024; Özkara & Yılmaz, 2025; Türk & Kaya, 2023) have presented results suggesting that compassion fatigue reduces psychological resilience.

Another behavior in the current area of behavior that healthcare workers should look at is the idea of “quiet quitting”. As the psychological resilience of employees diminishes, their organizational commitment also declines, and this process typically results in withdrawal, loss of motivation, and reduced productivity, which is known as quiet quitting. Quiet quitting means doing just what you're paid to do, keeping a balance between work and personal life, taking time for yourself, not working too hard all the time, and knowing when to say no to extra tasks (Yılmaz, 2024). While quiet quitting is presented as a negative concept, like compassion fatigue, psychological resilience has a positive impact. It is particularly important to investigate these concepts in samples of healthcare workers. The healthcare sector is an area with intense and stressful working conditions and a high degree of risk and uncertainty. Healthcare workers operating in this risky, intense, and stressful sector directly intervene in human health. In this respect, they differ from employees in other sectors (Şeremet & Ekinci, 2021). The difficulties experienced by these employees constitute an obstacle to producing more efficient and higher-quality services within the organization.

In this situation, the purpose of this study is to show how compassion fatigue, quiet quitting, and psychological resilience are connected, as these are important problems that healthcare workers face. It is important to examine the relationships among these concepts in a multifaceted manner and investigate how these variables affect one another in depth to contribute to the field. Furthermore, in the relevant literature, to the best of our knowledge, there is no study that investigates compassion fatigue, quiet quitting, and psychological resilience together. This situation demonstrates the originality of this study. This study is likely to help shape the way we understand and manage behavior in organizations, especially for people working in healthcare.

2. Literature Review

2.1. Compassion Fatigue

In contemporary organizational environments, especially in service-oriented industries, employees are increasingly exposed to emotional demands that go beyond routine task execution. Initially conceptualized in caregiving and health-related professions, compassion fatigue has begun to attract attention in the business management literature due to its significance in roles that require continuous emotional labor, such as customer services, human resources, and managerial positions (Grandey, 2000). Initially conceptualized as a result of secondary traumatic stress, compassion fatigue has emerged as a significant occupational hazard for healthcare providers, social workers, educators, and others working in emotionally demanding professions (Bride, Radey, & Figley, 2007; Pehlivan & Güner, 2018).

The word "compassion" means, according to the Oxford Learner's Dictionary, feeling a strong sense of sympathy for people or animals who are in pain or trouble and wanting to help them. Compassion fatigue was first defined globally in 1992 by nurse Carla Joinson (Arslanoğlu & Çakır, 2024). Joinson said that compassion fatigue, which is a special kind of burnout, is a condition that needs to be noticed first, and that learning how to recognize it is something that can be taught (Doğu, 2021). Later, the concept was formally structured by Figley (1995), who defined it as "emotional exhaustion and dysfunction resulting from prolonged empathic interaction with traumatized individuals."

Compassion is important because it helps motivate professionals to ease the pain and suffering of patients. However, compassion fatigue is the opposite — it's a harmful condition that can affect workers like nurses who constantly deal with people who are hurting (Sarıoğlu, Bilgin, & Kutlu, 2025). Compassion fatigue is a type of burnout that happens especially in jobs where you help others, like caregiving roles. It's when you start to feel the pain of the people you're helping, you get really upset by their suffering, and you feel like you want to help them get better, but over time, this can be really draining (Yılmaz & Üstün, 2018). Occupational groups that require continuous empathic interaction, such as nurses, customer representatives, and service and consultation specialists, are at particularly high risk for compassion fatigue owing to emotionally intense and frequently encountered situations (Bride, Radey, & Figley, 2007; Martin-Cuellar et al., 2018).

The way compassion fatigue is experienced and expressed is heavily influenced by the rules of society, organizational culture, and work environment in which individuals operate. In cultures or workplaces where solidarity and spiritual values are emphasized, people may be more resilient to difficulties. However, in places where emotional strain is disregarded or frowned upon, recognizing this fatigue and seeking help may become more difficult (Öztürk & Karabulutlu, 2021).

In a study by Lombardo and Eyre (2011), they looked at how compassion fatigue affects professional nurses. They grouped the signs of compassion fatigue into three main areas. The first was work-related, which included avoiding or being scared to work with some patients, having a harder time feeling empathy for patients or their families, losing feelings of happiness, and taking sick leave often. The second was emotional, which involved things like mood changes, feeling restless or irritable, being overly sensitive, using too much of substances like alcohol or drugs, feeling anxious or depressed, getting angry or holding grudges, losing the ability to stay calm and objective, having trouble remembering things, and problems with focusing, concentrating, and making good decisions. The third was physical, which included headaches, stomach issues, tight muscles, tiredness, heart problems, and trouble sleeping.

High workload, not enough staff, poor support from leaders, and workplace bullying can all lower job satisfaction and make compassion fatigue more likely. If compassion isn't dealt with, it can cause big problems for people, like more days off, people leaving the job, less drive or output, avoiding social situations, and worse relationships with others in the workplace. For companies, this can damage their reputation and lead to a lack of workers (Jiang & Jiang, 2024; Herrmann, Seubert, & Glaser, 2022; Reyes-Qualdtran, Ruffolo, & Chang, 2022).

In general, uncovering the multidimensional origins of compassion fatigue is important for developing targeted prevention strategies that address both internal vulnerabilities and external stress factors. The compassion fatigue process model created by Figley (1995) suggests that the appearance of compassion fatigue symptoms in healthcare workers who provide care is affected by both personal and outside factors (Bride, Radey, & Figley, 2007). Individually, employees with high levels of empathy, perfectionism, or a strong sense of job commitment may be more vulnerable to compassion fatigue due to their tendency to become emotionally over-involved in client or colleague relationships (Kinman & Grant, 2021; Wei et al., 2025). Additionally, women, younger individuals, and employees with less professional experience have been identified as potential predictors, although these findings vary by cultural context (Çelebi & Öztürk Can, 2022; Albaqawi & Alshammari, 2025). Furthermore, insufficient personal well-being and weak professional identity are considered factors indirectly contributing to increased emotional exhaustion and compassion fatigue (Bloomquist et al., 2015). In short, compassion fatigue is not solely a result of workplace stress but is the outcome of a complex interaction of emotional, psychological, and systemic factors. This concept goes beyond burnout and trauma, necessitating a holistic understanding of empathy-related exhaustion in institutional environments.

2.2. Quiet Quitting

The COVID-19 pandemic, which served as a warning for employees to reclaim control over their lives (Uyan & İbin, 2025), has significantly affected the world of employment (Kuzior, Kettler, & Rąb, 2022). Encouraged by this pandemic, employees have reassessed their priorities (Anand, Doll, & Ray, 2024),

and following the easing of pandemic restrictions in 2021, the concept of "the great resignation" emerged across sectors (Kuzior, Kettler, & Rąb, 2022). The great resignation is when a lot of workers choose to leave their jobs on their own (Aydın & Azizoğlu, 2022; Serenko, 2022). However, some employees were forced to remain in their jobs due to the financial difficulties experienced after the pandemic and have decided that, to achieve a better work-life balance, they must prioritize their personal lives over their careers (Galanis et al., 2023b). This way, the idea of "quiet quitting" has started appearing in writings about work life.

Called "a new name for an old reality" (Aydın & Levent, 2025), the idea of quiet quitting became more noticeable through the saying "your worth as a human is not measured by your labor" (Hiltzik, 2022). It also encourages fulfilling work duties without adhering to the "work is life" culture (Lord, 2022). Quiet quitting means when someone doesn't go above and beyond at work, and only does what's required by their job description (Lu et al., 2023). Another way to look at it is that it's when an employee on purpose only does the tasks that are part of their contract and avoids doing anything extra (Hervé & Oh, 2025).

Quiet quitting refers to when an employee puts in minimal effort into their work (Formica & Sfodera, 2022) and only does what is necessary to keep their job (Johnson, 2023). Described as a passive resistance to work culture (Atalay & Dağıstan, 2024), behaviors observed in employees experiencing quiet quitting include not arriving early to work (Galanis et al., 2023a), leaving work early, refusing to work outside of working hours (Güler, 2023; Karadas & Çevik, 2024), not attending non-mandatory meetings (Hetler, 2024; Ochis, 2024), and consciously avoiding responding to phone calls or e-mails from the workplace (Çelebi et al., 2025). Among the reasons for the idea of quiet quitting, which is seen as an organization's failure to build real connections with its workers (Ochis, 2024), are things like people feeling their well-being isn't considered (Lu et al., 2023), feelings of disrespect and undervaluation (Formica & Sfodera, 2022; Mahand & Caldwell, 2023), insufficient recognition of achievements (Çelebi et al., 2025), lack of financial incentives and support (Anand, Doll, & Ray, 2024; Karadas & Çevik, 2024), lack of organizational commitment (Esen, 2023), decreased trust in the organization, job dissatisfaction, inadequate rewards (Aydın & Levent, 2025), lack of sufficient career opportunities (Gün, Balsak, & Ayhan, 2024), and poor management (Bulut et al., 2024; Harter, 2022). In other words, quiet quitting represents a silent rebellion against the demands of employers for extra effort without sufficient investment in return (Klotz & Bolino, 2022; Güler, 2023).

The quiet quitting trend can also be seen as a way more and more workers are trying to tell their bosses that the work environment isn't healthy anymore and needs to change (Mahand & Caldwell, 2023). Because of this, many experts agree that quiet quitting is a big issue in the workplace and that steps need to be taken early to prevent it from happening more (Nimmi et al., 2024). This is because quiet quitting can lead to reduced productivity and work quality in organizations (Karadas & Çevik, 2024), harm the organization's effectiveness and operations

(Aydın & Levent, 2025), and damage the organization's reputation (Liu-Lastres, Karatepe, & Okumus, 2024). In this situation, the idea of "quiet quitting" is a worrying trend (Galanis et al., 2023c). At the same time, some believe that quiet quitting might have good effects for workers, like helping them feel less stressed and offering a way to deal with burnout. It might also show that they are thinking about changing jobs or are already looking for a new one (Hetler, 2024). Studies show that the idea of quiet quitting is getting more common and serious over time.

According to BetterUp (2022, cited in Employer News, 2022), based on feedback from around 3,000 employees in the UK, one out of every three employees there said they consider themselves to be quiet quitters. In Gallup's (2025) 2024 State of the Global Workplace report, it was stated that employee engagement dropped by two points compared to the previous year, falling to 21%. This is a worrying sign for organizations struggling with productivity. It was also stated that the cost of lost productivity to the global economy is 438 billion dollars.

2.3. Psychological Resilience

The idea of resilience comes from the Latin word "resiliens" which means the ability of something to resist outside forces and go back to its original shape without breaking (Doğan, 2015). Resilience also refers to the personal strengths that help someone deal with challenges and achieve success. In studies conducted on the concept, resilience was revealed as a multidimensional trait that varied according to time, age, gender, culture, and individuals with different living conditions (Connor & Davidson, 2003).

Psychological resilience is the ability of a person to adjust to changes in life, which happens when they interact with both protective factors and risk factors during difficult times. In the studies, it is usually described as a person's ability to stay strong and not give up when facing stressful or harmful situations, to be flexible, and to quickly adjust to what is happening around them. Psychological resilience is often compared to a bamboo tree in nature. Although it bends during heavy rains, the bamboo can straighten again in a short time. This analogy reflects the flexibility and ability to recover that individuals show in response to challenging life events. The concept is used in the sense that the individual adapts by struggling against the difficulties experienced and often continues life stronger than before. The common point in the definitions of this concept is that psychological resilience appears as the ability to show resistance against adversities (Ağırkaya & Erdem, 2023).

Psychological resilience is a broad area of study that looks at the strengths people and systems have that help them deal with challenges. It is studied by social workers, psychologists, sociologists, educators, and other professionals (VanBreda, 2001). Sisto et al. (2019) explained that psychological resilience is the ability to adjust positively to the situations people face in life. This is a dynamic process that develops over time and expresses the ability to re-establish the initial balance or

evaluate the difficulties experienced by individuals as opportunities for growth, enabling them to cope with challenges.

In studies on psychological resilience, especially “risk factors,” “protective factors that mitigate negative impacts,” and “adaptation shown in the face of risk” stand out. Risk factors can be expressed as adverse experiences that a person may encounter in life and factors that may negatively affect mental health. Among these risk factors are poverty, psychological disorders or various illnesses in parents, genetic predispositions, sexual abuse, divorce, natural disasters, and terrorist incidents. Protective factors, on the other hand, are defined as supportive elements that help the individual develop healthier and more adaptive responses to adverse life events (Karaırmak, 2006). Protective factors include individual characteristics, family structure, environmental elements, or supportive conditions arising from the mutual interaction of these factors. Among some protective elements that stand out in studies on psychological resilience are intelligence, internal locus of control, academic success, independence, positive outlook, and hope (Gizir, 2007). To build psychological resilience, a person needs to use the strengths and resources they already have when dealing with tough situations like losing a loved one, going through a divorce, facing health issues, financial stress, or experiencing natural disasters (Güloğlu & Karaırmak, 2010).

Based on what is written in the literature, a person’s level of psychological resilience depends on several factors. As psychological resilience increases, anxiety levels (Artan et al., 2020) and the perception of boredom during leisure time (Aydın et al., 2019) decrease, and happiness levels (Aydın & Egemberdiyeva, 2018) increase. Akçakanat, Uzunbacak and Köse (2018) found that organizational support, along with social support, also had a positive effect on psychological resilience. They also stated that the most important factor affecting the happiness of academics was psychological resilience. Moreover, Kapan and Deniz (2025) determined that employees with high psychological resilience had lower levels of compassion fatigue. Özdemir and Adıgüzel (2021) reported that self-esteem, psychological resilience, and social intelligence were interrelated.

3. METHOD

3.1. Objective and Significance

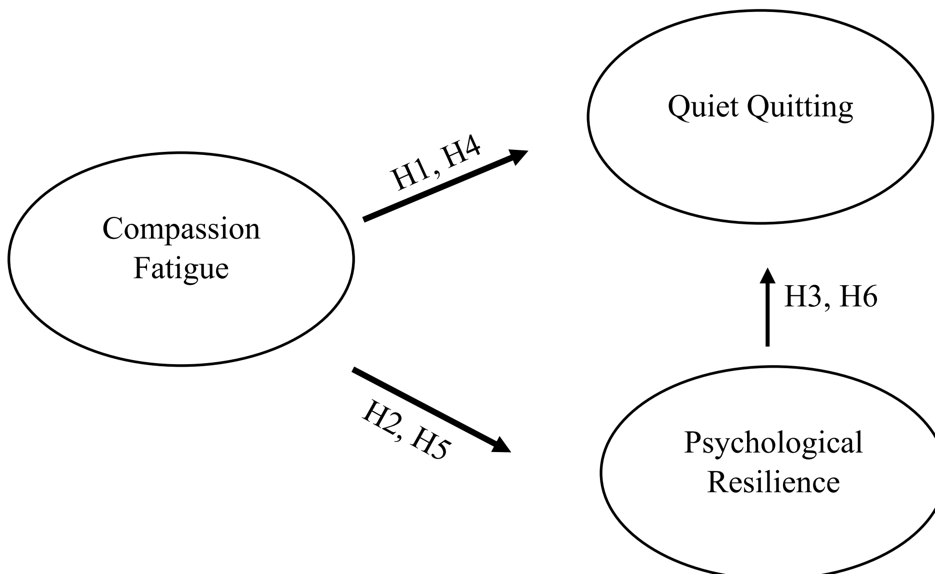
Compassion fatigue is considered a form of burnout observed especially in occupational groups such as healthcare workers who continuously help people. Constantly witnessing the pain of patients, carrying emotional burden, and working in high-stress environments strains the empathy capacities of employees. This situation may lead in the long term to emotional exhaustion, loss of empathy, disengagement from work, and quiet quitting behaviors. Quite quitting can be expressed as the condition in which the individual experiences a loss of motivation by performing only minimum-level duties without completely leaving their job. Psychological resilience is about a person's ability to stay strong and keep going

even when they face stress, trauma, or tough situations. It means they can come out of those experiences having learned something. When healthcare workers have strong psychological resilience, they are better able to handle compassion fatigue, and they are less likely to feel burned out. Healthcare workers who experience compassion fatigue and have low psychological resilience may, over time, lose emotional connection, perform their duties out of obligation, and lose interest in their work. This could result in quiet quitting. Because of this, the purpose of this study is to add to existing knowledge by looking at how much compassion fatigue, quiet quitting, and psychological resilience healthcare workers have, and how these factors are connected to each other.

3.2. Design and Hypotheses

The basic model in Figure 1 was made to match the goal of the study.

Figure 1. Research Model



Source: Authors' calculations

The hypotheses formed within the context of this model are as follows:

H1: There is an important positive relationship between compassion fatigue and quiet quitting.

H2: There is an important negative relationship between compassion fatigue and psychological resilience.

H3: There is an important negative relationship between psychological resilience and quiet quitting.

H4: Compassion fatigue positively affects quiet quitting.

H5: Compassion fatigue negatively affects psychological resilience.

H6: Psychological resilience negatively affects quiet quitting.

3.3. Data Collection Instruments

In this study, the survey method, which is a quantitative data collection method, was chosen. The data collection forms had four parts. The first part was a Personal Information Form that asked about the participants' demographic details, which had 6 questions. The second part was the "Compassion Fatigue – Short Scale," which had 13 questions. The third part was the "Quiet Quitting Scale" with 25 questions. The fourth part was the "Brief Resilience Scale" containing 6 questions.

To measure compassion fatigue, the "Compassion Fatigue – Short Scale (CF-SS)" was used. This scale was created by Adams et al. in 2006 and later translated into Turkish by Dinç and Ekinci in 2019. It has been tested and proven to be reliable and valid. The scale is a self-report tool where people rate how much each statement applies to them. It uses a 10-point scale, with options ranging from "rarely/never" (1) to "very often" (10). The scale has two parts: one about secondary trauma with 5 items, and another about work burnout with 8 items. The lowest possible score is 13 and the highest is 130. Higher scores mean a higher level of compassion fatigue (Adams et al., 2006, as cited in Dinç & Ekinci, 2019).

To measure quiet quitting, the "Quiet Quitting Scale (QQS)," created by Boz et al. (2023) and checked for validity and reliability, was used. This scale uses a 5-point Likert-type scoring system and has 5 main areas: insecurity (7 items), belonging (5 items), worthlessness (4 items), miscommunication (5 items), and inconsistency (4 items).

To measure psychological resilience, the "Brief Resilience Scale (BRS)," developed by Smith et al. (2008) and translated into Turkish by Doğan (2015) with proven validity and reliability, was used. It is a self-assessment tool with 6 items rated on a 5-point Likert scale. Some items are scored in the opposite direction, so after adjusting for that, higher scores mean higher psychological resilience.

Table 1. Cronbach's Alpha (α) Internal Consistency Coefficients of Scales

Scale	Cronbach's Alpha (α)	Standard Error	95% Confidence Interval	Assessment
CF-SS	0.884	0.012	0.861 – 0.906	High reliability
QQS	0.798	0.024	0.752 – 0.845	Acceptable/high reliability
BRS	0.712	0.043	0.649 – 0.722	Acceptable/high reliability

CF-SS: Compassion Fatigue – Short Scale, QQS: Quiet Quitting Scale, BRS: Brief Resilience Scale.
Source: Authors' calculations

The study checked how consistent the scales were using the Cronbach's Alpha method. For the CF-SS scale, the Cronbach's Alpha was 0.884, which means it had a strong level of consistency. The QQS scale had a Cronbach's Alpha of 0.798, showing it was reliable enough. The BRS scale had a Cronbach's Alpha of 0.712, meaning it had moderate consistency. Overall, all the scales used in the study had enough reliability to be useful for the analysis.

3.4. Population and Sample

The study included 450 employees from a private hospital in the Şişli district on the European side of Istanbul. To select participants, 263 healthcare workers who were 18 years or older were chosen. These individuals were approached in person using a convenience sampling method between March and June 2025. To decide how many people were needed for the study, scientific approaches were used to make sure the results would be reliable and could be applied more widely. For this, the study used a 95% confidence level and a 5% error margin as guidelines. The minimum number of participants to be included was determined as 263, and this number corresponded to approximately 58% of the population. It was stated that in qualified scientific studies, taking 10% to 30% of the population as the sample would be sufficient (Yazıcıoğlu & Erdoğan, 2004). Additionally, one of the general rules used in determining sample size is that when the population is known, based on a 95% confidence interval and a 5% margin of error, a minimum of 208 people is sufficient for a population of 450 (Bartlett, Kotrlik, & Higgins, 2001). In this case, the study included 263 participants, which was a large enough group to allow for proper statistical analysis.

3.5. Data Analysis

The data was analyzed using the SPSS 24.0 software. Descriptive statistics were calculated. Cronbach's Alpha analysis was conducted to determine the reliability of the scales used in the study based on their internal consistency levels. To examine whether the data were suitable for normal distribution in terms of each variable, skewness and kurtosis coefficients were checked. To identify the relationships between the concepts included in the study, correlation analyses were applied. The regression analysis method was used to show how much each concept affects the others.

3.6. Limitations

The findings of this study are based on the perspectives of healthcare personnel working at a private hospital in the Şişli district of Istanbul. Therefore, the fact that the data for this study were collected from a single private hospital operating in Istanbul limits the generalizability of the findings to other healthcare institutions, regions, and groups of healthcare workers. Because of limited time and resources, the study couldn't include a bigger group of people. Its results are limited to the selected population, sample, and data collection instruments.

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4. RESULTS

The characteristics of the participants in terms of demographics are shown in Table 2.

Table 2. Demographic Characteristics of Participants

Variables	Groups	n	%
Gender	Female	204	77.6
	Male	59	22.4
Marital Status	Single	170	64.6
	Married	93	35.4
Age	20-29	142	54.0
	30-39	77	29.3
	40-49	37	14.1
	50 or above	7	2.7
Education Level	Primary-secondary school	12	4.6
	High school	54	20.5
	Pre-undergraduate	109	41.4
	Undergraduate	71	27.0
	Graduate	17	6.5
Work Experience	Less than 1 year	55	20.9
	1-5 years	77	29.3
	6-10 years	66	25.1
	11-1 5 years	32	12.2
	16-20 years	20	7.6
	21 years or more	13	4.9
Position	Physician	2	0.8
	Nurse	91	34.6
	Other healthcare personnel	98	37.3
	Administrative personnel	72	27.4
	Total	263	100

Source: Authors' calculations

Most of the people in the study were women, with 77.6% being female and 22.4% being male. About 64.6% of them were not married, and 35.4% were married. Most participants (54%) were in the 20-29 age group. The participants with pre-undergraduate or associate degrees had the highest rate among the education level groups at 41.4%. It was determined that the participants with 1-5 years of experience in the profession had the highest rate at 29.3%. In the distribution of the participants by position, the highest rates consisted of other healthcare staff with 37.3% and nurses with 34.6%. The lowest rate belonged to physicians (0.8%). In general, significant proportional differences were found among the groups related to demographic variables, and it was determined that

female participants, young participants, participants with medium-level experience, and those with pre-undergraduate/associate degrees were predominant.

A normality test was conducted to determine which analyses would be used in the study.

Table 3. Normality Test Results

Scales	Number of Items	Mean	Skewness	Kurtosis
CF-SS	13	30.23	0.796	0.185
QQS	25	20.46	0.076	0.896
BRS	6	30.48	0.157	-0.150

CF-SS: Compassion Fatigue – Short Scale, QQS: Quiet Quitting Scale, BRS: Brief Resilience Scale.
Source: Authors' calculations

The results of the normality tests for the main variables used in the study are shown in Table 3. To check if the data follows a normal distribution, the skewness and kurtosis values were looked at. According to Hair et al. (2013), if these values are between -1 and +1, the data is considered normally distributed. In this study, it was assumed that the data followed a normal distribution, so parametric tests were used.

Table 4. Correlation Analysis Results

	(1)	(2)	(3)
(1) Compassion Fatigue	1		
(2) Quiet Quitting	0.542**	1	
(3) Psychological Resilience	-0.366**	-0.380**	1

** Correlation is significant at the 0.01 level (2-tailed).
Source: Authors' calculations

The results shown in Table 4 were interpreted in accordance with the coefficients presented by Gürbüz and Şahin (2018).

A meaningful and positive connection was found between compassion fatigue and quiet quitting, and this relationship is strong enough to be considered statistically significant ($r=0.542$; $p<0.001$). This result indicated that as compassion fatigue levels of the participants increased, their tendency toward quiet quitting also increased. A statistically significant, negative, and moderate relationship was found between compassion fatigue and psychological resilience ($r=-0.366$; $p<0.001$). This indicated that as compassion fatigue levels of the participants increased, their psychological resilience decreased. It also showed that the participants who were psychologically resilient had lower levels of compassion fatigue. In other words, a strong psychological resilience structure enables individuals to be more resistant to burnout caused by occupational stress. Furthermore, a statistically significant,

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negative, and moderate relationship was identified between psychological resilience and quiet quitting (r=-0.380; p<0.001). This result indicated that as the psychological resilience levels of the participants increased, their tendency toward quiet quitting decreased. In other words, psychologically more resilient individuals exhibit less behavior of disengagement from work or internal withdrawal from work. In line with these correlation analysis results, hypotheses H1, H2, and H3 were accepted.

The results of the regression analyses conducted to determine the prediction of the examined variables by one another are shown in Tables 5, 6, and 7.

Table 5. Regression Analysis of the Effect of Compassion Fatigue on Quiet Quitting

Variable	B	Standard Error	β	t	p
(Constant)	1.934	0.057		34.180	0.000
Compassion Fatigue	0.162	0.016	0.542	10.427	0.000
R=0.542	R2=0.294	F=108.719	p<0.001		

Dependent variable: Quiet Quitting
Source: Authors' calculations

As seen in Table 5, the regression model created to determine the effect of the compassion fatigue levels of the participants on their quiet quitting tendencies was statistically significant and showed a positive effect (B=0.162; p<0.01). It was determined that compassion fatigue explained 29% of the total variance in the tendency of the participants toward quiet quitting.

Table 6. Regression Analysis of the Effect of Psychological Resilience on Quiet Quitting

Variable	B	Standard Error	β	t	p
(Constant)	3.386	0.143		23.730	0.000
Psychological Resilience	-0.266	0.040	-0.538	-6.633	0.000
R=0.380	R2=0.144	F=43.992	p<0.001		

Dependent variable: Quiet Quitting
Source: Authors' calculations

As seen in Table 6, the regression model established to determine the effect of psychological resilience on quiet quitting was statistically significant and showed a negative effect (B=-0.266; p<0.01). It was determined that psychological resilience explained 14% of the total variance in the tendency of the participants toward quiet quitting.

Table 7. Regression Analysis of the Effect of Psychological Resilience on Compassion Fatigue

Variable	B	Standard Error	β	t	p
(Constant)	6.221	0.480		12.966	0.000
Psychological Resilience	-0.858	0.135	-0.366	-6.359	0.000
R=0.366	R2=0.134	F=40.440	p<0.001		

Dependent variable: Compassion Fatigue
Source: Authors' calculations

As seen in Table 7, the regression model established to determine the effect of psychological resilience on compassion fatigue was statistically significant and showed a negative effect (B=-0.858; p<0.01). It was determined that psychological resilience explained 13% of the total variance in the compassion fatigue levels of the participants.

In line with these results, hypotheses H4, H5, and H6 were accepted.

5. DISCUSSION AND CONCLUSION

This study investigated how compassion fatigue, the tendency to quietly quit, and levels of psychological resilience are connected among healthcare workers. The study was conducted within the scope of questions regarding how these concepts, which remain current, are perceived especially among healthcare workers and what types of relationships exist among them. Data were gathered from 263 out of the 450 employees who work at a private hospital located in the province of Istanbul.

The study's findings showed a statistically significant, positive, and moderate link between compassion fatigue and quiet quitting among healthcare workers. When looking at existing research for this study, there were no previous studies that looked at how compassion, fatigue and quiet quitting are connected. This is an important point because it shows how original this study is. Also, the results showed statistically significant, negative, and moderate connections between psychological resilience and both compassion fatigue and quiet quitting. Other studies that found a negative link between psychological resilience and compassion fatigue back up the results from this study (Zhai et al., 2025; Özkara & Yılmaz, 2025; Chen et al., 2024; Çağatay & Yılmaz, 2024; Türk & Kaya, 2023; Çakmak & İlhan, 2023; Karabey, 2023; Sevin & Günüşen, 2021; Burnett & Wahl, 2015). At the same time, some studies have found that there is a negative link between psychological resilience and quiet quitting (Moisoglou et al., 2025; Konstantakopoulou et al., 2025; Kılınç, 2025). This means that the findings of this study are in line with what has been reported in another research on the topic.

The study's regression analysis showed that compassion fatigue had a positive influence on quiet quitting and accounted for 29% of the variation in people's tendencies to quietly quit. Psychological resilience was found to have a negative impact on both quiet quitting and compassion fatigue. It explained 14% of the variation in quiet quitting and 13% of the variation in compassion fatigue. These results showed that psychological resilience was a protective factor both directly and indirectly. That is, psychological resilience is seen as a necessary condition for preventing unwanted behaviors that may emerge among employees.

In summary, this study looked at how compassion fatigue, psychological resilience, and quiet quitting are connected. It examined how much each of these factors affects the others and in what direction. The results of the study mostly match what is already known from existing theories and back up the idea that these factors have a cause-and-effect relationship with each other. In this context, the study makes significant contributions to literature by examining the relationships among compassion fatigue, quiet quitting, and psychological resilience among healthcare workers. Given the lack of studies specifically examining the relationship between compassion fatigue and quiet quitting, this research fills a significant gap in the literature by elucidating the connection between these two concepts. Furthermore, by demonstrating that psychological resilience acts as a protective factor that reduces both compassion fatigue and the tendency toward quiet quitting, this study contributes to the understanding of employees' emotional and organizational processes, thereby providing valuable theoretical and practical findings for the literature on health management, organizational behavior, and human resources.

The study shows that when healthcare workers feel emotionally drained, they start to mentally pull away from their job and only do the bare minimum required to get by, without quitting their positions. In a way, these results show that emotional exhaustion gradually reduces organizational commitment, leading individuals to engage in quiet quitting behavior. In this context, as compassion fatigue increases, it is an expected outcome that individuals begin to merely fulfill their duties within the organization without making extra effort, or in other words, exhibit quiet quitting behaviors.

It is also seen that individuals with high psychological resilience are more resistant to negative factors such as intense stress and emotional pressure, and such individuals experience lower levels of compassion fatigue and quiet quitting tendencies. This situation shows that psychologically more resilient individuals are more effective in coping with negativity in the workplace and are therefore less prone to exhibiting quiet quitting behavior. In this context, psychological resilience is considered a protective factor and supports the professional sustainability of employees. Furthermore, this finding is consistent with the literature suggesting that prolonged exposure to emotional strain undermines psychological resilience and increases the risk of burnout. Another key result from the study shows that

compassion fatigue isn't just about a person feeling burned out. It also has a big impact on how employees act and think inside the company.

Research findings indicate that compassion fatigue experienced by healthcare workers can have significant implications not only for individual well-being but also for organizational commitment, job performance, and service quality. Compassion fatigue may increase the tendency toward "quiet quitting," leading to a weakening of employees' psychological commitment to their work and causing them to perform their duties only at a minimal level. This situation poses a risk that could negatively impact the quality of healthcare services, patient satisfaction, and teamwork. On the other hand, the protective role of psychological resilience highlights the importance of healthcare organizations investing in practices that support employees' mental health. In this context, psychological support services, stress management programs, workload balancing, and training aimed at strengthening resilience can contribute to both enhancing employee well-being and supporting the sustainability of healthcare services. The results of this study indicate that the psychosocial aspects of human resource management should not be neglected in terms of the sustainability of the healthcare system.

This study had some limits. One thing is that the data was collected all at once, so it's hard to know for sure if one thing caused another. Also, because people reported their own information, there might have been influences like people giving answers they think are more acceptable. Future studies are recommended to examine these relationships in different occupational groups or cultural contexts. Furthermore, analyses using more advanced structural models that consider variables such as psychological resilience as mediating or moderating variables may provide a deeper understanding of the topic.

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