



Original research article

The relationship between compassion and burnout among employees in social care institutions

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Abstract

The aim of the study was to examine the relationship between compassion and burnout among employees in social care institutions. A quantitative non-experimental research design was employed. Data were collected between October and December 2025 in five nursing homes for older adults in the North Primorska region. 158 nursing employees were recruited using the snowball sampling method. The results showed that employees had a moderate level of burnout and high levels of compassion. Spearman's correlation analysis indicated that higher overall compassion was significantly associated with lower emotional exhaustion ($\rho = -0.271$, p -value 0.001) and depersonalisation ($\rho = -0.318$, p -value 0.001), and with higher personal accomplishment ($\rho = 0.644$, p -value 0.001). However, multiple regression analysis showed that compassion was not a significant predictor of emotional exhaustion or depersonalisation, while it significantly predicted personal accomplishment. Work experience and gender emerged as significant predictors of emotional exhaustion and depersonalisation. The study's findings indicate that compassion supports employee well-being, particularly by enhancing personal accomplishment; however, burnout is also influenced by demographic and organisational factors. Therefore, preventing burnout requires both strengthening individual compassion and improving organisational conditions such as staffing, workload, and support.

Keywords: Compassion; Nurses; Professional burnout; Social care institutions

Introduction

Compassion is a core value and a fundamental component of the professional identity of nurses. It is a key ethical principle of nursing practice, enabling the provision of high-quality, safe, and holistic patient care (American Nurses Association, 2025; Tehranineshat et al., 2019). In clinical practice, compassion involves recognising another person's suffering, understanding it, and responding appropriately with the intention of alleviating distress (Erbil and Pamuk, 2023). A compassionate orientation encompasses both cognitive and emotional processes and is expressed through patient-centred behaviours and actions (Hussien et al., 2025). Pehlivan and Güner (2020) discuss both the positive effects and the challenges associated with delivering compassionate care across different healthcare settings. Reported benefits include enhanced patient and family engagement in the care process, a better understanding of their needs, the application of appropriate care strategies, and improved patient outcomes. However, compassionate care is affected by several obstacles, including demanding work conditions and individual factors. Additionally, Babaei and Taleghani (2019) emphasise that sociocultural factors, such as gender differences and language barriers be-

tween healthcare providers and patients, may further hinder the effective expression of compassion in care.

Work in social care institutions involves comprehensive care for individuals with diverse needs, including older adults and adults with mental health conditions. In these settings, nurses not only provide health care but also play a crucial role in social support, emotional care, and relationship building with residents (Blomqvist et al., 2023). Due to long-term relationships with residents, the high emotional demands of care, and continuous exposure to suffering, compassion is essential for preserving dignity, ensuring safety, and delivering individualised care (Zarrinkolah et al., 2025). However, prolonged emotional strain and sustained compassionate engagement may also increase the risk of burnout, which is characterised by emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishment (Maslach and Jackson, 1981). Previous research suggests that compassion can serve as a protective factor against burnout; nevertheless, in the absence of adequate organisational support and effective self-regulation strategies, it may also become a source of psychological burden (Leskovic et al., 2024; Ruiz-Fernández et al., 2024). These considerations motivated the present study, which examines the relationship between compassion capacity and burnout among employees working in social care institutions.

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Study aim

The purpose of this study was to investigate the level of compassion and the degree of burnout among employees in social care institutions, and to examine the relationship between these two factors. Specifically, the study aimed to evaluate employees' level of compassion, assess their degree of burnout, and explore the association between compassion and burnout.

The specific objectives of the study were: (i) to determine the level of compassion among employees in social care institutions; (ii) to assess the degree of burnout among employees in social care institutions; (iii) to examine the relationship between compassion and burnout.

Materials and methods

Study design

The study was designed as a cross-sectional observational survey.

Sample

Based on an estimated population of approximately 220 nursing staff employed across the three nursing homes, the achieved convenience sample of 158 respondents represents over 70% of the target population. An a priori power analysis using G*Power (two-tailed, $\alpha = 0.05$, $1-\beta = 0.80$) indicated that this sample size was sufficient to detect medium effect sizes ($d = 0.50$; $p = 0.30$). Other sociodemographic and professional characteristics of the respondents are presented in Table 1.

Table 1. Sociodemographic and work-related characteristics of nursing staff in nursing homes ($n = 158$)

Variables	<i>n</i>	%
Gender		
Male	34	21.5
Female	123	77.8
Education		
Nursing assistants	31	19.6
Nursing technicians	57	36.1
Registered nurses or graduate healthcare professionals	40	25.3
Occupational therapists	4	2.5
Other	26	16.5
Marital status		
Married/in relationship	108	48.8
Divorced/single	44	28.0
Other	5	3.2
Children		
Yes	87	55.1
No	71	44.9

The mean age of respondents was 36.0 years ($SD = 11.7$), ranging from 20 to 64 years. The average length of work experience in nursing was 12.9 years ($SD = 10.9$), with a range from 0 to 40 years.

Instruments

The questionnaire consisted of three parts. The first part, developed by the researchers, collected sociodemographic and professional data, including gender, age, level of education, marital status, and years of work experience.

The second part comprised the Inventory of Compassion in Healthcare (IVC) developed by Ruiz-Fernández et al. (2024),

which assesses compassion among healthcare professionals across four dimensions: motivation and commitment, presence, awareness of shared humanity, and self-care/self-compassion. The instrument includes 17 items rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree), with total scores ranging from 17 to 85; higher scores indicate a greater capacity for compassion.

The third part assessed burnout using the Maslach Burnout Inventory (MBI) (Maslach and Jackson, 1981). The Slovenian validated version adapted by Lamovec (1994) was used. The MBI consists of 22 items rated on a 7-point Likert scale, ranging from 0 (never) to 6 (every day). It measures three dimensions of burnout: emotional exhaustion, depersonalisation, and personal accomplishment. Higher scores on emotional exhaustion and depersonalisation, and lower scores on personal accomplishment, indicate higher levels of burnout.

Data collection

Data were collected using an online questionnaire administered via the 1KA platform. Participants were recruited through a snowball sampling approach. Data collection occurred between October and December 2025 in three nursing homes for older adults in the Northern Primorska region of Slovenia. Participation in the study was voluntary, with no financial or material compensation. A total of 197 questionnaires were returned. After excluding 39 questionnaires due to incomplete responses, the final sample comprised 158 participants.

Data analysis

Descriptive statistics were used to summarise participant characteristics and study variables. As the distribution of several study variables deviated from normality, central tendency for the main scale variables was also described using the median and interquartile range (IQR). Spearman's rank-order correlation analysis was used to examine the relationships between compassion and burnout dimensions. To further examine predictors of burnout, multiple linear regression analyses were conducted. Separate regression models were constructed for each burnout dimension (emotional exhaustion, depersonalisation, and personal accomplishment) as dependent variables. The predictors included the total compassion score, age, work experience, gender, and education level. All statistical analyses were performed using IBM SPSS Statistics version 26.0 (IBM Corp., Armonk, NY, USA). Statistical significance was set at $p < 0.05$.

Ethical considerations

Ethical approval for this study was granted by the Commission of the University of Primorska for Ethics in Human Subjects Research (approval number: 4264-16-3/2022). The survey complied with the EU General Data Protection Regulation (GDPR). The study was conducted in accordance with the principles of the Helsinki-Tokyo Declaration (World Medical Association, 2013). Participants could withdraw from the study at any time without consequences.

Results

Compassion in healthcare was assessed using the Inventory of Compassion in Healthcare (IVC), which comprises four dimensions: motivation and commitment, presence, shared humanity, and self-compassion. Each item was rated on a five-point Likert scale, with higher scores indicating greater compassion.

As the distribution of variables deviated from normality, descriptive statistics are reported as the median and interquartile range (IQR). Internal consistency of the subscales and the total scale was evaluated using Cronbach's alpha coefficient (Table 2).

Internal consistency of the IVC subscales ranged from acceptable to good. Cronbach's alpha coefficients were $\alpha = 0.706$ for motivation and commitment, $\alpha = 0.768$ for presence, $\alpha = 0.570$ for shared humanity, and $\alpha = 0.798$ for self-compassion. The total IVC scale demonstrated good reliability ($\alpha = 0.869$).

The highest median score was for shared humanity (Mdn = 4.67, IQR = 0.67), indicating a strong perception of shared human experience and awareness of others' suffering. High scores were also found for motivation and commitment (Mdn = 4.29, IQR = 0.57) and presence (Mdn = 4.00, IQR = 0.75), suggesting respondents generally reported a high

level of engagement in helping others and maintaining attentive presence in patient interactions. The lowest median score was for self-compassion (Mdn = 3.33, IQR = 1.00), indicating comparatively lower levels of compassion directed towards oneself in situations involving personal difficulty or emotional strain. The median value of the total compassion score was 71.00 (IQR = 10.00), reflecting an overall high level of compassion in healthcare contexts.

Burnout was assessed using the Maslach Burnout Inventory (MBI), which measures three dimensions: emotional exhaustion, depersonalisation, and personal accomplishment. Table 3 presents descriptive statistics for each MBI subscale, together with the distribution of respondents across burnout levels. As the variables were not normally distributed, the results are reported using the median and interquartile range (IQR).

Table 2. Descriptive statistics and reliability of the Inventory of Compassion in Healthcare subscales ($n = 158$)

Dimensions	Items (n)	Median	IQR	Cronbach's α
Inventory of compassion in healthcare	17	71.00	10.00	0.869
Motivation and commitment	7	4.29	0.57	0.706
Presence	4	4.00	0.75	0.768
Shared humanity	3	4.67	0.67	0.570
Self-compassion	3	3.33	1.00	0.798

Table 3. Descriptive statistics, reliability, and distribution of burnout levels across the Maslach Burnout Inventory subscales ($n = 158$)

Subscales	Median (IQR)	Distribution of burnout levels n (%)	Cronbach's α
Emotional exhaustion	24 (20)	Low 56 (35.7), Moderate 38 (24.2), High 63 (40.1)	0.953
Depersonalisation	6 (10)	Low 71 (45.2), Moderate 33 (21.0), High 53 (33.8)	0.831
Personal accomplishment	36 (9)	Low 41 (25.9), Moderate 64 (40.5), High 53 (33.5)	0.820

Cronbach's alpha coefficients indicated high internal consistency for the subscales, with $\alpha = 0.953$ for emotional exhaustion, $\alpha = 0.831$ for depersonalisation, and $\alpha = 0.820$ for personal accomplishment.

For emotional exhaustion, the median score was 24.00 (IQR = 20.00). Based on the established cut-off values, 35.70% of respondents were classified as low, 24.20% as moderate, and 40.10% as high in emotional exhaustion. For depersonalisation, the median score was 6.00 (IQR = 10.00). According to the defined thresholds, 45.20% of respondents were in the low category, 21.00% in the moderate category, and 33.80% in the high category of depersonalisation. For personal accomplishment, the median score was 36.00 (IQR = 9.00). In this dimension, lower scores indicate higher levels of burnout. Ba-

sed on the cut-off criteria, 25.90% of respondents were classified as having low burnout, 40.50% moderate burnout, and 33.50% high burnout related to personal accomplishment.

To examine the relationship between compassion and burnout among employees in social care institutions, Spearman's rank-order correlation analysis was conducted. Burnout was measured using the three subscales of the Maslach Burnout Inventory (MBI): emotional exhaustion, depersonalisation, and personal accomplishment. Compassion was assessed using the Inventory of Compassion in Healthcare (IVC), which includes four dimensions (motivation and commitment, presence, shared humanity, and self-compassion) and a total compassion score (Table 4).

Table 4. Spearman correlations between compassion (IVC) and burnout (MBI)

IVC dimension	Emotional exhaustion (MBI)	Depersonalisation (MBI)	Personal accomplishment (MBI)
Motivation and commitment	$\rho = -0.204, p = 0.010$	$\rho = -0.257, p = 0.001$	$\rho = 0.528, p < 0.001$
Presence	$\rho = -0.246, p = 0.002$	$\rho = -0.386, p < 0.001$	$\rho = 0.525, p < 0.001$
Shared humanity	$\rho = -0.139, p = 0.082$	$\rho = -0.317, p < 0.001$	$\rho = 0.491, p < 0.001$
Self-compassion	$\rho = -0.264, p < 0.001$	$\rho = -0.113, p = 0.158$	$\rho = 0.391, p < 0.001$
Total compassion score	$\rho = -0.271, p < 0.001$	$\rho = -0.318, p < 0.001$	$\rho = 0.644, p < 0.001$

Spearman correlation analysis showed statistically significant associations between several dimensions of compassion and burnout components. Emotional exhaustion was negatively correlated with motivation and commitment ($\rho = -0.204, p = 0.010$), presence ($\rho = -0.246, p = 0.002$), self-compassion ($\rho = -0.264, p < 0.001$), and the total compassion score ($\rho = -0.271, p < 0.001$). These findings indicate that higher levels of compassion are associated with lower levels of emotional exhaustion. The correlation between emotional exhaustion and shared humanity was not statistically significant ($\rho = -0.139, p = 0.082$).

Depersonalisation showed negative correlations with motivation and commitment ($\rho = -0.257, p = 0.001$), presence ($\rho = -0.386, p < 0.001$), shared humanity ($\rho = -0.317, p < 0.001$), and the total compassion score ($\rho = -0.318, p < 0.001$). These findings indicate that higher levels of compassion are associated with lower levels of depersonalisation among employees. However, the association between depersonalisation and self-compassion was not statistically significant ($\rho = -0.113, p = 0.158$).

Personal accomplishment demonstrated positive correlations with all compassion dimensions. The strongest association was observed between personal accomplishment and the total compassion score ($\rho = 0.644, p < 0.001$), followed by motivation and commitment ($\rho = 0.528, p < 0.001$), presence ($\rho = 0.525, p < 0.001$), shared humanity ($\rho = 0.491, p < 0.001$), and self-compassion ($\rho = 0.391, p < 0.001$). These results indicate that higher levels of compassion are associated with higher levels of perceived professional accomplishment.

To examine whether compassion and selected sociodemographic characteristics predict emotional exhaustion among employees in social care institutions, a multiple linear regression analysis was performed. Emotional exhaustion, measured using the Maslach Burnout Inventory (MBI), was entered as the dependent variable. The predictors included the total compassion score (Inventory of Compassion in Healthcare), age, work experience, gender, and education level. Gender was coded as 1 = male and 2 = female, while education was coded into five categories representing different healthcare professions and education levels (Table 5).

Table 5. Multiple linear regression analysis predicting emotional exhaustion

Predictor	B	SE	β	<i>t</i>	<i>p</i>
IVC total compassion score	-0.117	0.078	-0.122	-1.497	0.137
Age	-0.191	0.107	-0.291	-1.786	0.076
Work experience	0.301	0.118	0.420	2.556	0.012
Gender	4.151	1.388	0.238	2.990	0.003
Education	0.353	0.303	0.092	1.165	0.246

Note: Dependent variable: Emotional exhaustion (MBI). Gender coded as 1 – male, 2 – female. Education coded into five categories representing different healthcare professions. Model statistics: $F(5,145) = 3.46, p = 0.006, R^2 = 0.107$, adjusted $R^2 = 0.076$

The multiple linear regression model examining predictors of emotional exhaustion was statistically significant [$F(5,145) = 3.46, p = 0.006$], explaining 10.7% of the variance in emotional exhaustion ($R^2 = 0.107$). Among the predictors, work experience was a statistically significant positive predictor of emotional exhaustion ($\beta = 0.420, p = 0.012$), indicating that employees with more years of work experience tended to report higher levels of emotional exhaustion. Gender was also a significant predictor ($\beta = 0.238, p = 0.003$). Given the coding used in the analysis (1 = male, 2 = female), the positive regression coefficient indicates that female employees reported higher levels of emotional exhaustion compared with male employees. In contrast, the total compassion score was not a statistically significant predictor of emotional exhaustion ($\beta = -0.122, p = 0.137$), although the negative coefficient suggests a tendency for higher compassion to be associated with

lower emotional exhaustion. Age ($\beta = -0.291, p = 0.076$) and education level ($\beta = 0.092, p = 0.246$) were also not statistically significant predictors in the model. To further examine factors associated with burnout, a multiple linear regression analysis was conducted with depersonalisation as the dependent variable (Table 6).

The regression model predicting depersonalisation was statistically significant [$F(5,145) = 3.40, p = 0.006$], explaining 10.5% of the variance in depersonalisation ($R^2 = 0.105$). Among the predictors, work experience ($\beta = 0.413, p = 0.013$) and gender ($\beta = 0.212, p = 0.008$) were statistically significant. The positive regression coefficient for work experience indicates that employees with more years of work experience reported higher levels of depersonalisation. Gender was also a significant predictor; given the coding used (1 = male, 2 = female), the results indicate that female employees report-

Table 6. Multiple linear regression analysis predicting depersonalisation

Predictor	B	SE	β	<i>t</i>	<i>p</i>
IVC total compassion score	0.014	0.039	0.029	0.352	0.725
Age	-0.094	0.053	-0.286	-1.757	0.081
Work experience	0.147	0.059	0.413	2.509	0.013
Gender	1.843	0.691	0.212	2.668	0.008
Education	-0.135	0.151	-0.071	-0.897	0.371

Note: Dependent variable: Emotional exhaustion (MBI). Gender coded as 1 – male, 2 – female. Education coded into five categories representing different healthcare professions. Model statistics: $F(5,145) = 3.396, p = 0.006, R^2 = 0.105$, adjusted $R^2 = 0.074$

ed higher levels of depersonalisation than male employees. In contrast, compassion ($\beta = 0.029$, $p = 0.725$), age ($\beta = -0.286$, $p = 0.081$), and education level ($\beta = -0.071$, $p = 0.371$) were not statistically significant predictors of depersonalisation in the model.

To examine factors associated with burnout, a multiple linear regression analysis was conducted with personal accomplishment as the dependent variable (Table 7).

Table 7. Multiple linear regression analysis predicting personal accomplishment

Predictor	B	SE	β	<i>t</i>	<i>p</i>
IVC total compassion score	-0.222	0.077	-0.234	-2.875	0.005
Age	-0.245	0.105	-0.379	-2.329	0.021
Work experience	0.331	0.116	0.471	2.864	0.005
Gender	3.012	1.365	0.175	2.206	0.029
Education	0.076	0.298	0.020	0.256	0.798

Note: Dependent variable: Emotional exhaustion (MBI). Gender coded as 1 – male, 2 – female. Education coded into five categories representing different healthcare professions. Model statistics: $F(5,145) = 3.54$, $p = 0.005$, $R^2 = 0.109$, adjusted $R^2 = 0.078$

The regression model predicting personal accomplishment was statistically significant [$F(5,145) = 3.54$, $p = 0.005$], explaining 10.9% of the variance in personal accomplishment ($R^2 = 0.109$). Compassion was a statistically significant predictor of personal accomplishment ($\beta = -0.234$, $p = 0.005$), indicating that higher levels of compassion were associated with lower scores on the personal accomplishment scale in the regression model. Age was also negatively associated with personal accomplishment ($\beta = -0.379$, $p = 0.021$), suggesting that older employees reported lower levels of personal accomplishment. In contrast, work experience was positively associated with personal accomplishment ($\beta = 0.471$, $p = 0.005$), indicating that employees with more years of professional experience tended to report higher levels of personal accomplishment.

Although the correlation analysis showed a strong positive association between the total compassion score and personal accomplishment ($\beta = 0.644$; $p < 0.001$), the regression model including additional predictors (age, gender, work experience, education) yielded a negative coefficient for compassion ($\beta = -0.234$; $p = 0.005$). This apparent discrepancy is a statistical phenomenon known as a suppression effect, which can occur when predictors are intercorrelated (multicollinearity) and the model partitions variance across multiple variables. Therefore, the negative coefficient does not imply that higher compassion leads to lower personal accomplishment but reflects the influence of other variables on the numerical prediction of the outcome in the regression model.

Discussion

This study found that employees in social care institutions demonstrate strong compassion, particularly in shared humanity, while self-compassion was comparatively lower. These results are consistent with previous research showing that healthcare professionals often care deeply for others but may struggle to extend the same care to themselves, which can increase emotional strain (Abdollahi et al., 2021; Javanmard et al., 2021). The imbalance between compassion towards others and self-compassion may reflect a professional culture that values patient-centred care at the expense of personal well-being. Insufficient self-compassion can make employees more vulnerable to burnout, as it reduces the internal resources needed to manage prolonged emotional demands (Hashem and Zeinoun, 2020; Neff, 2003a, b). The relatively low self-compassion ob-

served in this study may also stem from the professional expectation to prioritise patient needs over personal care. This culture of self-sacrifice, while supporting patient outcomes, may leave employees with fewer coping strategies for occupational stress. Self-compassion facilitates adaptive emotional regulation, reflection, and resilience against work-related stress, which can mitigate burnout risk (Neff, 2003a, b).

Correlation analyses indicated that higher compassion was associated with lower emotional exhaustion and depersonalisation, and higher personal accomplishment. Compassion serves as a personal resource, supporting engagement, empathy, and professional efficacy, while reducing fatigue and detachment (Cairns et al., 2024; Hashem and Zeinoun, 2020). It enables employees to remain emotionally present with clients and transform exposure to suffering into meaningful experiences, protecting against emotional exhaustion (Hofmeyer et al., 2020; Vévodová et al., 2016).

Burnout patterns in long-term care and nursing home settings were consistent with previous studies, showing elevated emotional exhaustion, reduced personal accomplishment, and relatively lower depersonalisation (Ata et al., 2020; Eltaybani et al., 2021; Leskovic et al., 2020). This suggests that chronic exposure to caregiving stressors presents persistent challenges. Workload, staffing levels, and institutional support influence how employees experience burnout and may amplify or mitigate stress (Norful et al., 2024; Shanafelt et al., 2015). Demographic factors such as gender, age, and work experience were associated with compassion. Although no significant gender differences emerged in this study, prior research suggests that women may report higher compassion levels than men in some healthcare contexts (San Román-Niaves et al., 2022). Older and more experienced employees tended to exhibit higher compassion, supporting the idea that prolonged exposure to caregiving roles can strengthen empathic and prosocial capacities (Schroeder et al., 2023). In regression models, compassion was not a significant predictor of emotional exhaustion or depersonalisation once demographic and work-related factors were included. This may reflect shared variance among predictors, where organisational and demographic variables account for part of the relationship between compassion and burnout (Norful et al., 2024; Taranu et al., 2022).

Compassion satisfaction, the positive emotional experience derived from helping others, was associated with lower depersonalisation and higher personal accomplishment (Mersin et al., 2020; Pérez-Chacón et al., 2021). Empathy and

compassion appear to protect against emotional exhaustion and support engagement in professional activities (Delgado et al., 2023). Strengthening these capacities through training and reflective practices may improve resilience and overall well-being among social care staff.

The multiple regression results for emotional exhaustion and depersonalisation showed that work experience and gender had meaningful associations with these burnout dimensions. On the other hand, compassion was not a statistically significant predictor once other variables were included, even though correlation analyses indicated a potentially protective relationship. This difference is not unusual in regression modelling. When predictors share variance with each other, for example, when compassion is related to demographic or work-related characteristics, the unique contribution of any single predictor can change once those other factors are accounted for (Miller and Chapman, 2001). A similar situation occurred with the personal accomplishment dimension. Although the zero-order correlation between total compassion score and personal accomplishment was strongly positive, the adjusted regression coefficient was negative. This reversal is consistent with a suppression effect, a recognised phenomenon in multiple regression where including correlated predictors changes the coefficient of a specific variable (MacKinnon et al., 2000). In other words, the negative coefficient for compassion in the regression model does not imply that higher compassion reduces personal accomplishment, but may reflect the statistical adjustment for shared variance with other predictors in the model.

These findings demonstrate that interventions targeting burnout should address both personal and organisational factors. Promoting self-compassion, providing structured compassion training, and improving workplace conditions, including adequate staffing and workload management, can support professional engagement and reduce emotional exhaustion (Nagle et al., 2024; Norful et al., 2024). Integrating personal skill development with practical improvements in work environments is likely to enhance well-being and resilience among employees in long-term care settings.

Study limitations

Several limitations should be considered when interpreting the findings. The cross-sectional design does not permit causal inferences, and the use of self-report measures may introduce response bias. In addition, the sampling strategy relied on convenience and snowball sampling from a limited number of institutions within a single Slovenian region, which substantially limits the generalisability of the results. Future studies could improve representativeness by recruiting participants from multiple institutions and regions using random or stratified sampling methods. Furthermore, the relatively low reliability of the “shared humanity” subscale (Cronbach’s $\alpha = 0.570$) may affect the stability and interpretation of the findings. Despite these limitations, the study offers practical implications for developing interventions to strengthen self-compassion and improve working conditions, supporting both the well-being and professional sustainability of social care employees.

Conclusion

This study confirms that compassion is an important personal resource for employees in social care institutions. Higher levels of compassion are associated with lower emotional exhaustion and depersonalisation, as well as a greater sense of per-

sonal accomplishment. However, compassion alone does not significantly predict emotional exhaustion and depersonalisation, emphasising the decisive role of organisational factors in shaping employees’ well-being.

These findings indicate that effective burnout prevention requires a dual approach: developing individual capacities such as compassion and self-compassion, while also addressing organisational conditions, including adequate staffing, balanced workloads, and comprehensive institutional support. Implementing such integrated strategies is essential, not only for enhancing the psychological resilience and professional satisfaction of social care employees, but also for ensuring the delivery of high-quality, compassionate care to residents. Future research and practice should focus on designing and evaluating interventions that address both personal and organisational dimensions, fostering sustainable well-being and long-term professional engagement in social care settings.

Conflict of interest

The authors have no conflict of interest to declare.

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