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Mindfulness and Its Relationship to both Compassion Fatigue and Psychological Resilience Among Healthcare Practitioners

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Abstract

The purpose of this study is to investigate the connection between mindfulness and compassion fatigue, as well as psychological resilience, among nurses and other medical professionals. A total of sixty-five medical professionals participated in the study, with the average age being forty years old (standard deviation = 0.481). The findings demonstrated that there is a statistically significant positive link between Self-Efficacy and both Lack of Reaction and Observation at a significance level of 0.01, as indicated by the findings. Furthermore, at a significance level of 0.05, there is a statistically significant positive association between self-efficacy and description. Furthermore, this correlation is favorable. Additionally, the findings demonstrated that there is a statistically significant positive association between Burnout and Observation at a significance level of 0.01, as it was demonstrated by the findings. Furthermore, at a significance level of 0.01, there is a statistically significant negative association between the feelings of burnout and the absence of judgment. According to the findings, there are no statistically significant variations in any of the aspects of the psychological resilience scale that may be linked to marital status, age, or gender.

Keywords: *Mindfulness, Compassion Fatigue, Psychological Resilience, Health Practitioners.*

Introduction

At this time, people all around the world are confronted with a multitude of challenges that can be expressed in a variety of ways. Researchers (Akhtar et al., 2024; Lassri et al., 2024; Peixoto, 2024; Murray & Chiotu, 2024) identify some of the psychological issues that have captured and continue to capture the attention of researchers and psychologists, regardless of their cultural affiliations and theoretical perspectives (Stevens et al., 2024). These issues include anxiety, depression, psychological pressure, psychological trauma, psychological burnout, compassion fatigue, and other similar conditions.

Despite his apparent adaptation, love for his work, and satisfaction with it, compassion (Todaro-Franceschi, 2024; Dos Santos et al., 2024) may be the source of an emotional disorder that can remain unknown for a long time. This condition is known as "compassion fatigue." Reality reveals the limitations of human rationality in the face of tragedies and traumas. For instance, an interventionist, therapist, or any health practitioner may feel as though they are in a state of danger and that they are burdened (Sciepura & Linos, 2024). This is because of the amount of work that has been entrusted to them. Despite his apparent adaptation, love for his work, and satisfaction with it, compassion may be the source of this emotional disorder.

The practice of mindfulness is an important notion that involves being fully aware of the moment that is currently occurring and accepting oneself without passing judgment on oneself.

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Mindfulness is a way of thinking that involves focusing one's attention on environmental factors without forming any positive or negative judgments about them (Preissner et al., 2024; Lu et al., 2024). Numerous studies have demonstrated that the practice of mindfulness can effectively reduce stress levels (Truscott, 2024), anxiety (Alkhawaldeh et al., 2024), depression and its symptoms (Reangsing et al., 2024; Aydın et al., 2024). In addition, the research conducted by Cura et al. in 2024 discovered that there is a negative correlation between the levels of mindfulness and patience exhibited by nurses on the one hand with compassion fatigue on the other.

Through the practice of mindfulness, individuals are able to strengthen their resilience (Le et al., 2024; Abdelrasheed & Saeed, 2024) when confronted with stressful situations. Additionally, mindfulness empowers individuals to demonstrate their capabilities and potential without being constrained by specific concepts.

Procedures and Participants

A convenience sample was used to complete out an online survey that was given to the medical professionals working at King Khaled Eye Specialist Hospital throughout the months of July and August of 2024. The survey was presented to the medical experts. When conducting the online survey, the first thing that needed to be done was to ascertain whether or not the participants were willing to take part in the sample. On the first page of the survey, participants were informed that their data will be employed in the research project if they confirmed their willingness to take part in the survey. This information was provided to them when they agreed to take part in the survey. On the title page of the survey, which marks the commencement of the survey, the objectives of the study were first provided. There was extra information regarding the study that was provided at the beginning of the survey, as well as directions that were extremely important to guarantee that the questions were answered correctly. In order to facilitate the dissemination of the link that would enable consumers to access the online survey, the supervisor of Outpatient clinics at (KKESH) was the individual who was responsible for this. A variety of demographic information was provided by the individuals who took part in the research project. This information included the participants' ages, genders, marital statuses, and occupational roles.

Instruments

Compassion Fatigue - Short Scale (CF-SC)

The scale was developed by Figley (1995) and used and revised by different researchers in different studies (Kinnick et al., 1996; Gentry, 2002; Boscarino et al., 2004). Additionally, Adams et al. (2006) analyzed the validity and reliability of the scale, and they also modified and shortened the scale. In addition, they shortened the scale. They also decreased the length of the scale, which was another change. The scale is comprised of a total of thirteen different things, and each of these things can be evaluated anywhere from one to ten points, with ten being the most frequently used and one being the least frequently used or no use at all. There are two components that make up the Likert-type scale, and they are job burnout and secondary traumatic stress. These two aspects are going to be measured using the scale that was designed. According to Adams et al. (2006), the Cronbach's alpha coefficients of the dimensions have a range of 0.80 to 0.90, and they have a high degree of internal reliability. Additionally, the range of these coefficients is quite high. When it comes to the scale, the range of possible scores begins at thirteen and extends all the way up to one hundred thirty. The amount of compassion fatigue increases in proportion to the score that is received.

Five-Factor Mindfulness Questionnaire (FFMQ)

This questionnaire was prepared by Baer et al. (2006) Under the name of Five Factor Mindfulness Questionnaire (FFMQ) to measure mindfulness skills as a feature of the Mindfulness Traits. The questionnaire includes five mindfulness skills that represent the most well-known mindfulness skills mentioned by Linehan et al. (1992) The application of mindfulness in dialectical behavioral therapy was something that they were talking about at the time. The questionnaire covers a total of five distinct mindfulness skills, each of which is included, respectively. These abilities include the following: the ability to observe, describe, act with awareness, the ability to not judge events, and the ability to not be sensitive. The questionnaire consists of 39 items, all of which are positive affirmations, with the exception of these questions that are inverted, which are 5, 3, 8, 10, 13, 12, 16, 14, 18, 17, 22, 23, 25, 28, 30, 34, 35, 38, and 39. Those instances in which this rule is inverted are the only ones that are not subject to it. When it comes to assigning a score to the questionnaire, a "five-response" Likert technique is utilized. The rating scale that is utilized ranges from "very rarely" to "always true." On the other hand, the Cronbach's alpha coefficients for the full values of observing, describing, acting with awareness, non-judging experiences, and non-reactivity are 0.83, 0.87, 0.87, 0.91, and 0.75 respectively. Analyses of both positive and negative statements were performed in order to assess whether or not the questionnaire was valid. The findings revealed that all of the values were significant at the 0.01 level, indicating that the questionnaire was legitimate.

The Resilience Evaluation Scale (RES)

There are nine separate components that make up the RES, which is used to evaluate psychological resilience. The participants were provided with a Likert scale consisting of five points, ranging from 0 (completely disagree) to 4 (completely agree) so that they could express their opinions. There was a question that asked the respondents to rate the extent to which each statement was applicable to them in terms of how they dealt with difficult situations. The framework is made up of two components: self-efficacy (items 2, 3, 4, 5, 6, and 8) and self-confidence (items 1, 7, and 9). Both of these components are included in the framework. It has been found that higher aggregate scores (which can range from 0 to 36) are associated with higher levels of psychological resilience. A number of previous research have provided evidence that the RES exhibits a satisfactory level of internal consistency ($\alpha = 0.78–0.89$) and convergent validity ($r = 0.47–0.74$; $p < 0.001$) for both the overall scores and the subscale scores without exception.

Sample Description

Age	Repetition	Percentage
Male	23	35.4%
Female	42	64.6%
Total	65	100%

Table (1): Gender Distribution (N=65)

The gender breakdown of the sample is presented in Table (1). The number of male participants reached 23 out of 65, which is equivalent to 35.4% of the total sample. All of the participants were health practitioners. In the meantime, there were 42 female health practitioners out of a total of 65 participants, which is equivalent to 64.6% of the total sample.

Age Range	Repetition	Percentage
25-35	25	38.5%
35-45	40	61.5%
Total	65	100%

Table (2): Age Distribution (N=65)

Table 2 presents the distribution of the sample for each age group that was taken into consideration. Of the overall number of participants, there were 25 health practitioners who were between the ages of 25 and 35. This represents 38.5% of the entire sample. The total number of participants was 65. Out of a total of sixty-five participants, forty were between the ages of 35 and 45. This is sixty-one point five percent of the final sample. The total number of participants was sixty-five.

Marital Status	Repetition	Percentage
Married	32	49.2%
Single	33	50.8%
Total	65	100%

Table (3): Marital Status (N=65)

According to the marital status of the individuals in the sample, the sample is divided into two categories: married and single. This is illustrated in Table 3, which presents the distribution of the sample. In the final sample, there were 32 people out of 65 who were married, which is comparable to 49.2% of the total. This proportion represents the percentage of married people. On the other side, the number of people who were single reached 33 out of 65 participants, which is equivalent to 50.8% of the sample that was still available.

Verification of the Psychometric Properties of the Scale in the Current Study. The researcher applied the scale to a pilot sample consisting of 65 participants.

First: Five Factor Mindfulness Questionnaire

Validity

For the goal of establishing whether or not the scale was valid, the researcher in this study applied the idea of internal consistency validity. I have provided a synopsis of this process in the following paragraphs:

Uniformity throughout the entirety of the organization The approach that was applied in order to determine the internal consistency of the scale was the calculation of the correlation coefficients between the item score and the total score for each sub-dimension. This was done in order to ensure the authenticity of the scale. The sample for the pilot project included sixty-five different people. Each and every one of these discoveries is detailed in the table that is shown below.

Lack of Reaction	Items	Non-Judgment	Items	Consciousness	Items	Description	Items	Observation	Items

0.124	4	0.202	3	0.327**	5	0.578**	2	0.341**	1
0.647 **	9	0.176	10	0.508**	8	0.640**	7	0.622**	6
0.228	19	0.002	14	0.282*	13	0.020	16	0.542**	12
0.567 **	21	0.207	17	0.560**	18	0.563**	22	0.247*	11
0.481 **	24	0.210	25	0.682**	23	0.620**	32	0.660**	15
0.520 **	29	0.168	30	0.072	28	0.749**	37	0.416**	20
0.365 **	33	0.178	39	0.607**	34		-	0.565**	26
	-	0.363* *	35	0.215	38		-	0.671**	31
	-		-		-		-	0.723**	36

Table (4): Correlation Coefficients Between the Total Score of the Sub-Dimension and the Items Belonging to the Five Factor Mindfulness Questionnaire (N=65)

Sig 0.05 *Sig 0.01

Table 4 makes it abundantly clear that all of the correlation coefficients between each of the items and their subcomponents were statistically significant at the 0.01 level, with the exception of items 11 and 13, which were significant at the 0.05 level. The following items, however, did not meet the criteria for statistical significance: 16, 38, 28, 17, 14, 10, 3, 19, 4, 39, 30, and 25.

Dimensions	Reliability Coefficient
Observation	0.750**
Description	0.824**
Consciousness	0.544**
Non-judgment	0.449**
Lack of reaction	0.617**
Total score A	0.637**

Table (5) The Calculation of Internal Consistency for the Five Factor Mindfulness Questionnaire and total (N=65)

Sig 0.05 *Sig 0.01

It is evident from Table (5) that the correlation coefficients between the dimension and the total score of the scale are high, as all dimensions are statistically significant at the level of 0.01.

Reliability

The reliability coefficient was calculated using Cronbach's Alpha and the split-half method. The reliability coefficients were found to be high. The results of the reliability coefficients are as follows:

Dimensions	Cronbach's Alpha (N=65)	Split-Half Reliability (N=65)
Observation	0.615	0.819
Description	0.772	0.462
Consciousness	0.398	0.854
Non-judgment	0.003	0.779
Lack of reaction	0.511	0.787
Total score A	1.000	0.932

Table (6): Cronbach's Alpha Reliability Coefficients for the Future Five Factor Mindfulness Questionnaire for a Pilot Sample (N=65)

Table (6) indicates that all reliability coefficients for the dimensions of the scale, as assessed by split-half reliability with Spearman-Brown correction and Cronbach's alpha, show high-reliability rates.

Second: RES Scale:

Validity

Internal Consistency Validity

To verify the validity of the scale, the internal consistency of the RES Scale items was calculated by computing the correlation coefficient between each item score and the total score of the scale. The table below shows the correlation coefficients of the RES Scale items and their statistical significance.

Self-Confidence	Items	Self-Efficacy	Items
0.641**	1	0.701**	2
0.463**	7	0.845**	3
0.696**	9	0.815**	4
	-	0.835**	5
	-	0.848**	6
	-	0.820**	8

Table (7): Correlation Coefficients of RES Scale Items and Their Statistical Significance (N=65)

Sig 0.05 *Sig 0.01

It is evident from Table (7) that all the correlation coefficients between each of the items and their subcomponents were statistically significant at the 0.01 level.

Dimensions	Reliability coefficient
Self-Efficacy	0.902**
Self-Confidence	0.657**
Total score A	0.780**

Table (8): Internal Consistency Calculation for the Scale by Correlation Coefficients Between Each Dimension and the Total Score of the Scale (N=65)

It is evident from Table (8) that the correlation coefficients between the dimension and the total score of the scale are high, as all dimensions are statistically significant at the level of 0.01.

Reliability

The reliability coefficient was calculated using Cronbach's Alpha and the split-half method. The reliability coefficients were found to be high. The results of the reliability coefficients are as follows:

Dimensions	Cronbach's Alpha (N=65)	Split-Half Reliability (N=65)
Self-Efficacy	1.000	0.965
Self-Confidence	0.847	0.758
Total score	0.829	0.948

Table (9): Cronbach's Alpha Reliability Coefficients for the RES Scale for a Pilot Sample (N=65)

Table (9) indicates that all reliability coefficients for the dimensions of the scale, as assessed by split-half reliability with Spearman-Brown correction and Cronbach's alpha, show high reliability rates.

Third: Compassion Fatigue - Short Scale (CF-SC)

Validity

Internal Consistency Validity

A determination of the internal consistency of the Compassion Fatigue Scale was made by calculating the correlation coefficient between the scores of each individual item and the overall score of the scale. This was done in order to validate the validity of the scale. The correlation coefficients of the items on the Compassion Fatigue Scale are presented in the table below, along with the statistical significance of those correlation coefficients.

Trauma	Items	Burnout	Items
0.688**	3	0.584**	1
0.680**	5	0.691**	2
0.666**	8	0.576**	4
0.502**	10	0.554**	6
0.784**	12	0.594**	7
		0.725**	9
		0.790**	11
		0.819**	13

Table (10): Correlation Coefficients of Compassion Fatigue Scale Items and Their Statistical Significance (N=65)

Sig 0.05 *Sig 0.01

It is clear from looking at Table (10) that all of the correlation coefficients that were calculated between each of the items and their respective subcomponents were statistically significant at the 0.01 or above level.

Dimensions	Reliability Coefficient
Burnout	0.982**
Trauma	0.964**
Total score	0.937**

Table (11): Internal Consistency Calculation for the Scale by Correlation Coefficients Between Each Dimension and the Total Score of the Scale (N=65)

It is evident from Table (11) that the correlation coefficients between the dimension and the total score of the scale are high, as all dimensions are statistically significant at the level of 0.01.

Reliability

A combination of Cronbach's Alpha and the split-half approach was utilized in order to get the dependability coefficient. It was discovered that the reliability coefficients were satisfactory. As a consequence of the reliability coefficients, the following results were obtained:

Dimensions	Cronbach's Alpha (N=65)	Split-Half Reliability (N=65)
Burnout	0.963	0.614
Trauma	0.943	0.634
Total score A	1.000	0.882

Table (12): Cronbach's Alpha Reliability Coefficients for the RES Scale for a Pilot Sample (N=65)

Table (12) indicates that all reliability coefficients for the dimensions of the scale, as assessed by split-half reliability with Spearman-Brown correction and Cronbach's alpha, show high-reliability rates.

Study Results

This chapter presents and analyzes the results of the study based on the following steps, which were followed by the researcher to verify the validity of the study's hypotheses as follows:

Results of the First Hypothesis

The first hypothesis states: **"There is a statistically significant relationship between the Five-Factor Mindfulness, Compassion Fatigue, and Psychological Resilience among healthcare practitioners".**

Pearson's correlation coefficient was utilized by the researcher in order to ascertain whether or not this hypothesis was indeed valid. The correlation coefficient was calculated between the dimensions of the Five-Factor Mindfulness Scale and the dimensions of the Psychological Resilience Scale.

Five-Factor Mindfulness / RES	Observation	Description	Consciousness	Non-Judgment	Lack of Reaction
Self-Efficacy	0.494**	0.287*	0.255*-	0.391**-	0.536**
Self-Confidence	0.554**	0.441**	0.220-	0.357**-	0.562**

Table (13): Results of the Correlation Coefficients between the Dimensions of the Five-Factor Mindfulness Scale and the Dimensions of the Psychological Resilience Scale (N=65)

Table 13 makes it plainly evident that there is a statistically significant positive correlation between self-efficacy and both absence of reaction and observation at a significance level of 0.01, as evidenced by the fact that this correlation is statistically significant. This correlation is shown to be among the most significant correlations in the study. Additionally, a statistically significant positive connection exists between self-efficacy and description at a significance level of 0.05. This association is statistically significant. Additionally, this correlation should be considered positive. On the other hand, there is a statistically significant negative link between Self-Efficacy and Non-judgment at a significance level of 0.01, and there is also a negative association with Consciousness at a significance level of 0.05. Both of these associations are statistically significantly negative. Both of these relationships are substantial according to statistical analysis.

There is a correlation that can be regarded statistically significant between the practices of the Five Facet Mindfulness and compassion fatigue among individuals who are employed in the healthcare business.

The correlation coefficient developed by Pearson was applied by the researcher in order to determine whether or not this hypothesis was, in fact, valid. The level of correlation between the parameters of the Compassion Fatigue scale and the dimensions of the Five Facet Mindfulness Questionnaire was determined by the calculation of the correlation coefficient.

Five-Factor Mindfulness / Fatigue / Compassion	Observation	Description	Consciousness	Non-Judgment	Lack of Reaction
Burnout	0.370**	0.123	0.300*-	0.492**-	0.220
Trauma	0.290*	0.195	0.148-	0.320*-	0.168

Table (14) The Results of the Correlation Coefficients between the Dimensions of the Five-Facet Mindfulness Questionnaire and the Dimensions of the Compassion Fatigue Scale (N=65)

The results of Table (14) make it abundantly evident that there is a statistically significant positive correlation between Burnout and Observation. This association is statistically significant at a significance level of 0.01. The relevance of this link is demonstrated by the fact that it occurs. Furthermore, there is a statistically significant negative correlation between the absence of judgment and the sensations of burnout, and this association is found to be statistically significant at a significance level of 0.01. On the other hand, at a significance level of 0.05, there is a statistically significant inverse correlation between burnout and consciousness. This association runs in the other direction. In terms of statistics, this connection is substantial.

The association between traumatic events and observations is statistically significant at the 0.01% level of significance, indicating that there is a positive link between the two.

The Five Factor Mindfulness Questionnaire	Male N=23		Female N=42		T	Sig
	Mean	Std. Consciousness	Mean	Std. Deviation		
Observation	25.0909	8.6294	31.7857	6.3688	-3.526	0.138
Description	18.4545	3.6609	23.0714	4.1636	-4.385	0.362
Consciousness	30.4545	6.8224	29.8571	5.6204	0.375	0.046
Non-judgment	29.9091	5.9674	26.5714	4.1855	2.608	0.003
Lack of reaction	17.5000	6.3527	23.0714	2.6076	-4.967	0.000-
Total score A	121.4091	10.8612	134.357	17.6370	-3.139	0.001

Furthermore, there is a statistically significant negative link between the experience of trauma and the ability to resist from passing judgment, and this link is found to exist at a significance level of 0.05.

Results of the Second Hypothesis: This hypothesis states that "there are statistically significant differences in the level of mindfulness of the five factors among health practitioners attributed to gender (male-female), age and marital status.

For the purpose of putting this hypothesis to the test, the researcher computed the means and standard deviations of the Five-Factor Mindfulness Scale based on gender (male versus female), in addition to the "T" values. These findings are summarized in the table that can be found below: There are disparities between health practitioners depending on gender (male versus female) in the components of the Five-Factor Mindfulness Scale and the total score (N=65), as shown in Table (15).

Table (15) shows statistically significant differences in the dimensions of non-judgment and consciousness attributed to gender (male-female), in favor of males. On the other hand, the differences were in favor of females in the lack of reaction dimension and the total score A at a significance level of 0.05.

The Five Factor Mindfulness Questionnaire	Age Groups (25-35) N=25		Age Groups (35-45) N=40		T	Sig
	Mean	Std. Deviation	Mean	Std. Deviation		

Observation	29.125	8.999	29.7000	7.1726	-0.282	0.079
Description	21.000	4.3936	21.775	4.6601	0.658-	0.760
Consciousness	30.2500	6.4150	29.950	5.8395	0.192	0.613
Non-judgment	27.1250	5.4876	28.0750	4.8589	-0.721	0.814
Lack of reaction	20.7500	5.8625	21.4000	4.4652	-0.501	0.308
Total score A	128.2500	17.3937	130.900	16.4765	-0.610	0.245

The Five Factor Mindfulness Questionnaire	Married N= 32		Single N=33		T	Sig
	Mean	Std. Deviation	Mean	Std. Deviation		
Observation	29.0323	7.7866	29.9091	7.9897	-0.444	0.794
Description	21.5161	4.5009	21.4545	4.6508	0.054	0.149
Conscious	29.5484	4.9721	30.5455	6.8924	-0.660	0.007
Non-judgment	27.8065	4.1426	27.6364	5.8939	0.133	0.036
Lack of reaction	21.0323	4.7573	21.2727	5.2872	-0.191	0.659
Total score A	128.9355	14.4197	130.8182	18.8388	-0.447	0.028

Table (16) The Differences Between Health Practitioners Based on Age Groups (25-35) and (35-45) in the Dimensions of the Five-Factor Mindfulness Scale and the Total Score (N=65)

Table (16) shows that there are no statistically significant differences in all dimensions of the Five-Factor Mindfulness Questionnaire attributed to age.

Table (17) The Differences Between Health Practitioners Based on Marital Status (Married - Single) in the Dimensions of the Five-Factor Mindfulness Scale and the Total Score (N=65)

Table (17) shows statistically significant differences in the dimensions of Consciousness attributed to marital status (Married - Single), in favor of single at a significance level of 0.01. On the other hand, the differences in the non-judgment dimension and the total score were in favor of singles, with the score A, at a significance level of 0.05.

RES	Male N=23		Female N=42		T	Sig
	Mean	Std. Deviation	Mean	Std. Deviation		
Self-Efficacy	15.9091	7.51449	18.0714	5.05286	-1.369	0.085
Self-Confidence	7.7727	4.1396	9.7143	2.8736	-2.198	0.057
Total score A	8.1364	3.48186	8.3571	3.05096	-0.262	0.745

Table (18) The Differences Between Health Practitioners Based on Gender (Male - Female) in the Dimensions of the Psychological Resilience Scale and the Total Score (N=65)

Table (18) shows that there are no statistically significant differences in all dimensions of the dimensions of the Psychological Resilience Scale attributed to gender.

RES	Age Groups (25-35) N=23		Age Groups (35-45) N=42		T	Sig
	Mean	Std. Deviation	Mean	Std. Deviation		
Self-Efficacy	17.6250	3.7510	17.1500	7.1128	0.302	0.059
Self-Confidence	9.3750	2.3370	8.8500	3.9971	0.585	0.163
Total score A	8.2500	3.3265	8.3000	3.6247	-0.060	0.111
Burnout	25.1304	13.9782	30.0714	14.8576	-1.309	0.546
Trauma	13.7826	7.6808	17.8571	11.69025	-1.501	0.008
Total Score A	38.9130	20.8412	47.9286	26.0537	-1.427	0.111

Table (19) The Differences Between Health Practitioners Based on Age Groups (25-35) and (35-45) in the Dimensions of the Psychological Resilience Scale and the Total Score (N=65)

Table (19) shows that there are no statistically significant differences in any of the dimensions of the Psychological Resilience Scale attributed to age.

RES	Married N=32		Single N=33		T	Sig
	Mean	Std. Deviation	Mean	Std. Deviation		
Self-Efficacy	17.3871	6.4996	17.2727	5.6804	0.075	0.930
Self-Confidence	9.0968	3.8066	9.0000	3.1523	0.111	0.929
Total Score A	8.2903	3.2577	8.2727	3.1550	0.022	0.690

Table (20) The Differences Between Health Practitioners Based on Marital Status (Married - Single) in the Dimensions of the Psychological Resilience Scale and the Total Score (N=65)

Table (20) shows that there are no statistically significant differences in all dimensions of the Psychological Resilience Scale attributed to marital status.

Table (21) shows that there are no statistically significant differences in all dimensions of the Compassion Fatigue Scale attributed to gender, except for the trauma dimension, where the differences are statistically significant at the 0.01 level in favor of females.

Compassion Fatigue	Age Groups (25-35) N=23		Age Groups (35-45) N=42		T	Sig
	Mean	Std. Deviation	Mean	Std. Deviation		
Burnout	31.0400	12.2047	26.6250	15.8820	1.187	0.073
Trauma	19.0400	12.1500	14.7750	9.2334	1.602	0.132
Total Score A	50.0800	24.2107	41.4000	24.4779	1.397	0.888

Table (22) The Differences Between Health Practitioners Based on Age Groups (25-35) and (35-45) in the Dimensions of the Compassion Fatigue Scale and the Total Score (N=65).

Table (22) shows that there are no statistically significant differences in all dimensions of the dimensions of the Compassion Fatigue Scale attributed to age.

Compassion Fatigue	Married N=32		Single N=33		T	Sig
	Mean	Std. Deviation	Mean	Std. Deviation		
Burnout	27.0313	16.1354	29.5758	13.1530	-0.698	0.176
Trauma	15.5938	9.7413	17.2121	11.4065	-0.614	0.415
Total Score A	42.6250	25.3284	46.7879	23.9957	-0.680	0.703

Table (23) The Differences Between Health Practitioners Based on Marital Status (Married - Single) in the Dimensions of the Compassion Fatigue Scale and the Total Score (N=65).

Table (23) shows that there are no statistically significant differences in all dimensions of the dimensions of Compassion Fatigue Scale attributed to marital status.

Discussion

One of the goals of this research was to evaluate the relationship between a number of different elements, such as compassion fatigue and psychological resilience among health practitioners, on the one hand, and mindfulness, on the other. Additionally, variables relevant to marital status, gender, and age differences were explored at length. The five-factor mindfulness, compassion fatigue, and psychological resilience were hypothesized to have a link that is statistically significant among persons who work in the healthcare business. This hypothesis was based on the assumption that there is a connection between these three factors. The current inquiry came to the conclusion that there is a statistically significant positive link between self-efficacy and both the absence of reaction and observation. This conclusion was reached based on the data of the investigation. One further thing to take into consideration is the fact that there is a positive correlation between self-efficacy and description that is statistically significant positive. On the other hand, it has been demonstrated that self-efficacy has a statistically significant negative association with non-judgment, in addition to having a negative correlation with consciousness. According to Zhang et al. (2023), who used a three-level random-effects meta-analysis model to study the connection between trait mindfulness and resilience, these findings are in agreement with the findings that had been obtained by the researchers. In their research conducted in 2019, Hussain and Thakur discovered that. Last but not least, the findings

of the current research reveal that there is a correlation that can be regarded statistically significant between five-facet mindfulness and compassion fatigue among healthcare professionals. This is noteworthy because it indicates that there is a connection between the two. There is a statistically significant positive link between burnout and observation, which shows that the relationship between the two is very positive. In the year 2020, Best and Company, Inc. As a final point of consideration, it is important to take into account the fact that there is a statistically significant inverse correlation between weariness and judgment lessness. On the other hand, research conducted in 2018 by Silver et al. found that there is a statistically significant inverse link between states of consciousness and burnout. When it comes to trauma, Woolf, K. (2015) found that there is a statistically significant positive link between trauma and observation, and a statistically significant negative correlation between trauma and non-judgment. Both of these associations are statistically significant. Both of these relationships are substantial according to statistical analysis.

Taking into consideration the demographic factors, the findings indicate that there are statistically significant differences in the levels of mindfulness that are associated with the dimensions of non-judgment and consciousness that are assigned to gender (male versus female), with males being the most affected. On the other hand, when it came to the absence of reaction dimension, the disparities were more favorable to females that were there. Alispahic and Hasanbegovic-Anic (2017) arrived at these findings about gender disparities in mindfulness-based mental practices. In contrast to the findings of Alispahic and Hasanbegovic-Anic (2017), the findings of this study indicate that there are no statistically significant changes in any of the characteristics of mindfulness that may be linked to age. As a demographic variable, marital status reveals statistical differences in the aspects of mindfulness, which include consciousness and non-judgment, with single people being statistically more likely to exhibit these differences. With regard to psychological resilience, there are no variations observed across all demographic characteristics. Compared to the findings of Masood et al. (2016), these results were drastically different. In addition, compassion fatigue does not exhibit any statistically significant differences in any of the demographic variables, with the exception of gender, which demonstrates statistically significant differences in the trauma dimension. These differences are statistically significant in favor of females.

Limitations

Riyadh was the only city from which participants were recruited for this study, which is one of the limitations of the studies that are currently being conducted. As a consequence of this, the sample consisted of a small number of people hailing from a variety of various backgrounds, which may limit the capacity to generalize the findings. Furthermore, the limited amount of time that was available for the collection of data led to a rather small sample size being obtained.

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