

Compassion in Practice: Addressing Burnout Among Muslim Nurses in Contemporary Healthcare Settings

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Date of Submission: 12th December 2025

Date of Acceptance: 21st June 2026

Date of Publication: 30th June 2026

Abstract

Introduction: Burnout is a significant occupational hazard for nurses, undermining wellbeing and care quality. Muslim nurses face compounded challenges from professional duties and Islamic values of compassion (*rahmah*) and excellence (*ihsan*), with sustained suffering exposure increasing burnout and compassion fatigue risk.

Methods: This narrative review examined peer-reviewed articles, books, and reports on burnout, compassionate practice, and faith-based resilience. Searches across PubMed, Scopus, and Google Scholar used keywords including "burnout in nursing," "Islamic coping," and "compassion fatigue." Sources were selected for relevance, rigour, and alignment with Islamic perspectives.

Synthesis: Burnout manifests as emotional exhaustion, depersonalisation, and reduced accomplishment. Faith-based coping, prayer (*salat*), remembrance (*dhikr*), fasting, and *tawakkul* build resilience, while community support reinforces collective strength. However, Muslim nurses face cultural expectations, religious obligations in secular settings, and discrimination, heightening burnout vulnerability.

Conclusion: Holistic strategies recognising Muslim nurses' spiritual and cultural realities are urgently needed. Healthcare systems must integrate faith-sensitive supports with evidence-based interventions to protect wellbeing and sustain compassionate care.

Keywords: Burnout, Muslim nurses, Compassion, Resilience, Islamic coping

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Introduction

Burnout has become a major occupational problem for healthcare providers worldwide, and nurses are particularly prone to it due to the strenuous and high-stress nature of their work. Characterised by emotional exhaustion, depersonalisation, and reduced personal accomplishment, burnout negatively impacts nurses' well-being as well as the quality of care they can offer (1, 2). Among the growing evidence base, compassion fatigue and burnout rates are high in acute nursing specialities such as oncology, critical care, and public hospitals (3, 4). This is highly problematic since compassion, the capacity to understand, relieve, and emotionally connect with patients on a human level, is so fundamental to nursing as a profession (5, 6).

Islamically, empathy is not just a professional qualification but also a moral and spiritual responsibility. The Qur'an and Hadith consistently emphasise *rahmah* (mercy and

compassion) as a crucial characteristic of human relationships, calling on Muslim healthcare providers to manifest this in their line of duty (3). Caring for the patient is considered both a professional duty and an act of worship, elevating the caregiver spiritually and socially. This dual aspect of service is both enabling and can result in high expectations and stresses for Muslim nurses, who typically struggle with reconciling their faith identity and the demands made upon them by contemporary health systems (7).

The significance of compassion is based on its association with job satisfaction and resilience (8, 9). However, excessive encounters with patient suffering in addition to poor institutional support can lead to compassion fatigue (9). Compassionate nursing care is appealing to Muslim nurses, for whom *ihsan* (excellence in conduct) and *khidmah* (service) are core tenets of the Islamic ethos, but it risks burnout when organisational policies fail to



From the South, for the South, with the World

address their spiritual and cultural needs. One's faith and spirituality may also act as protective factors that allow healthcare workers to interpret the challenges of their professional experience differently and find purpose within them (10). Daily spiritual disciplines like prayer, remembrance of God (*dhikr*), and fasting can cultivate resilience, help to reduce stress, and engender a sense of inner equilibrium against burnout.

This paper is thus highly relevant for Muslim nurses, who frequently stand at the intersection of professional compassion and spiritual obligation while negotiating healthcare institutions that do not entirely appreciate their distinct situation. Addressing burnout in Muslim nurses must involve the integration of Islamic perspectives on compassion with evidence-based organisational interventions, to support their well-being while maintaining their ability to practice compassionately. Relatedly, healing the healers is not just a professional demand; it is an ethical and spiritual one, for in the Islamic paradigm, servitude to God is expressed through service to humanity.

Methods

Study Design

This study employed a narrative literature review strategy, which allowed for a systematic exploration and synthesis of existing scholarly works relevant to the topic. The review focused on peer-reviewed journal articles, books, and credible reports that addressed burnout, compassion fatigue, and coping strategies among nurses, with particular attention to Islamic perspectives on faith-based coping and resilience.

Search Strategy

A purposive search was conducted across academic databases, including PubMed, Scopus, and Google Scholar, covering the period from January 2000 to May 2025. The search was performed in April 2025 using the following key terms and Boolean operators:

"burnout" OR "compassion fatigue" OR "occupational stress" AND "nurs*"

"Islamic coping" OR "faith-based resilience" OR "spiritual coping" AND "nurs*"

"Muslim nurses" OR "Islamic healthcare" AND "burnout" OR "wellbeing"

"rahmah" OR "ihsan" OR "tawakkul" AND "healthcare" OR "nursing"

Inclusion and Exclusion Criteria

The inclusion and exclusion criteria were established to ensure the selection of relevant, rigorous, and appropriately contextualised sources. Studies were included if they met the following criteria: they were peer-reviewed journal articles, books, or institutional reports published in English; they addressed burnout, compassion fatigue, coping strategies, or resilience among nurses or healthcare professionals; they incorporated Islamic perspectives on faith-based coping, spirituality, or healthcare ethics; and they were empirical studies (quantitative, qualitative, or mixed methods) or theoretical or conceptual papers with clear scholarly merit. Conversely, studies were excluded if they were not peer-reviewed, including opinion pieces, editorials, and conference abstracts without full text; did not address nursing or healthcare contexts; focused exclusively on non-Islamic spiritual or religious frameworks; or were published before 2000, unless they provided foundational theological or historical contributions that were essential to the discourse

Study Selection and Data Extraction

The initial database searches yielded 847 records. After removing duplicates (n=189), 658 records were screened by title and abstract. Of these, 482 records were excluded as irrelevant to the research focus. The remaining 176 full-text articles were assessed for eligibility. Following full-text review, 128 articles were excluded based on the criteria above, leaving 48 sources for inclusion in this review. An additional 6 sources were identified through citation searching of key references, resulting in a final total of 54 sources (Figure 1).

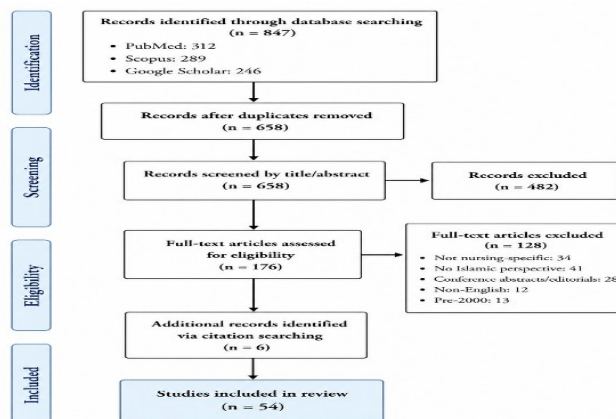


Figure 1: PRISMA Flow Diagram

Quality Appraisal

For empirical studies, quality and risk of bias were assessed using appropriate tools based on study design. Quantitative studies were evaluated using the Critical Appraisal Skills Programme (CASP) Checklist for Cohort Studies, while qualitative studies were assessed using the CASP Qualitative Checklist. Mixed methods studies were appraised using the Mixed Methods Appraisal Tool (MMAT) version 2018. Studies were not excluded from the review based on quality appraisal; rather, they were interpreted with appropriate caution, and any methodological limitations identified were noted in the discussion section of this paper.

Data Synthesis

A thematic synthesis approach was employed, with findings extracted and organised into key themes: (1) conceptualisation of burnout in nursing, (2) compassion and

compassionate practice, (3) unique challenges faced by Muslim nurses, (4) burnout and compassion fatigue among Muslim nurses, and (5) faith-based coping strategies. This approach ensured that the study was grounded in comprehensive and diverse perspectives, offering a holistic foundation for discussing Islamic approaches to self-care and resilience in nursing practice.

Synthesis

Summary of Included Studies

A total of 54 sources were included in this review: 38 empirical studies (quantitative, qualitative, or mixed methods), 12 theoretical/conceptual papers, and 4 Islamic theological texts. Table 1 provides a summary of key empirical studies included.

Table 1: Summary of Included Empirical Studies

Author(s) (Year)	Reference	Country	Study Design	Sample	Key Findings
Abdul et al. (2025)	11	Pakistan	Cross-sectional survey	200 registered nurses	High rates of compassion fatigue and burnout; inadequate institutional support
Ahmed et al. (2019)	12	Pakistan	Cross-sectional survey	150 nurses	Significant association between compassion fatigue and burnout; faith practices provided coping
Alharbi et al. (2019)	13	Saudi Arabia	Integrative literature review	30 studies	Compassion fatigue is common in critical care; need for organisational interventions
Ghorbani et al. (2018)	14	Iran	Cross-sectional survey	240 Muslim adults	Positive religious coping is linked to psychological adjustment; negative coping is linked to distress
Hamouda et al. (2021)	15	USA	National survey	300 Muslim physicians	Empathy associated with attention to patient spirituality; institutional barriers noted
Jarrad & Hammad (2020)	16	Jordan	Cross-sectional survey	150 oncology nurses	High compassion fatigue and burnout; compassion satisfaction is associated with job meaning
Lykins et al. (2024)	17	USA	Cross-sectional survey	500 nursing staff	Compassion satisfaction linked to resilience; institutional support critical
Reza et al. (2021)	18	Pakistan	Cross-sectional survey	180 nurses	Work exhaustion is common; burnout is associated with long hours and low support
Ruiz-Fernández et al. (2020)	19	Spain	Cross-sectional survey	300 nurses	Quality of life associated with burnout and compassion satisfaction balance
Zhang et al. (2022)	20	China	Cross-sectional survey	200 oncology HCPs	Compassion satisfaction coexists with fatigue, meaning that role buffers negative impacts

Thematic Findings

1. Conceptualisation of Burnout in Nursing

The review identified burnout as a multidimensional phenomenon characterised by emotional exhaustion, depersonalisation, and reduced personal accomplishment (1,

2). Emotional exhaustion emerged as the central component, with prolonged patient care responsibilities resulting in chronic fatigue and depletion of enthusiasm (18). Depersonalisation manifested as emotional disconnection from patients, while diminished personal accomplishment

reflected reduced perceived effectiveness in professional work (16, 19). Among Pakistani nurses, studies demonstrated high risks of compassion fatigue and burnout, attributed to insufficient resources and workloads (11, 12). Similar observations were made across both Western and non-Western societies, suggesting the issue is global (17).

2. Compassion and Compassionate Practice

The review found that compassion is consistently described as a professional obligation and a spiritual act (13). In nursing contexts, compassion encompasses the ability to recognise, empathise, and act upon patient suffering with a genuine desire for relief (13). Studies showed that nurses who consistently demonstrate compassion report higher levels of compassion satisfaction, enhancing motivation and professional fulfilment (12, 20). For Muslim nurses, this aligns with Islamic emphasis on *ihsan* (excellence in service), where care is delivered with sincerity and empathy (3). However, repeated exposure to patient suffering without adequate support leads to compassion fatigue (16).

3. Unique Challenges for Muslim Nurses

The review revealed several unique challenges for Muslim nurses. Cultural and religious obligations often intersect with clinical demands, creating additional stressors. Modest clothing requirements, prescribed prayer times, and fasting during Ramadan often prove difficult in rigid healthcare settings (11, 19). Juggling clinical responsibilities with religious obligations was identified as an added layer of challenge, as patient care is considered *amanah* (trust) and *ibadah* (worship) (3, 10, 18). Muslim nurses also experience discrimination, stereotyping, and microaggressions in the workplace, particularly when visible faith representations (such as hijab) become targets for assumptions about professional capability (15). Studies consistently demonstrated that discriminatory experiences contribute to burnout and lower quality of life when institutional supports are absent (10, 12).

4. Burnout and Compassion Fatigue Among Muslim Nurses

The review identified that burnout and compassion fatigue among Muslim nurses are influenced not only by general nursing stressors but also by an intersection of faith, cultural identity, and professional pressure. Alharbi et al. (13) highlighted that compassion fatigue is common in intensive care environments where ongoing patient care erodes emotional robustness. Similarly, Jarrad and Hammad (16) reported that oncology nurses experience high levels of compassion fatigue and burnout due to emotional strain in treating chronic and terminal illnesses.

For Muslim healthcare professionals, these stressors are further complicated by ethical responsibility to demonstrate *ihsan* (excellence) and *rahma* (mercy) in practice (3). When institutional barriers or resource constraints prevent enactment of these values, nurses may suffer spiritual dissonance alongside burnout (18). Religious

values can act as protective buffers and additional burdens simultaneously. Religious practices, including prayer and *dhikr* serve as coping strategies, enhancing resilience and creating a sense of divine responsibility (10), while cultural norms of gender roles, modesty, and professional behaviour can compound stress when engaging secular healthcare systems (15).

5. Faith-Based Coping Strategies

The review identified several faith-based coping strategies employed by Muslim nurses. Spiritual practices such as prayer (*salat*), remembrance of God (*dhikr*), and fasting were widely recognised as protective factors against stress and burnout. *Salat* provides structured intervals of physical, emotional, and spiritual renewal, allowing nurses to detach briefly from clinical pressures and reorient themselves towards God (14). *Dhikr* cultivates inner tranquillity, helping nurses remain grounded amidst chaos and human suffering (21). Fasting, particularly during Ramadan, contributes to resilience through discipline, self-restraint, and empathy for patient suffering (21).

Beyond individual practices, community and family support emerged as integral components of faith-based coping. Unlike secular models prioritising individualistic approaches, Islamic coping emphasises collective responsibility and the role of the *ummah* (community) in promoting wellbeing. Family and community networks provide emotional comfort, practical assistance, and spiritual encouragement essential for managing stress (22).

6. Bridging Compassion and Professional Well-being

The review found that religious practices, including prayer, *dhikr*, and meditation, offer spiritual resources enabling Muslim healthcare workers to maintain adaptation during adversity (10). Clinical interventions such as mindfulness training, structured downtime, and hospital-wide wellness initiatives target physical and emotional aspects of burnout (17, 19). The combination of these approaches aligns with Islamic bioethics principles promoting moderation and all-around health. Peer support and reflective practice emerged as important mechanisms, fostering collective resilience through shared experiences, moral dilemmas, and faith-based motivation (12).

Discussion

This review synthesises existing literature on burnout and compassion fatigue among Muslim nurses, revealing a complex interplay of occupational stress, spiritual identity, and cultural expectations. The findings demonstrate that while Islamic faith-based coping strategies offer significant protective potential, they are insufficient without adequate institutional support.

Interpretation of Findings

The review confirms that burnout in nursing is a multidimensional phenomenon consistent across diverse

healthcare settings (1, 2). However, for Muslim nurses, burnout manifests through both conventional occupational stressors and faith-specific challenges. The concept of *ihsan* (excellence) and *rahma* (mercy) creates dual-edged expectations: these values motivate compassionate practice but also increase vulnerability to burnout when institutional constraints prevent their fulfilment (3).

Findings regarding faith-based coping strategies align with the Job Demands-Resources (JD-R) model, which posits that job resources (including spiritual resources) buffer the impact of job demands on burnout. Within the Islamic framework, spiritual practices such as *salat*, *dhikr*, and *tawakkul* (reliance on God) function as personal resources that enhance resilience (10, 14). However, these resources require organisational support to be optimally effective (17). The model also explains why Muslim nurses with strong faith and community support demonstrate greater resilience, while those with unsupportive work environments are more susceptible to burnout (12, 22).

Critically, religious coping is not universally adaptive. The review identified contexts where religious practices may conflict with occupational demands. Fasting during Ramadan, while spiritually beneficial, may exacerbate physical fatigue during extended shifts, potentially compromising patient safety if not properly managed (21). Additionally, negative religious coping (e.g., feeling punished by God) may worsen distress rather than buffer it (14). This underscores the need for nuanced, individualised approaches rather than assuming that faith-based coping is inherently protective.

The emergence of compassion fatigue as a significant concern for Muslim nurses is particularly noteworthy. While compassion satisfaction can be enhanced by the spiritual reward of easing pain as an act of worship (3), compassion fatigue occurs when the emotional demands of caregiving overwhelm available resources (13, 16). This aligns with the Conservation of Resources (COR) theory, which suggests that individuals with greater resources are more resilient to resource loss cycles. For Muslim nurses, these resources include spiritual practices and community support, which must be actively protected and replenished (22).

Implications for Practice and Policy

From an Islamic perspective, supporting Muslim nurses' wellbeing extends beyond individual resilience to quality of patient care and healthcare system functioning. Islam views healthcare as both a professional duty and an act of worship, grounded in compassion (*rahma*), service to humanity, and preservation of life. When Muslim nurses experience burnout or compassion fatigue, their capacity to uphold these values diminishes, negatively influencing patient care and organisational efficiency. Conversely, nurtured wellbeing enables embodiment of Islamic virtues such as patience (*sabr*), empathy, and justice (*adl*) in practice, leading to improved patient satisfaction and safer healthcare delivery.

Healthcare systems should consider adopting comprehensive, inclusive approaches integrating faith-based coping with institutional support. Recommended strategies include prayer facilities, Ramadan support, cultural competence training, peer support programmes, anti-discrimination policies, and spiritual care integration (see Box 1: [Supplementary file](#)). These recommendations reflect the Islamic principle of facilitating ease (*taysir*) and the Qur'anic teaching to "cooperate in righteousness and piety" (Qur'an 5:2). Leadership should promote policies respecting religious practices, while nursing education must incorporate training on Islamic perspectives not only to support Muslim nurses but also to prepare all nurses for culturally competent practice in diverse settings.

Study Limitations

This review has several limitations that warrant consideration. First, the narrative review methodology, while appropriate for synthesising diverse evidence, lacks the systematic rigour of a meta-analysis. Inclusion of sources was purposive rather than exhaustive, potentially introducing selection bias. Second, the review is limited to English-language publications, which may exclude relevant studies published in Arabic, Urdu, or other languages widely used in Muslim-majority countries. Third, theological interpretations of Islamic concepts (e.g., *rahmah*, *ihsan*) may vary across Islamic traditions, and this review does not fully capture intra-faith diversity. Fourth, the reviewed empirical literature is predominantly cross-sectional, limiting causal inferences about the relationship between faith-based coping and burnout. Fifth, several studies originated from specific geographic contexts (particularly Pakistan and other Asian countries), which may limit generalisability to Muslim nurses in Western or other settings.

Future Research Directions

Future research should address several gaps identified in this review. Longitudinal studies are needed to examine causal relationships between faith-based coping, burnout, and compassion fatigue over time. Comparative studies across geographic regions and healthcare settings would enhance understanding of contextual factors influencing Muslim nurses' experiences. Intervention studies evaluating the effectiveness of faith-sensitive organisational programmes (e.g., prayer facilities, Ramadan scheduling) are urgently needed to establish evidence-based practice. Additionally, qualitative studies exploring Muslim nurses' lived experiences, particularly regarding workplace discrimination and spiritual dissonance, would provide rich insights to inform policy. Finally, research examining potential negative consequences of religious coping (e.g., fasting-related fatigue) and appropriate risk-mitigation strategies is essential for balanced, safe practice.

Conclusion

The literature highlights that burnout among nurses is a widespread challenge, but for Muslim nurses, it is experienced in unique ways shaped by cultural, religious, and professional identities. Research consistently shows that compassion, while essential to nursing practice, can also become a source of vulnerability when not balanced with self-care and institutional support. From an Islamic perspective, resilience and well-being are nurtured through a holistic framework that integrates spiritual practices with a commitment to self-care as a divine responsibility. The Qur'an and Prophetic traditions encourage moderation, patience, and reliance on God, all of which can act as protective factors against occupational stress. Furthermore, the collective ethic of Islam emphasises community and family support as integral to coping, reminding Muslim nurses that they are not alone in their struggles.

Healthcare systems need to adopt comprehensive, inclusive methods of integrating and understanding faith-based coping among Muslim nurses, coupled with institutions that mitigate systemic stressors. Such strategies might include culturally appropriate health promotion programmes, schedules attuned with religious invocation times, and inclusion of spiritual care in institutional policies. Finally, acknowledging Islamic views on resilience and self-care reframes burnout management as a shared responsibility of professionals, families, communities, and organisations. This perspective ensures that Muslim nurses are able to heal others without compromising their own spiritual, psychological, and professional health.

Abbreviations

CASP: Critical Appraisal Skills Programme

COR: Conservation of Resources

JD-R: Job Demands-Resources

MMAT: Mixed Methods Appraisal Tool

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses

Declarations

Ethics Approval: Not applicable. This manuscript presents a literature review and does not involve primary data collection from human participants or animals.

Data Availability: All data analysed in this review are available in the referenced publications. No new datasets were generated.

Competing Interests: The authors declare that they have no competing interests.

Funding sources: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Author contributions: SO: Conceptualisation, Methodology, Literature Search, Data Curation, Formal Analysis, Investigation, Writing – Original Draft

Preparation, Writing – Review & Editing, Supervision, and Final Approval of the Manuscript.

AS: Conceptualisation, Literature Search, Data Curation, Investigation, Writing – Review & Editing, Validation, and Final Approval of the Manuscript.

All authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

Acknowledgements: The authors acknowledge the contributions of the nursing professionals and researchers whose work forms the basis of this review.

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