



Research Article

The Impact of Emotional Contagion Susceptibility on Burnout Levels and Job Satisfaction Among Nurses Caring for Patients in the Terminal Phase



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SUMMARY

Purpose: The aim of this study is to investigate the effects of nurses' susceptibility to emotional contagion on burnout levels and job satisfaction levels of nurses working in terminal patient care.

Methods: The relationships between the scales were examined with structural equation model analysis. An analysis of variance (ANOVA) was applied to investigate whether nurses' susceptibility to emotional contagion, job satisfaction, and burnout differed according to their socio-demographic characteristics.

Results: As a result of the analysis, it was determined that susceptibility to emotional contagion significantly ($p < .001$) affected job satisfaction negatively ($\beta = -.04$) and burnout positively ($\beta = .23$). There is also a significant negative relationship ($\beta = -.38$) between job satisfaction and burnout. In addition, it was found that the nurses' susceptibility to emotional contagion differed in Happiness and Sadness Factors according to years of employment (Hotelling's Trace: 3.96; F: 1.79; $p < .001$) and unit of employment (Hotelling's Trace: 11.79; F: 1.33; $p < .001$).

Conclusions: Being in a long-term relationship with terminal patients reduces nurses' job satisfaction and causes them to experience burnout. Managing nurses should consider the emotional contagion factor as well as the unit conditions when distributing tasks.

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Introduction

The terminal phase is marked by acute and chronic illnesses or age-related conditions, leading to death within weeks or months, with medical interventions unable to prevent this outcome. Common symptoms experienced by patients during this period include pain, shortness of breath, fatigue, and alterations in consciousness [1]. The acceptance of death by terminal phase patients is influenced by societal meanings attached to life and death, culture, belief systems, age, and individual values. The expectations of patients during this period typically include the alleviation of symptoms, primarily

pain, improvement in quality of life, not overburdening their families, spending time with loved ones, and maintaining control [2]. The goal of treatment in the terminal phase is to provide physical and psychological comfort to the patient, aiming to enhance the quality of the remaining life.

Nursing care is a professional care provided for the basic needs and treatment of the patient [3]. The impending death of a patient contradicts the nurse's objective of preserving and sustaining life, thereby creating communication challenges with patients expecting death. Patient relatives' reactions to death vary, and the nurse's communication with them after a patient's death often includes painful experiences. Emotional contagion is defined as "the unconscious imitation of the voice tone, posture, and movements of individuals around oneself, leading to a convergence of emotions" [4]. Emotional contagion is a relatively underexplored topic in the context of nursing, especially in end-of-life care settings such as palliative care, oncology, and intensive care units. This study can help explain how emotional contagion impacts the spiritual well-being of nurses, which is

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critical given their prolonged exposure to emotionally charged environments.

The emotional distress resulting from a patient's loss can lead to physical symptoms in nurses, such as chest pain, headaches, muscle tension, palpitations, and disturbances in sleep and eating patterns [5]. Additionally, this distress can manifest in psychological changes such as feelings of helplessness, sadness, anger, disinterest in life, lack of motivation, and an inability to derive pleasure from anything. Nurses' susceptibility to emotional contagion and its effects varies due to individual characteristics. This research can provide a nuanced understanding of how personal traits influence emotional burden, burnout, and satisfaction, contributing to personalized strategies for support.

Burnout, as defined by Maslach and Jackson [6], is a psychological syndrome experienced by employees who interact with others, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. Burnout research primarily focuses on professions that involve providing care and service to those in great need. The literature includes models of burnout from Cherniss, Pines, Pearl, Hartman, Meier, and Maslach [7]. Nurses, often dealing with distressing situations such as death, are increasingly susceptible to burnout syndrome. In such cases, it is recommended that nurses maintain their emotional stability and functionality by distancing themselves as much as possible from their patients' suffering [8]. Shirom and Ezrachi [9] defined burnout measurement as a general psychological distress index, encompassing physical fatigue, emotional exhaustion, depression, anxiety, and reduced self-esteem. While burnout has been widely studied, the specific link between emotional contagion sensitivity and burnout levels is not well-documented. This research can bridge that gap by identifying whether heightened sensitivity to emotional contagion exacerbates burnout. Care for terminal phase patients presents unique emotional challenges that are not present in other nursing fields. This study may fill the gap by focusing on this specific group (nurses), ensuring their distinct needs and experiences are addressed in future studies and interventions. By combining concepts from emotional and organizational psychology, the study may enrich academic discussions and frameworks for understanding workplace dynamics in high-stress healthcare environments.

Job satisfaction reflects individuals' feelings about their professions and the organizations they work for, encompassing components such as salary, promotions, and working conditions. According to Alialah [10], factors influencing job satisfaction include individual factors such as status/title, personality, marital status, educational background, length of service, age, and gender. Dissatisfaction among nurses can lead to high staff turnover, which results in lower quality of patient care and higher healthcare costs [11]. Job satisfaction among nurses has significant implications for workforce retention and the quality of patient care. By exploring how emotional contagion affects job satisfaction, this study can uncover actionable insights for improving nurse retention and workplace morale. Nurses' satisfaction with their jobs affects their burnout levels according to many studies in this field [12–16]. This study not only advances theoretical understanding but also provides practical tools for improving the well-being of nurses and the overall quality of healthcare services.

The aim of this study is to determine the effects of susceptibility to emotional contagion on burnout levels and job satisfaction among nurses providing terminal phase care.

Hypotheses:

H1. The susceptibility of nurses working in terminal phase care to emotional contagion varies according to their sociodemographic characteristics.

H2. The susceptibility of nurses working in end-of-life care to emotional contagion affects their levels of burnout.

H3. The susceptibility of nurses working in end-of-life care to emotional contagion affects their levels of job satisfaction.

H4. There is a relationship between burnout levels and job satisfaction levels among nurses working in end-of-life care.

Method

Study design

This study was designed as descriptive and cross-sectional.

Participants and setting

The population of the research is nurses actively working in palliative, oncology and intensive care units of hospitals. We conducted our research with nurses working in public hospitals in Yozgat and Kırşehir provinces in Turkey. The data collection form for the study was applied to a preliminary study group of 30 nurses through a face-to-face questionnaire. The participants in the pilot group gave some feedback on the clarity and repetition of the scale items. According to the suggestions of the pre-study group, corrections were made to the data collection form (phrases in the sentences were changed, and scale items with similar content were removed). Data from the pre-study group were excluded from the main study. The minimum sample number was calculated with the G*Power program [17]. The effect sizes of the variables in previous studies [18–20] conducted with nurses were reported as medium effect size; therefore, a medium effect size was adopted in this study. Considering the research variables and planned analyses, the number of participants required to reach 95.0% power (α : 0.05) and medium effect size f^2 : .15 according to the G Power program is 119 [17].

After the preliminary study, the data collection tool was determined to be a total of 40 items. For a valid model, 10 participants should be reached per item [21]. The approximate sample size was calculated to be 400, but a sample size of 520 was decided on precautionary grounds. A total of 520 data collection forms were distributed to the three hospitals where the research was conducted in proportion to the number of nurses. The number of nurses in the hospitals is 428 in Kırşehir Training and Research Hospital, 520 in Yozgat City Hospital and 225 in Yozgat Medical Faculty Hospital. According to these numbers, it was decided to collect minimum data in 192 data forms from Kırşehir Training and Research Hospital, 229 number from Yozgat City Hospital, and 99 number from Yozgat Medical Faculty Hospital. We reached 520 participants in this study. Of the 520 persons, 318 identified as women (61.2%) and single (67.5%). Fifty-five point four percent of participants were aged between 18–25 years and 44.2% of participants had been working year between 1 and 5 working year. Thirty-five point two percent of the participants work in coronary intensive care, 31.3% in palliative care, 27.3% in general intensive care, and 6.2% in oncology units. Demographic characteristics are displayed in Table 1.

The data of the study were collected from nurses working in intensive care, palliative, and oncology wards in hospitals in Kırşehir and Yozgat between March 1 and May 1, 2024, by Google survey and face-to-face forms, after obtaining ethics committee and institutional permission. The questionnaire form did not include questions revealing the identity of the participants. Participants were also assured that the data collected would only be

Table 1 Socio Demographic Characteristics. (N = 520)

Age	Frequency	Percent	Unit	Frequency	Percent	Working year	Frequency	Percent
Between 18-25 years	288	55.4	Palliative	163	31.3	Between 1-5 years	230	44.2
Between 26-35 years	118	22.7	Coronary intensive care	183	35.2	Between 6-10 years	114	21.9
Between 36-45 years	77	14.8	General intensive care	142	27.3	Between 11-15 years	90	17.3
46 years and over	37	7.1	Oncology	32	6.2	Between 16-20 years	56	10.8
Gender	Frequency	Percent	Marriage status	Frequency	Percent	Working year	Frequency	Percent
Female	318	61.2	Married	169	32.5	Between 21-25 years	24	4.6
Male	202	38.8	Single	351	67.5	26 years and over	6	1.2

used for scientific publications. Participants were asked that they would express their opinions about emotional contamination, burnout, and job satisfaction through scale items. The survey completion took approximately 10 minutes.

Data collection tools

Participants were asked to report on several demographics, including their age and gender, marital status, years of work, and unit of work. We used the Emotional Contagion Scale, the Burnout Scale, and the Job Satisfaction Scale to assess the impact of emotional contagion on job satisfaction and burnout.

Emotional Contagion Scale

The Emotional Contagion Scale was developed by Doherty [22] and adapted into Turkish by Akın et al [23]. The scale evaluates the degree of imitation by being affected by feelings of fear, love, anxiety, sadness and happiness. As the scores obtained from the five-point Likert-type scale consisting of fifteen questions increase, the sensitivity and susceptibility to emotional contagion increases. Cronbach's α internal consistency coefficient of the scale is $\alpha = .90$.

Burnout Scale

The Burnout Scale was developed by Pines and Aronson [24] and adapted into Turkish by Çapri [25]. The scale consists of 10 items. Participants are expected to number the items from never (1) to always (7). High scores obtained from the scale indicate a serious burnout problem. Cronbach's α internal consistency coefficient of the scale is $\alpha = .93$.

Job Satisfaction Scale

Job Satisfaction Scale is a 32-item scale developed by Durak Batgün and Hisli Şahin [26] to measure job satisfaction. Participants are asked to rate their level of satisfaction with items that include situations in business life between 1 and 5. The reliability of this scale was confirmed by internal consistency and split-half reliability analysis. Cronbach's α internal consistency coefficient of the scale is $\alpha = .96$. In addition, the split-half reliability coefficient of the scale is stated as $r = .90$ ($p < .001$), [27].

Data analysis

We used the descriptive research method, one of the quantitative research methods, in the research. We removed missing data by checking it in the SPSS 29 program. To evaluate the feasibility of the data for confirmatory factor analysis (CFA) was performed to assess the fitness of the model. We applied structural equation model (SEM) analysis to investigate the effects of nurses' susceptibility to emotional contagion on burnout levels and job satisfaction levels of nurses working in terminal patient care. We also investigated whether nurses' susceptibility to emotional contagion differed according to their socio-demographic characteristics using analysis of variance (ANOVA).

Results

This section includes descriptive findings related to the scales used in the research, as well as confirmatory factor analyses and structural equation modeling analysis of the effects of emotional contagion on burnout and job satisfaction. Additionally, differences in the susceptibility of nurses to emotional contagion based on sociodemographic characteristics were examined using multivariate analysis of variance (MANOVA) analysis.

Table 2 Descriptive Findings of the Scales and Confirmatory Factor Analysis Goodness of Fit Values.

Scale name	Goodness of fit values	Factor name	Reliability (Cronbach's α)	Mean	Standard deviation	Skewness	Kurtosis
Emotional contagion	χ^2/df : 1.77; RMSEA: .03; GFI: .96; NFI: .95; IFI: .98; CFI: .98; Cronbach's α : .84	Predisposition to anger	.80	3.25	0.93	-0.34	-0.10
		Predisposition to happiness	.82	3.49	1.00	-0.54	-0.11
		Predisposition to sadness	.82	3.10	0.96	0.06	-0.13
		Predisposition to love	.79	2.63	1.20	0.45	-0.65
		Predisposition to fear	.78	2.56	1.08	0.57	-0.03
Burnout	χ^2/df : 4.80; RMSEA: .08; GFI: .94; NFI: .93; IFI: .95; CFI: .94 Cronbach's α : .88	Physical exhaustion	.89	2.95	0.98	0.21	-0.18
		Emotional exhaustion	.75	2.92	0.92	0.37	0.04
		Business policies and salary	.80	3.52	0.48	-0.77	1.64
Job satisfaction	χ^2/df : 4.21; RMSEA: .07; GFI: .91; NFI: .95; IFI: .96; CFI: .96; Cronbach's α : .84	Autonomy	.88	3.69	0.44	-1.15	1.12
		Physical condition	.95	2.49	0.88	-0.12	-0.76
		Individual condition	.95	2.38	0.82	0.17	-0.69

CFI = comparative fit index; df = degrees of freedom; GFI = goodness of fit index; IFI = incremental fit index; NFI = normed fit index; RMSEA = root mean square error of approximation.

Descriptive findings related to the scales

The mean values and normal distribution findings of the scale factors in Table 2. Happiness ($x: 3.49 \pm 1.00$) appears to be the most contagious emotion, followed by Anger ($x: 3.25 \pm 0.93$). The mean values of the Burnout Scale factors are close to each other (Physical Exhaustion $x: 2.95 \pm 0.98$; Emotional Exhaustion $x: 2.92 \pm 0.92$). In the Job Satisfaction Scale, the autonomy factor has the highest mean ($x: 3.69 \pm 0.44$), while the individual condition factor has the lowest ($x: 2.38 \pm 0.82$). All three scales' factors exhibit a normal distribution [28].

Confirmatory factor analysis

Confirmatory factor analysis was applied to verify the construct validity of the scales. It was determined that all 3 scales had goodness-of-fit values within the reference range (Table 2).

Structural equation model analysis

Structural equation model analysis was applied to examine the effect of emotional contagion on job satisfaction and burnout among nurses working in terminal care. As a result of the analysis, it was determined that susceptibility to emotional contagion significantly ($p < .001$) affected job satisfaction negatively ($\beta = -.04$) and burned out positively ($\beta = .23$). There is also a significant negative relationship ($\beta = -.38$) between job satisfaction and burnout (Figure 1 and Table 3).

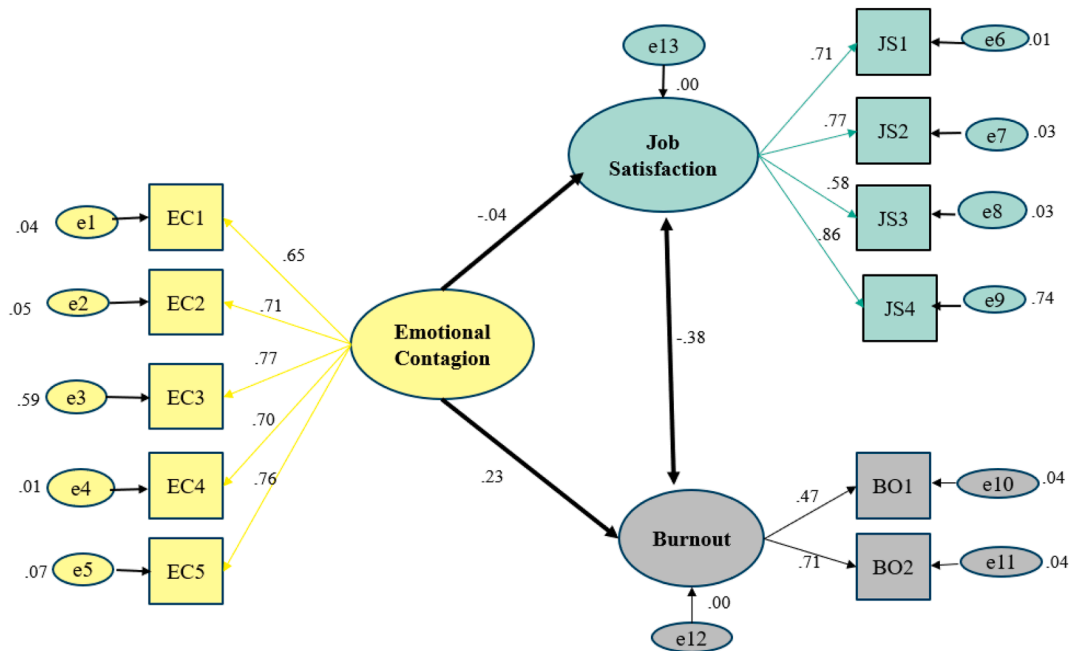
In the structural model, three hypotheses were examined: "H₂: The susceptibility of nurses working in end-of-life care to emotional contagion affects their levels of burnout," "H₃: The susceptibility of nurses working in end-of-life care to emotional contagion affects their levels of job satisfaction," and "H₄: There is a relationship between burnout levels and job satisfaction levels

among nurses working in end-of-life care" The fit index values of the measurement model were $\chi^2/df = 1.41$, goodness of fit index (GFI = .98, normed fit index (NFI): .93, incremental fit index (IFI = .97, comparative fit index (CFI = .97, and root mean square error of approximation (RMSEA = .02 and the path coefficients were statistically significant [29]. According to these results, hypotheses H₂, H₃ and H₄ were confirmed (Table 3).

Variance analysis

We applied MANOVA analysis to determine whether the Emotional Contagion Scale factors differed according to the demographic characteristics of the participants (Table 4). We tested the homogeneity of the data file with Levene's Statistics. We used Hotelling's Trace test [30], which is based on the assumption of a multivariate normal distribution and allows testing of the multivariate hypotheses in MANOVA. We found that the participants' susceptibility to emotional contagion differed in Predisposition to Happiness and Predisposition to Sadness factors according to years of employment (Hotelling's Trace: 3.96; F: 1.79; $p < .001$) and unit of employment (Hotelling's Trace: 11.79; F: 1.33; $p < .001$) (Table 4). Accordingly, the hypothesis H₁ (emotional contagion susceptibility of nurses working in terminal care differs according to their socio-demographic characteristics) was accepted.

Upon examining Table 4, it is evident that participants' susceptibility to emotional contagion in the dimensions of Predisposition to Happiness and Predisposition to Sadness varies according to their years of service. The greatest difference is observed between participants with 1-5 years and those with over 26 years of experience. The Predisposition to Happiness Factor comprises variables such as "I feel relaxed when I am around happy people if I am feeling down," "Having happy people around me encourages positive thinking," and "If someone smiles genuinely at me, I smile back and feel a warmth toward them."The Predisposition to



$\chi^2/df=1.41$; GFI=.98; NFI: .93; IFI=.97; CFI=.97; RMSEA=.02

Figure 1. Relationships between emotional contagion, job satisfaction and burnout. Note: EC1: Anger, EC2: Happiness, EC3: Sadness, EC4: Love, EC5: Fear, JS1: Individual Condition, JS2: Physical Condition, JS3: Business Policies and Salary, JS4: Autonomy; BO1: Physical Exhaustion, BO2: Emotional Exhaustion, χ^2 : mean squared, CFI = comparative fit index; df = degrees of freedom; e: error; GFI = goodness of fit index; IFI = incremental fit index; NFI = normed fit index; RMSEA = root mean square error of approximation.

Table 3 Structural Equation Model Coefficients and Goodness of Fit Values.

Dependent variables	Independent variable	β_1	β_2	S.E.	t	p	Hypothesis
Burnout	← Emotional contagion	.03	.23	0.17	0.21	<.001	H2 accepted
Job satisfaction	← Emotional contagion	-.08	-.04	0.01	-0.63	<.001	H3 accepted
Burnout	↔ Job satisfaction	-.40	-.38	0.64	0.01	<.001	H4 accepted
Reference range	$\chi^2/df < 5$	RMSEA <.08	GFI >.90	NFI >.90	IFI >.90	CFI >.90	
Structural equation model	1.41	.02	.98	.93	.97	.97	

β_1 = regression coefficient; β_2 = standardized regression coefficient; χ^2 : mean squared; CFI = comparative fit index; df = degrees of freedom; GFI = goodness of fit index; IFI = incremental fit index; NFI = normed fit index; RMSEA = root mean square error of approximation; S.E = standard error; t = critical ratio.

Table 4 Differentiation of Susceptibility to Emotional Contagion According to Socio Demographic Characteristics.

Working year							F	p
	Between 1-5 years	Between 6-10 years	Between 11-15 years	Between 16-20 years	Between 21-25 years	26 years and above		
Predisposition to happiness	3.72	3.47	3.40	3.54	3.48	3.27	1.38	<.001
Predisposition to sadness	3.23	2.98	3.15	3.00	3.12	2.33	1.74	<.001
Predisposition to anger	3.31	3.12	3.33	3.38	3.23	2.58	1.07	.372
Predisposition to love	3.47	3.53	3.70	3.65	3.50	3.41	0.63	.675
Predisposition to fear	3.23	3.08	3.31	3.01	3.13	2.25	1.50	.187
Hotelling's Trace: 3.96; F: 1.79; p < .001.								
Working unit								
Factor	Palliative	Coronary intensive care	General intensive care	Oncology			F	p
Predisposition to happiness	3.47	3.55	3.52	3.08			2.11	<.001
Predisposition to sadness	3.16	3.22	3.20	2.96			0.56	.635
Predisposition to anger	3.26	3.36	3.21	3.08			0.85	.465
Predisposition to love	2.63	2.76	2.45	2.21			2.11	.098
Predisposition to fear	2.66	2.50	2.42	2.57			0.90	.438
Hotelling's Trace: 11.79; F: 1.33; p < .001.								

F = probability distribution value; p = significance level.

Sadness factor includes variables like "If the person I am talking to starts crying, I feel tears in my eyes too," "I feel filled with sorrow when people talk about the death of a loved one," and "I cry during sad movies." From these results, it can be inferred that individuals in the early years of their careers are highly influenced by the happiness and sadness of those around them, while sensitivity decreases after 26 years [31]. Another significant difference in the Predisposition to Happiness dimension is found across different units of employment. The greatest differences are observed between the Coronary Intensive Care and Oncology units. The fact that the level of being affected by the happiness of others is high in the Coronary Intensive Care Unit and low in the Oncology Unit necessitates more in-depth research.

Discussion

In this study, we examined the effects of emotional contagion susceptibility on burnout and job satisfaction levels in end-of-life care nurses and the differences of emotional contagion susceptibility according to sociodemographic characteristics of nurses. We found that susceptibility to emotional contagion varied significantly only by years of service and unit employment, whereas Doherty et al [32], who developed the Emotional Contagion Scale, found that it varied by gender and occupation. This result suggests that there is a need to conduct studies with different samples to identify the factors affecting susceptibility to emotional contagion.

Our findings show that emotional contagion susceptibility has a significant and positive effect on burnout. This study draws attention to the psychological burden that nurses face in a work environment with intense emotional interactions such as end-of-

life care. Emotional contagion may occur when nurses perceive and internalize the emotions of patients and their relatives. Similarly, Petita et al [33] found that doctors' emotional contagion was significantly associated with both burnout and cynicism, while nurses' emotional contagion was significantly associated with cynicism. This finding once again emphasizes the role of nurses' empathy and emotional engagement in patient care in professional burnout. In addition, Xerri et al [34] examined the moderating role of emotional contagion on leader-member exchange, psychological capital, and employee well-being and found that healthcare workers susceptible to emotional contagion experience a decline in job well-being as they expend psychological capital. The study of Xerri et al [34] is in parallel with our study. However, in our study emotional contagion originated from patients and their relatives, whereas in their study, it was from coworkers and managers. In our study, we found that nurses with high susceptibility to emotional contagion are at risk of being negatively affected not only in terms of burnout but also in terms of professional motivation and overall job satisfaction. Büssing et al [8] also argue that, for nurses, the impact of emotional contagion on burnout needs to be addressed not only at the individual level but also in the context of team dynamics and patient care quality. Similarly, according to Sadala and Silva [6], when emotional contagion spreads among team members, it can create a domino effect and further increase burnout. This may be more pronounced in high-stress environments, such as end-of-life care.

This study revealed that susceptibility to emotional contagion is significantly and negatively related to job satisfaction. In professions with intense emotional interactions, such as nursing, emotional contagion has a significant impact on both individual

well-being and professional satisfaction [10]. Nurses' tendency to internalize the emotions of patients and their relatives can be considered as a natural consequence of empathy. However, continuous internalization of these emotions may negatively affect nurses' job satisfaction in the long run. In their study with teachers, Bibi et al [35] found that job satisfaction was positively related to the happiness subdimension of emotional contagion and negatively related to anger and sadness. Similarly, nurses' exposure to patients' negative emotions may reduce their level of professional satisfaction. Especially for nurses working in high-emotional-intensity environments such as end-of-life care, such negative emotions can seriously affect job satisfaction. This negative impact of emotional contagion on job satisfaction may have indirect effects not only at the individual level but also on team performance and quality of patient care [10]. Nurses who show high sensitivity to emotional contagion may feel less fulfillment in their professional role, which may reduce their sense of happiness and meaning from their work. As a result, their overall level of motivation and commitment in the workplace may decrease. On the other hand, dimensions of emotional contagion associated with positive emotions, such as happiness have the potential to have a constructive effect on job satisfaction. When nurses are supported with positive feedback and success stories in patient care, these positive emotions may increase their job satisfaction [11]. Therefore, it is thought that the relationship between job satisfaction and emotional contagion exhibits a complex and multidimensional structure.

A significant and negative relationship between burnout levels and job satisfaction among nurses in terminal care has been identified. Similarly, Atalay and Çakırel [12] found a significant negative relationship between job satisfaction and burnout variables in their study with healthcare workers. Demir [36], in his research with teachers, detected a significant negative relationship between burnout and job satisfaction. Keten Edis and Keten [13] also observed a significant negative relationship between job satisfaction and burnout variables in their study with nurses. Naktiyok and Kaygın [14], in their study with academic staff, identified a significant negative relationship between job satisfaction and burnout variables. Bayarçelik and Hidir Özcan [15], in their research with bank employees, found a significant negative correlation between job satisfaction and burnout variables. Tekin et al [16], in their study with hospitality industry staff, found that the level of job satisfaction was significantly related to all subscales of burnout (emotional exhaustion, depersonalization, and personal accomplishment). From these results, it can be inferred that regular measurement and improvement of burnout levels of nurses caring for terminal patients can contribute positively to their job satisfaction.

Limitations

The limitation of this study is that it was conducted within a certain period and at a certain university.

Conclusions

Preserving the emotional and professional health of nurses is directly influential on the quality of healthcare services. Considering the susceptibility of nurses in end-of-life care to emotional contagion and its impacts on job satisfaction and burnout, various measures need to be implemented to enhance their professional quality of life. The aim of this study is to investigate the effects of nurses' susceptibility to emotional contagion on burnout levels and job satisfaction levels of nurses working in terminal patient care. For this purpose, we collected data from 520 nurses. Of the

520 persons, 318 identified as women (61.2%) and single (67.5%). Fifty-five point four percent of participants aged between 18 and 25 years of age and 44.2% of participants working year between 1 and 5 years of work experience. Thirty five point two percent of the participants work in coronary intensive care, 31.3% in palliative care, 27.3% in general intensive care, and 6.2% in oncology units.

Regular provision of psychological counseling services to nurses can reduce their emotional burden and enhance job satisfaction. In units with a high risk of emotional contagion, such as coronary intensive care, the establishment of support groups is advisable. Developing emotional management skills can reduce burnout and increase job satisfaction. Particularly in the early years of their careers, nurses should undergo training programs aimed at enhancing their emotional resilience.

Improving nurses' working conditions, balancing their workload, and ensuring adequate rest periods can enhance job satisfaction. Establishing a rotation system that allows nurses to work in different units could reduce the risk of emotional burnout. Transitioning from units with high emotional contagion to those with less emotional contagion is recommended. Creating mentorship programs in which experienced nurses guide newcomers can help reduce their exposure to emotional contagion. Nurses with over 26 years of experience can provide invaluable insights into desensitization to emotional contagion.

The findings from this research could assist administrators and policymakers in making necessary adjustments to nursing work conditions, given the impact of emotional contagion on both the personal and professional lives of nurses providing end-of-life care.

Ethical approval

This study was conducted in accordance with the Declaration of Helsinki and approved by Kırşehir Ahi Evran University Social and Human Science Scientific Research and Publication Ethics Committee (approval no: 2024-02/21). Participation in the study was voluntary and the survey was anonymous. The study complied with national legal and institutional requirements, and informed consent was obtained from all participants. We also received institutional permission from the Kırşehir Provincial Directorate of Health to conduct this research (permission number: 241503445).

Data availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Conflict of interest

The authors declare that there are no conflicts of interest to disclose.

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