

Research Article



Correlates of Professional Quality of Life in Nurses

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Abstract | To look into the correlation between demographic variables, perceived social support and professional quality of life of nurses in public hospitals. A sample of 160 nurses of age (M=33.48, SD=9.18) was selected from public hospitals of Lahore. The nurses completed a demographic information form, Multidimensional Scale of Perceived Social Support and Professional Quality of Life Scale. The data were analyzed using SPSS version 20. Two demographic variables, age and experience had significant positive correlation with compassion fatigue, $r = .252, n=160, p < .01$ and $r = .256, n=160, p < .01$ respectively. Other demographic variables i.e. working hours and monthly income had no significant relationship with the subscales of Professional Quality of Life (compassion satisfaction, compassion fatigue and burnout). Perceived Social Support had a significant correlation with compassion satisfaction, $r = .222, n=160, p < .01$. It was concluded that the relationship between age, experience and compassion fatigue of nurses was significantly positive. The greater the age and experience of the nurses the more likely they are to have compassion fatigue. Perceived Social Support was related with compassion satisfaction which suggests that nurses' perception of social support can increase their compassion satisfaction.

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Introduction

Nursing is a profession that requires special information and expert training⁽¹⁾. Nurses go through difficult tasks and experiences on daily basis which may include different emotional experiences, this may make it difficult for them to resist getting overly involved with the patients they deal with and may fail to create a balance between their feelings with patients and work. This may contribute to nurse's compassion fatigue i.e. exhaustion and getting involved with the patients. Nurses not only go through job stress i.e. excess of work, lack of resources, inappropriate facilities that are considered to be the major causes of burnout in nurses but they also go through different emotional experiences during work i.e. pain, trauma, illness,

death and dying that can only be dealt if a person possess empathetic abilities⁽²⁾.

Social support improve one's wellbeing by shielding or guarding a person from unkind effects of trauma⁽³⁾. Social support may increase one's self-esteem and may change perception of any traumatic event.

Perceived social support can be understood as either the individual's belief that he or she can obtain help from the present available support or as the degree to which the person is satisfied with the support that is available referring to how adequate the support that individual have. Perceived social support includes the support by the family, peers and significant others. Perceived Social Support is usually known as a sig-

nificant feature for emotional health. It has various dimensions. It can be established from the close ones including family members, friends, or the intimate partners. It is usually stated that, social support is likely to be effective only to the amount perceived. The perception of the person has a major role for sensing the availability of the social support to him or her. Studies indicated the major role of positive support and guidance on the professional engagement of nurses. Those who have positive sense of support are more likely to be satisfied with the nature of their job⁽⁴⁾.

Professional quality of life is the individuals feeling of constructive and destructive emotions during work⁽⁵⁾. It most commonly highlights the positive or progressive and negative or damaging things that working people go through⁽⁶⁾.

Professional quality of life consists of compassion fatigue (emotional attachment to the person who is traumatized or disturbed), burnout and compassion satisfaction⁽⁷⁾. Compassion Fatigue or Secondary stress trauma is about work associated experience to unpleasant stressful events. People may develop issues due to the constant exposure to unpleasant, traumatic and stressful events.

Burnout is caused due to the exhaustion, by excessive or repetitive work, specifically related to work stress and job demands which may cause lack of interest in the nurses⁽⁸⁾. Burnout is one of the most studied variable in nurses. Many studies indicate the presence of work related burnout in them. Burnout is considered to be one of the aspects of compassion fatigue. Burnout is mostly linked with the aspects of depression and the problems a person faces at work specifically dealing with others or doing their duties ineffectively. Such negative feelings emerge slowly in an individual. These can cause the development of an understanding that one's contribution cannot be helpful or make a noticeable change to the environment⁽⁹⁾.

Compassion satisfaction, relatively a less studied concept in the available literature search refers to the positive and constructive feelings one goes through during work and their effective performance. Compassion satisfaction is the pleasure individuals get by doing their jobs or assigned work up to one's job demands and satisfaction level⁽⁹⁾. Appreciation and acknowledgement on completing a difficult task, can

give a sense of satisfaction with the type of work one performs. Individual's age and experience, income with type of job and pressures play significant role in the quality of life⁽¹⁰⁾.

The aim of the present study was to see the relationship between the demographic variables, perceived social support and professional quality of life in nurses. It is known from literature that nurses' experiences with different types of patients is one of the major challenge faced by them. Whereas, this varies with their years of experience⁽¹¹⁾. Job demands also effect the life satisfaction of the nurses. Time pressure and patient dealing with fewer rewards i.e. limited monthly income results in burnout among nurses⁽¹²⁾. Research evidence also shows that perceived social support enhances the job performance and reduces the job stress in nurses⁽¹³⁾. There is no such research in which demographic correlates, perceived social support and professional quality of life are studied together. The present study aims to fill this gap.

On the basis of present literature it was hypothesized that there would be a significant relationship between demographic variables (age, working hours, monthly income and experience), perceived social support and subscales of professional quality of life (compassion satisfaction, compassion fatigue and burnout).

Sample and Method

A sample of 160 nurses was selected through purposive sampling technique from four different public hospitals of Lahore (40 nurses from each hospital). The participants' age was $M=33.48$, $SD=9.18$.

The nurses were requested to respond to a Demographic form (included questions related to the age, experience, working hours and monthly income), Multidimensional Scale of Perceived Social Support (It consisted of 12 items related to significant others, friends and family. It is also a 7-point rating scale from 1 (very strongly disagree) to 7 (very strongly agree)⁽¹⁴⁾,⁽¹⁵⁾ and The Professional Quality of Life Scale (It consists of 30 items and 5-point rating scale 1 (Never) to 5 (Always). Professional quality of life consists of three subscales including; compassion satisfaction, burnout and compassion fatigue. Each subscale consisted of 10 items⁽⁹⁾. Ethical considerations were observed for collecting data. Nurses were briefed about the study and were included in the sample after formal consent.

Table 1: Demographics details of the participants.

Variables	f (%)	M (SD)
Age		33.48 (9.18)
20-29	59 (36.88)	
30-39	62 (38.75)	
40-49	23 (14.37)	
50-59	16 (10)	
Experience (Years)		12.52 (8.29)
1-5	37 (23.13)	
6-10	51 (31.88)	
11-15	23 (14.37)	
16-20	24 (15.00)	
21-25	12 (7.50)	
26-30	13 (8.12)	
Working hours		6.79 (2.42)
6 hours	128 (80)	
More than 6 hours	32 (20)	
Monthly Income		42612.50 (13902.00)
15000-30000	24 (15.00)	
31000-45000	83 (51.87)	
46000-60000	43 (26.88)	
61000-75000	10 (6.25)	

Statistical analysis was done using SPSS version 20.

Results and Discussions

Table 1 represents the details and the frequencies of the demographic variables of the participants.

Table 2 presents the correlation between the research variables.

Two demographic variables, age and experience, had positive correlation with compassion fatigue and

the relation was highly significant, $r = .252, n=160, p<.01$ and $r=.256, n=160, p<.01$ respectively. Other demographic variables i.e. working hours and monthly income had no significant relationship with the subscales of Professional Quality of Life. Perceived social support had significant relationship with compassion satisfaction $r = .222, n=160, p<.01$. This indicates that higher the perceived social support of the nurses, higher will be the sense of compassion satisfaction. It was also viewed that age, experience and working hours had negative relationship with burnout, $r = -.004, n=160, p>.05, r = -.101, n=160, p>.05$ and $r = -.050, n=160, p>.05$ respectively but the relationship seems to be insignificant. Similarly, working hours, perceived social support and compassion satisfaction were negatively related to compassion fatigue, $r = -.100, n=160, p>.05, r = -.019, n=160, p>.05$ and $r = -.121, n=160, p>.05$ respectively but the findings are insignificant.

The current study included nurses from public hospitals of Lahore where the number of patients is huge and every nurse is burdened with excessive work. Most of the nurses included in the sample were elderly aged. The age at which they are mostly having family responsibilities and fully engaged in professional and personal lives. Most of the nurses had experience of six to ten years, indicating that they had been working in the same profession for a considerable period. The average working hours of nurses were 6.79 hours. Nurses reported that they are on duty for six hours and sometimes they had to give more than six hours because the hospitals did not have enough nursing staff so they had to work overtime. Working-hours has impact on the home, family and social life of the nurses⁽¹¹⁾.

Table 2: Correlation between age, experience, working hours, monthly income, perceived social support and Professional Quality of Life ProQol (compassion satisfaction, burnout and compassion fatigue).

Variables	1	2	3	4	5	6	7	8	M	SD
1 Age	-	.886**	-.071	.684**	.226**	.119	-.004	.252**	33.48	9.18
2 Experience	-	-	-.041	.682**	.004*	.097	-.101	.256**	12.52	8.29
3 Working hours	-	-	-	-.237**	160	.026	-.050	-.100	6.79	2.42
4 Monthly income	-	-	-	-	.189	.011	.054	.086	43612.50	13209.00
5 Perceived social support	-	-	-	-	-	.222**	.037	-.019	52.29	7.020
6 Compassion satisfaction ProQol	-	-	-	-	-	-	.067	-.121	34.36	4.29
7 Burnout ProQol	-	-	-	-	-	-	-	.055	29.91	3.15
8 Compassion fatigue ProQol	-	-	-	-	-	-	-	-	33.18	4.70

Note: * $p<.05, **p<.01$.

It was hypothesized that there was a significant relationship between demographic variables (age, working hours, monthly income and experience), perceived social support and professional quality of life. Bivariate analysis shows that age was positively correlated with experience; one's experience increases with age and enhanced experience is in turn positively correlated with monthly income. Age and compassion fatigue also had significant relationship; the greater the age and experience of the nurse the higher will be the familiarity and experience of trauma as well as stress related to work, this finding is also evident from literature in which it is discussed that the level of difficulties during work varies with experience⁽¹¹⁾. Compassion fatigue is linked with age. Having spent many years in the same field and routine they are likely to be more exhausted. At the same time, experience was also found to be positively correlated with monthly income and compassion fatigue. Those nurses who are highly experienced may tackle compassion fatigue also. This shows that demographic variables are somehow linked with aspects of Professional Quality of life specifically compassion fatigue. These findings are supported by the results of Fatum (1993) that suggest demographic variables play a vital role in nurses' overall quality of life⁽¹⁰⁾.

Perceived social support had significant positive relationship with compassion satisfaction. This illustrates that greater perception of social support in nurses results in greater compassion satisfaction. Social support systems play an important role in understanding of self and goals in a person's life. Family members, friends, relatives, partners and spouses all can contribute in the satisfaction level of a person. Sense of strong perceived social support also reduces job stress⁽¹³⁾. It can also be assumed that a strong support from right person can also build satisfaction with the type and variety of work the person is performing. Compassion satisfaction is achieved when people are valued with the work they have performed well and are acknowledged for their performance. A factor that can improve the performance of a person at work can be a strong perception of the support from the loved and valued person in one's life. This is strongly supported by the findings of Shea and Howell (1998)⁽¹⁷⁾.

Conclusion

The demographic variables and perceived social support are correlated with professional quality of life.

Age and experience of nurses have highly significant relationship with compassion fatigue. The greater the age and experience of the nurses the more they will be likely to have compassion fatigue. Another significant relationship is between perceived social support and compassion satisfaction. Work hours and monthly income have also been found to be correlated with compassion fatigue, burnout and compassion satisfaction, however the relationship is not significant enough to help generate a conclusive statement.

The study showed that nurses are burdened with workload and have to attend huge number of patients during their duty hours. Therefore quantity of work for nurses should be reduced so that they can provide quality care to the patients.

Considering the significance of social support, hospital authorities can facilitate establishment of nurses' support systems. Nurses themselves can also arrange support groups for their fellow nurses so that they can share and discuss the issues they face along with upcoming professional problems they need to address. Moreover, they can also provide emotional support to each other by sharing their experiences and how they managed to overcome those experiences.

Authors Contribution

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References

1. Cherie, A., Mekonen, A. H., & Shimelse, T. Introduction to professional nursing and ethics. Addis Ababa University In collaboration with the Ethiopia Public Health Training Initiative, The Carter Center, the Ethiopia Ministry of Health, and the Ethiopia Ministry of Education; 2005.
2. Duarte, J., Pinto-Gouveia, J., & Cruz, B. Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study. *Int J Nurs Stud.* 2005; 60:1-11. <https://doi.org/10.1016/j.ijnurstu.2016.02.015>
3. Cohen, S., Underwood, L. G., & Gottlieb, B. H. Social support measurement and intervention: A guide for health and social scientists. Oxford: Oxford University Press; 2000. <https://doi.org/10.1093/med/psych/9780195126709.001.0001>
4. House, J. S. Social support and the quality and

- quantity of life. *Research on the Quality of Life*. 1986: 253-269.
5. Kim, H. J., & Choi, H. Emergency nurses' professional quality of life: Compassion satisfaction, burnout, and secondary traumatic stress. *J Korean AcadNurs Adm*. 2012; 18(3):320-328. <https://doi.org/10.11111/jkana.2012.18.3.320>
 6. Circenis, K., Millere, I., & Deklava, L. Measuring the professional quality of life among Latvian nurses. *Procedia-Social and Behavioral Sciences*. 2013; 84:1625-1629. <https://doi.org/10.1016/j.sbspro.2013.07.003>
 7. Stamm, B. H. Professional quality of life: Compassion satisfaction and fatigue version 5 [Internet]. 2009 [cited 2011 Mar 20]. Available from: <http://www.isu.edu/bhstamm>.
 8. Stamm, B. H. The ProQOL manual [Internet]. 2005 [cited 2007 July 16]. Available from: <http://www.isu.edu/bhstamm>.
 9. Stamm, B. H. Professional quality of life elements theory and measurement. 2nd ed. Philadelphia: Elsevier; 2012.
 10. Fatum, S. K. The Impact of Demographic Variables on Views about Nursing as a Profession. 4th ed. Philadelphia: Elsevier; 1993.
 11. Ulrich C, O'Donnell P, Taylor C, Farrar A, Danis M, Grady C. Ethical climate, ethics stress, and the job satisfaction of nurses and social workers in the United States. *Social science & medicine*. 2007 Oct 31;65(8):1708-19. <https://doi.org/10.1016/j.socscimed.2007.05.050>
 12. Demerouti E, Bakker AB, Nachreiner F, Schaufeli WB. A model of burnout and life satisfaction amongst nurses. *Journal of advanced nursing*. 2000 Aug 1;32(2):454-64. <https://doi.org/10.1046/j.1365-2648.2000.01496.x>
 13. AbuAlRub RF. Job stress, job performance, and social support among hospital nurses. *J Nurs-Scholarsh*. 2004 Mar 1;36(1):73-8. <https://doi.org/10.1111/j.1547-5069.2004.04016.x>
 14. Vitale, S. A., Varrone-Ganesh, J., & Vu, M. Nurses working the night shift: Impact on home, family and social life. *J NursEducPract*. 2015; 5(10):70. <https://doi.org/10.5430/jnep.v5n10p70>
 15. Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. The multidimensional scale of perceived social support. *J Pers Assess*. 1988; 52(1):30-41. https://doi.org/10.1207/s15327752jpa5201_2
 16. Zimet, G. D., Powell, S. S., Farley, G. K., Werkman, S., & Berkoff, K. A. Psychometric characteristics of the multidimensional scale of perceived social support. *J Pers Assess*. 1990; 55(3-4): 610-617. <https://doi.org/10.1080/00223891.1990.9674095>
 17. Shea, C. M., & Howell, J. M. Organizational antecedents to the successful implementation of total quality management: a social cognitive perspective. *QualManag Health Care*. 1998; 3(1):3-24. [https://doi.org/10.1016/S1084-8568\(99\)80101-1](https://doi.org/10.1016/S1084-8568(99)80101-1)