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Research Paper

Professional quality of life among female nurses

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ABSTRACT

The aim of the study was to find the difference in the professional quality of life- compassion satisfaction, burnout and compassion fatigue among female staff nurses and nurses in charge. A non-experimental causal comparative research design was used. A total of 20 female nurses (11 staff nurses and 9 nurses in charge) currently working in private hospitals in different cities of India, took part in the study. The participants were chosen randomly and by snowball sampling. The Professional Quality of Life Scale was administered to them and three independent sample t- tests were run in order to analyse the data. It was found that staff nurses scored higher in burnout, compassion satisfaction and compassion fatigue as compared to nurses in charge thus accepting all the three stated hypotheses. Although there were limitations for the research, the data was found to be significant and can be useful for further research to help introduce interventions for nurses at an earlier level and improve the professional quality of life of nurses.

Keywords: *Burnout, Compassion Satisfaction, Compassion Fatigue, Staff Nurses, Nurses In Charge*

The Professional quality of life refers to the pleasure an individual derives from being able to do their work effectively, the difficulties the individuals encounter in dealing with their work and work-related, secondary exposure to extremely stressful events. It is a concept which comprises of satisfaction and perception in relation to work life.

Professional quality of life plays an important role in an individual's life as to how they view their workplace and their job effectiveness and productivity.

"Professional quality of life is the quality one feels in relation to their work as a helper. Both the positive and negative aspects of doing work influence the professional quality of life. People who work for helping others may respond to individual, community, national, and even international crises. They may be health care professionals, social service workers, teachers, attorneys, police officers, fire-fighters, clergy, transportation staff, disaster responders, and others. Understanding the positive and negative aspects of helping

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individuals who experience trauma and suffering can improve your ability to help them and your ability to keep your own balance." (The Center for Victims of Torture, 2019)

Professionals who listen to the stories of fear, suffering and pain of others may feel similar fear, pain and suffering due to feelings of empathy and care for the other individual which is quite often seen in the healthcare industry.

The healthcare industry has been globally acknowledged to be a stressful industry due to extremely high demands, competence and manpower shortage.

Nurses are more prone to job stress and mental health issues due to direct and regular exposure to death, accidents, trauma, and chronic illnesses among other problems. This is because other healthcare workers like doctors or therapists spend limited amounts of time with the patients. Comparatively, nurses are the first line of contact with the patients and their family or friends which make them constantly exposed to the emotional strains of dealing with the sick and dying.

On the other hand, nurses also have opportunities to help patients and their relatives to cope with the psychosocial problems arising from diagnosis and treatment of the disease and make interventions that support recovery.

Nursing, being a caring profession includes helping others, having compassion and universal values instilled in the individuals. Therefore, interpersonal communication skills and an empathetic approach are basic prerequisites of nursing roles. But a wrong approach to empathy by nurses and their eagerness to help more can induce stress. When stress at work becomes unmanageable or extreme, the response could be chronic, job-related emotional stress.

Nurses can be classified into many categories like head nurse, staff nurse, nurse in charge, nurse superintendent and so on. The primary focus in this study is on staff nurses and nurses in charge.

The professional quality of life focuses on compassion fatigue, burnout and compassion satisfaction. The positive aspect of the Professional quality of life is compassion satisfaction and the negative aspects include burnout and compassion fatigue.

'In today's English, "compassion" is defined as a deep feeling of sharing and suffering for another person, a feeling of pity, distress, sympathy and feeling sorry for someone who is suffering.' (The Free Dictionary, 2018).

CONCEPT DEFINITION

Compassion fatigue.

'Compassion Fatigue is a state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways including re-experiencing the traumatic event, avoidance/numbing of reminders of the event, and persistent arousal.' (The Professional Quality of Life Measure, 2019)

The concept of Compassion Fatigue emerged only in the last few years in professional literature and it represents the cost of caring about and for traumatized people. Compassion Fatigue is the emotional residue of exposure to working with suffering individuals,

particularly those individuals who are suffering from the consequences of traumatic events. It is a feeling of deep sympathy and sorrow one feels for another individual who is stricken by suffering, a tolerance of distress and a motivation to relieve the suffering.

There are four significant factors that place healthcare professionals at a higher risk for compassion fatigue. They are - having unresolved trauma, lack of coping and self-care, decrease in work satisfaction and failure to control job stress.

Although similar to critical incident stress (being traumatized by something one actually experiences or sees), with Compassion Fatigue, individuals are absorbing the trauma through the eyes and ears of their patients. It can be referred to as secondary post-traumatic stress.

The development process of Compassion Fatigue in Nursing-

Nursing is a caring profession that includes helping and having an empathetic approach in the field. But the willingness to help more and a wrong approach to empathy can cause stress. Overtime, when nurses work in continuously emotionally charged situations, this empathy and willingness can gradually become exhausting and over taxing. When nurses help suffering and traumatized patients, they involuntarily establish strong emotional bonds with the patient and may feel attached to the patient. In this way, nurses learn to internalize patients, their condition and pain and thus lose their nursing abilities to provide unbiased and effective care. The emotional bond also develops from the patient's end as they find themselves in critical times and are emotionally weak at the moment. This sharing, therapeutic interaction and internalization of the patient's condition can result in excessive and inappropriate empathetic responses that repeat again and again, thereby causing weakness. This emotional attachment nurses develop with the patients speeds up the process of compassion fatigue in nurses. Figley (2002) defined three primary characteristics of the compassion fatigue development process- occurring within a traumatic experience (disaster, death) and the exposure to pain; deep concern of the professionals; and understanding and sharing the suffering felt by the patients for whom they provide care. Hence, as the empathetic response starts, nurses have a tendency to internalize the situation as they start to observe the amount of pain suffered by the patients. When they are able to intervene within the situation and reduce the pain caused, they tend to derive happiness and pleasure. But this increases their stress and anxiety as they are constantly trying to intervene with their patient's suffering. The nurses, who see their patients continuously suffer for a long time, try to monitor them and work with them which can result in negative experiences for the nurses and develop compassion fatigue. When stress symptoms are beginning to be observed in caregivers, they try various methods of coping to maintain their self-care. If coping skills are ineffective or the required support is not received, the final stage arrives and the situation turns into chronic compassion fatigue.

Burnout.

Burnout is defined as "a state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's capacity to perform" (Maslach, Jackson, & Leiter, 1996, p. 20).

'Burnout is a state of complete emotional, physical and mental exhaustion due to excessive and chronic stress. Burnout is associated with stress and hassles involved in an individual's work; it is very cumulative, is relatively predictable and frequently a vacation or change of job helps a great deal.' (The Professional Quality of Life Measure, 2019).

Burnout is a psychological term used for the experience of long term exhaustion, frustration, anger and depression. It is associated with and involves feelings of hopelessness, difficulties in dealing with work and doing an individual's job effectively.

Research has shown that employees who are at risk of burnout (i.e., who are chronically exhausted and hold a negative, cynical attitude toward work) show impaired job performance and may face serious health problems over the course of time (Bakker, Demerouti, & Sanz-Vergel, 2014).

Professionals who work with people, particularly individuals who are suffering, must contend with not only the normal stress or dissatisfaction of work, but also with the emotional and personal feelings for the suffering.

Negative consequences of burnout may include drug and alcohol misuse and marital and family conflicts. Psychiatric consequences can include depression, anxiety disorders and even suicide to the extreme. It can lead to increased incidence of clinical errors, patient dissatisfaction and staff turnover.

Compassion satisfaction.

Compassion Satisfaction on the other hand is about the pleasure an individual derives from being able to do their job well and effectively. It is the positive consequence due to helping behavior. For example, one may feel like it is a pleasure to help others through their work, one may feel positively about their colleagues or their ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to the helper's ability to be an effective caregiver in their job.

The indicator of compassion satisfaction is the sense of pleasure or fulfillment that caregivers achieve from their work. Compassion satisfaction is the reward of caregiving. There are satisfaction individuals derive from working well and effectively. Compassion satisfaction is related to the method of caring, the functioning of health care system, and positive work with colleagues, self- confidence, altruism and psychological solidity.

Professionals having a high score on compassion satisfaction experience happy thoughts, they feel successful, are happy with the work they do, want to continue to do it, and believe they can make a difference with their profession.

Constant exposure to stress and traumatic experiences that are inherent in the nursing profession significantly contribute to the development of a reduced job satisfaction, compassion fatigue, and burnout that can lead to a considerably high turnover rate in nursing. Compassion fatigue and burnout not only have a negative impact on nurses' wellbeing, job satisfaction, and willingness to remain in the profession but they can also affect the patient outcomes and the satisfaction they receive from healthcare.

If compassion fatigue and burnout are not recognized and addressed, it can have negative effects and can lead to several stress related chronic diseases. Professional quality of life is affected by factors like trauma, anxiety, life expectations, empathy, developmental crises, coping with work related stress, health maintaining behaviors, professional resources, educational programs, personal resting area, regular working hours, supportive workplace, years of professional experience, education status, number of shifts, hours of shift, willingness to work as a nurse, the caregiver role, pay scale, death rates in the hospital,

psychological pressure, competence, life stresses, workplace issues, support from colleagues and medical faculty and so on.

Hence, it is necessary to come up with interventions to reduce burnout and fatigue and increase compassion satisfaction at an early stage and prepare nurses to cope and manage stressors. Interventions can include educational and supportive types. It can include mental and physical relaxation, changes in working conditions in organizations, support from management, changing in care process, improving and increasing communication skills and changing work schedules. The terms burnout and compassion fatigue should be explained to nurses for the early detection and prevention of professional burnout and fatigue. Awareness of these symptoms can help nurses increase their personal awareness, sharpen self-care, improve assertiveness skills and deepen their spirituality. Nurses' abilities to give and receive support should be developed. Therefore, it is important to have an insight on how the stressful experiences contribute to quality of life of nurses in their professional settings.

Background/Premise of the study

Previous literature has reported that head nurses tend to have greater levels of burnout when compared with general nurses (Cai et al., 2010; Kath et al., 2013).

A correlative meta-analysis study was carried out in 2018 (Zhang, Y) to find out the determinants of compassion satisfaction, compassion fatigue and burnout in nursing. The method used was literature search in electronic databases which was followed by data extraction, conversion, and meta-analyses under random effect model. For the results, eleven studies were used for meta-analysis. The results found a strong positive correlation between compassion fatigue and burnout, whereas compassion satisfaction had weak negative correlation with compassion fatigue but moderate with burnout. It was found that constant exposure to stress and traumatic experiences led to fatigue and burnout. This shows that burnout and compassion fatigue is negatively correlated with compassion satisfaction and increase in burnout and fatigue leads to decrease in compassion satisfaction.

The objective of the present study is to find the difference among compassion fatigue, burnout and compassion satisfaction among staff nurses and nurses in charge and to find out if nurses in charge are more prone to fatigue and burnout (due to chronic and continuous exposure to stress and traumatic events) as compared to staff nurses.

Statement of the Research Problem

Many healthcare providers, especially nurses suffer from compassion fatigue and burnout and have less compassion satisfaction which leads to demotivation in work. Compassion fatigue and burnout depends upon stressors and constant exposure to traumatic events hence is found more in nurses in charge. Due to urbanization and modernization, there has been an increase in the technological advancement of hospitals which requires the staff to be competent along with providing care for the increasing number of patients. Increase in work load not only affects nurses but also the other people around them.

This study would be helpful in providing a significant exposure to the challenges faced by nurses like burnout and fatigue and its damaging effects on the nurses' quality of life both personal and professional and ultimately to the efficient working of the institution.

Rationale for the study

Nursing as a profession involves extreme risk and extreme pressure. Previous literature has reported that head nurses tend to have greater levels of burnout when compared with general nurses.

Job stress among nurses is due to high job demands, shortage of healthcare providers, increased working hours and low job resources.

Substantial evidence indicates that burnout, in particular, is a widespread phenomenon among health professionals, especially among nurses. Hence it is important to understand the negative effects of burnout and fatigue and to find interventions like self-care measures, self-awareness and psycho education to reduce fatigue and burnout among nurses at an early stage- as staff nurses. This in turn would help them to improve their lifestyles, motivate them to work and manage work related stress over the course of time.

Significance & Scope of the Present Study

The significance of the present study is to understand the hectic work culture of the nurses and its impact on their lifestyle, to provide for assistance if needed and to provide interventions.

With the help of results, further research can be carried out for nurses and interventions like self-care measures, self-awareness and psycho education can be planned and introduced by the medical institutions to help nurses reduce fatigue and burnout and increase compassion satisfaction at an early stage of their nursing career as staff nurses and help them to cope with stressors and increase compassion satisfaction.

Review of the previous studies

Several studies have been conducted to show positive correlations between burnout and compassion fatigue and negative correlations between compassion satisfaction with burnout and fatigue.

A study was conducted by Dr. Assuma Beevi et al (2019) to identify the Compassionate Fatigue among nurses working in critical care areas in Kerala by using PROQOL 5 scale. It also compared the Compassionate Fatigue among nurses working in ICUs and Emergency department and to find out the association between selected demographic variable and compassion fatigue. Using purposive sampling 50 staff nurses working at intensive care units and emergency departments of the two hospitals had been selected. It was found that Compassion fatigue or secondary traumatic stress was more among nurses working at Kozhikode. In the present study, nurses working in emergency unit as well as critical care units both had average compassion fatigue and burnout. It was concluded that nurses needed to be informed of the concepts of compassion fatigue. They need to be made aware of their role in combating compassion fatigue effectively.

Gerami Nejad N et al (2019) conducted a study to find the association between Resilience and Professional Quality of Life among Nurses Working in Intensive Care Units. This descriptive-correlational study was conducted on 200 nurses working in the ICUs of the teaching hospitals affiliated to Birjand University of Medical Sciences in South Khorasan province, Iran in 2018. The participants were selected via census sampling. Data were collected using Connor-Davidson resilience questionnaire and Stamm professional quality of life scale. An inverse, significant correlation was observed between resilience and compassion fatigue. It was concluded that special attention must be paid to the influential factors in professional quality of life. In addition, due to the significant association between resilience and compassion fatigue, incorporating resilience-promoting strategies into the nursing curriculum was recommended.

Zohreh Keshavarz et al. (2019) conducted a study aimed to evaluate the professional quality of life among health-care providers including physicians, nurses, and midwives and its related factors. Participants included 464 doctors, nurses, and midwives working in educational hospitals of Qazvin University of Medical Sciences selected using a convenience method. Data was collected using demographic information questionnaire and Persian version of the professional quality of life questionnaire. Multivariate linear regression models were used to examine the related factors. In the present study, 464 health-care providers including 150 doctors, 161 midwives, and 153 nurses participated. The majority of them (56.2%) reported a moderate job satisfaction. The regression model showed that high and medium job satisfaction, monthly income, and work shift arrangements were significant predictors for all domains of professional quality of life. It was concluded that physicians, midwives, and nurses had a moderate professional quality of life. Factors such as high job satisfaction, monthly income, and work shift arrangements partly predicted their professional quality of life. Therefore, paying enough attention to improving job satisfaction and improving working conditions and income might improve the professional quality of life of health-care providers, and consequently, the quality of patient care.

A study was conducted by María Dolores Ruiz-Fernández et al (2020). The objective of this research was to analyse the quality of life of nursing professionals and its relationship with different socio-demographic variables and the work context. Questionnaires were administered to 1521 nurses working in the Andalusia Public Health System (APHS), Spain. Professional quality of life (ProQOL v. IV) was measured, along with several socio-demographic and work-related variables. The levels of compassion fatigue (CF) and burnout (BO) were elevated. The level of compassion satisfaction (CS) was found to be below the estimated mean. Marital status, the healthcare setting, the area where the centre is located, and the work shift were variables associated with CF. The variables related to CS were found to be the professional's age, sex, marital status, the healthcare setting of the centre, the location of the centre, and the work shift. Specifically, according to the exploratory model, the factors which predicted a reduction in CS were working in primary care, in urban areas, and working a morning/evening/night shift. However, being divorced increased the CS. BO was influenced only by work shifts. It was concluded that the data obtained in the study show high levels of CF and BO, and below-average CS levels in nursing professionals. Hence, the wellbeing of nursing professionals and the quality of patient care should be improved.

Research Gap

This study aims to find out the difference among compassion satisfaction, burnout and compassion fatigue among staff nurses and nurses in charge. Research has been done to gather evidence that nurses suffer from fatigue and burnout based on age and work experience. There is limited research done as a means of a comparative study in the Indian context, to find out if staff nurses also suffer from fatigue and burnout or they have compassion satisfaction as compared to nurses in charge.

Research Questions

1. Is there a difference in compassion satisfaction among female staff nurses and nurses in charge?
2. Is there a difference in burnout among female staff nurses and nurses in charge?
3. Is there a difference in compassion fatigue among female staff nurses and nurses in charge?

METHODOLOGY

Aim

- To find the difference in the professional quality of life- compassion fatigue, burnout and compassion satisfaction among female staff nurses and nurses in charge.

Hypotheses

H_1: There is a significant difference in burnout among female staff nurses and nurses in charge.

H_2: There is a significant difference in compassion satisfaction among female staff nurses and nurses in charge.

H_3: There is a significant difference in compassion fatigue among female staff nurses and nurses in charge.

Variables

Independent Variable: Professional role of Nurses (staff nurses and nurses in charge)
Dependent Variable: PROQoL- compassion fatigue, burnout and compassion satisfaction

Research Design

A quantitative non-experimental research involving a causal comparative design (Ex-post facto design) was used in the present research. Quantitative research is used to describe numerical changes in the characteristics of the sample population to generalize findings to other situations and to explain causal relationships. Non- experimental research does not involve manipulation of the variables by the researcher. A causal comparative design is used as the researcher investigates the effect of independent variables on dependent variables by comparing two groups of individuals.

Sample

Sample Description

The sample included 20 working female nurses working with private hospitals in different cities of India.

Sampling Method

Non-random sampling methods like purposive and convenience sampling techniques were used. This was based on the researcher's convenience and judgment while choosing the sample.

Sampling Size

A total of 20 female nurses- 11 staff nurses and 9 nurses in charge, who were working with private hospitals in different cities of India.

Inclusion criteria

The participants were working female nurses.

1. All day and night shift nurses working currently were included.
2. All female nurses only working in private hospitals in different cities of India.
3. Staff nurses- Nurses having 0 years to 5 years' experience of working as a staff nurse were included.
4. Nurses in charge- Charge nurses having 5 years or more of working experience in the same hospital were included.
5. All nurses were able to read and write in the English language.

Exclusion criteria

1. Nurses working in government hospitals were excluded.
2. Nurses not working currently in private hospitals were excluded.
3. Staff nurses- Nurses having 5 years or more than 5 years of experience as staff nurses were excluded.
4. Male nurses were excluded.

Tools for Data Collection

1. **Socio Demographic Sheet and informed consent-** The socio demographic sheet consisted of the identifying information of the representative sample of nurses and included the name, age, educational qualification, work experience, designation and name of institute. The informed consent included the signed undertaking by the researcher and statement of consent by the research participant.
2. **Questionnaire/Scale/any other tools-** Professional Quality of Life Scale (version 5)- The Professional Quality of Life Scale (ProQOL) is the current version of the old Compassion Fatigue Self Test (Figley, 1995). The Professional Quality of Life Scale was a 30 item self-report measure of the positive and negative effects of working with people who have experienced extremely stressful events. The ProQol contained three subscales measuring Compassion Fatigue, Burnout and Compassion Satisfaction and was administered using a 5 point rating scale- 1=never, 2=rarely, 3=sometimes, 4=often, 5=very often

Psychometric properties of the scale-

Reliabilities: The alpha reliabilities for the scales were: Compassion Satisfaction alpha = .87, Burnout alpha = .72 and Compassion Fatigue alpha = .80.

Validity: The PROQOL depicted good construct, convergent and discriminant validity.

Procedure for Data Collection

Working female nurses from private hospitals in different cities of India were approached for the study via Google forms. Informed consent of the hospitals and the nurses were taken. They were then briefed about the study.

The Socio-demographic data sheet was given, which included the working experience and their current designation.

The Professional Quality of Life scale (version 5) was then administered to all nurses.

Procedure for Data Analysis

After collection of the data from the sample, the data was segregated into staff and senior nurses. It was then entered into Statistical Package for Social Sciences (SPSS) for analysis. The descriptive along with the skewness and kurtosis was analyzed and three independent sample t-test were administered to find the difference in the variables among the two samples.

Ethical Consideration

Informed consent was taken from the hospitals and the nurses who were approached for the study. Participants were assured of confidentiality of data. The data obtained for this study was used solely for academic purposes. The participants had the right to withdraw being a part of the research whenever they wished to.

RESULTS

The aim of the study was to find the difference in the professional quality of life- compassion fatigue, burnout and compassion satisfaction among female staff nurses and nurses in charge. The data analysis is based on the collected socio demographic details and the proposed hypotheses, objectives and research design.

The proposed size of the sample included 30 female staff nurses and 30 female nurses in charge. However, data was collected from 11 female staff nurses and 9 female nurses in charge (N=20). The data was entered into Statistical Package for Social Sciences (SPSS) and three independent sample t-test were administered to analyze the data and find the difference in the variables among the two samples.

Analysis of socio-demographic variables

Table 4.1.1 Frequency distribution of sample populations' socio demographic details

		Frequencies				
		Age	Marital Status	Educational Qualification	Designation	Work Ex.
N	Valid	20	20	20	20	20
	Missing	0	0	0	0	0

Table 4.1.1 represents the frequency distribution for the socio demographic details given by the participants (N=20). The table shows the frequencies across all categories mentioned in the socio demographic details are distributed equally. There are no missing components.

Descriptive Statistics

Table 4.2.1 Mean, standard deviation (SD), skewness and kurtosis of professional quality of life- burnout, compassion satisfaction and compassion fatigue

Variable	N	Mean	SD	Skewness	Kurtosis
Burnout	20	90.45	9.779	-.875	.079
Compassion satisfaction	20	88.05	8.888	-.818	.098
Compassion fatigue	20	86.10	9.414	-.891	.214
Valid N	20				

Table 4.2.1 shows the descriptive statistics of Professional Quality of Life- Burnout, Compassion Satisfaction and Compassion Fatigue for the given sample (N=20). The Mean (M) of the given sample for Burnout, Compassion Satisfaction and Compassion Fatigue is 90.45, 88.05 and 86.10 respectively. The Standard Deviation (SD) of the given sample for Burnout, Compassion Satisfaction and Compassion Fatigue is 9.779, 8.888 and 9.414 respectively.

The Skewness of the given sample for Burnout, Compassion Satisfaction and Compassion Fatigue is -.875, -.818 and -.891 respectively which indicates that the distribution of the current sample for each of the scores of Burnout, Compassion Satisfaction and Compassion Fatigue is within the range of -1.96 to +1.96 and is negatively skewed.

The Kurtosis of the given sample for Burnout, Compassion Satisfaction and Compassion Fatigue is .079, .098 and .214 respectively which indicates that the distribution of the current

sample for each of the scores of Burnout, Compassion Satisfaction and Compassion Fatigue is within the range of -1.96 to +1.96.

Hence, it can be said that the data obtained from the sample population was normally distributed.

Table 4.2.2.a. Group statistics for the total burnout score among staff nurses and nurses in charge

	Designation	N	Mean	Std. Deviation	Std. Error Mean
Total burnout	Staff nurses	11	96.45	4.525	1.364
	Nurses in charge	9	83.11	9.558	3.186

Table 4.2.2.b Independent samples test for Burnout among staff nurses and nurses in charge

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig	t	df	Sig(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval Lower	Upper
Total burnout	Equal variances assumed	2.957	.103	4.118	18	.001	13.343	3.240	6.535	20.151
	Equal variances not assumed			3.850	10.909	.003	13.343	3.466	5.707	20.980

Table 4.2.2.a. shows the total burnout score for staff nurses (N=11) and nurses in charge (N=9). The Mean (M) for the Burnout score is 96.45 for staff nurses (N=11) and 83.11 for nurses in charge (N=9). The Standard Deviation (SD) for the Burnout score is 4.525 for staff nurses (N=11) and 9.558 for nurses in charge (N=9).

Table 4.2.2.b shows the Independent samples test for Burnout among staff nurses (N=11) and nurses in charge (N=9) where Significance (Sig) value for Levene's Test for Equality of Variances is .103, hence, equal variances are assumed (t=4.118, df= 18) and Sig (2-tailed) value or p= .001 which is significant at 0.05 level.

Therefore, p (.001) < 0.05 and hence the alternate hypothesis is accepted: There is a significant difference in burnout among female staff nurses and nurses in charge.

Table 4.2.3.a. Group statistics for the total compassion satisfaction (CS) score among staff nurses and nurses in charge

	Designation	N	Mean	Std. Deviation	Std. Error Mean
Total CS	Staff nurses	11	93.09	4.505	1.358
	Nurses in charge	9	81.89	9.198	3.066

Table 4.2.3.b Independent samples test for compassion satisfaction (CS) among staff nurses and nurses in charge

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval	
		F	Sig	t	df	Sig(2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Total CS	Equal variances assumed	3.892	.064	3.565	18	.002	11.202	3.142	4.600	17.804
	Equal variances not assumed			3.340	11.105	.007	11.202	3.353	3.830	18.574

Table 4.2.3.a. shows the total compassion satisfaction (CS) score for staff nurses (N=11) and nurses in charge (N=9). The Mean (M) for the compassion satisfaction (CS) score is 93.09 for staff nurses (N=11) and 81.89 for nurses in charge (N=9). The Standard Deviation (SD) for the Compassion Satisfaction (CS) score is 4.505 for staff nurses (N=11) and 9.198 for nurses in charge (N=9).

Table 4.2.3.b shows the Independent samples test for Compassion Satisfaction (CS) among staff nurses (N=11) and nurses in charge (N=9) where Significance (Sig) value for Levene's Test for Equality of Variances is .064, hence, equal variances are assumed (t=3.565, df= 18) and Sig (2-tailed) value or p= .002 which is significant at 0.05 level.

Therefore, p (.002) < 0.05 and hence the alternate hypothesis is accepted: There is a significant difference in Compassion Satisfaction among female staff nurses and nurses in charge.

Table 4.2.4.a. Group statistics for the total compassion Fatigue (CF) score among staff nurses and nurses in charge

	Designation	N	Mean	Std. Deviation	Std. Error Mean
Total CF	Staff nurses	11	91.36	4.478	1.350
	Nurses in charge	9	79.67	10.037	3.346

Table 4.2.4.b Independent samples test for compassion Fatigue (CF) among staff nurses and nurses in charge

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval	
		F	Sig	t	df	Sig (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Total CF	Equal variances assumed	3.463	.079	3.480	18	.003	11.697	3.361	4.636	18.758
	Equal variances not assumed			3.242	10.593	.008	11.697	3.608	3.718	19.675

Table 4.2.4.a. shows the total compassion fatigue (CF) score for staff nurses (N=11) and nurses in charge (N=9). The Mean (M) for the compassion satisfaction (CS) score is 91.36 for staff nurses (N=11) and 79.67 for nurses in charge (N=9). The Standard Deviation (SD) for the Compassion Fatigue (CF) score is 4.478 for staff nurses (N=11) and 10.037 for nurses in charge (N=9).

Table 4.2.4.b shows the Independent samples test for Compassion Fatigue (CF) among staff nurses (N=11) and nurses in charge (N=9) where Significance (Sig) value for Levene's Test for Equality of Variances is .079, hence, equal variances are assumed (t=3.480, df= 18) and Sig (2-tailed) value or p= .003 which is significant at 0.05 level.

Therefore, p (.003) < 0.05 and hence the alternate hypothesis is accepted: There is a significant difference in Compassion Fatigue among female staff nurses and nurses in charge.

Overall, since the Sig (2-tailed) value or p value for the total scores of burnouts, compassion satisfaction and compassion fatigue are .001, .002 and .003 respectively, they are all significant at 0.05 level. Hence, all the three alternate hypotheses are accepted-

H1: There is a significant difference in burnout among female staff nurses and nurses in charge.
H2: There is a significant difference in compassion satisfaction among female staff nurses and nurses in charge.
H3: There is a significant difference in compassion fatigue among female staff nurses and nurses in charge.

DISCUSSION

The aim of the current study was to find the difference in the professional quality of life- compassion fatigue, burnout and compassion satisfaction among female staff nurses and nurses in charge. The present study addressed the research questions- Is there a difference in burnout among female staff nurses and nurses in charge? Is there a difference in compassion satisfaction among female staff nurses and nurses in charge? Is there a difference in compassion fatigue among female staff nurses and nurses in charge?

According to results, there was a significant difference found in the total scores of burnout, compassion satisfaction and compassion fatigue among staff nurses and nurses in charge. It was found that, staff nurses scored more on all the three components- burnout, compassion satisfaction and compassion fatigue as compared to nurses in charge.

The hypotheses addressed in the study were- H1: There is a significant difference in burnout among female staff nurses and nurses in charge. H2: There is a significant difference in compassion satisfaction among female staff nurses and nurses in charge. H3: There is a significant difference in compassion fatigue among female staff nurses and nurses in charge.

The study used a non-experimental causal comparative research design. The sample chosen was 11 female staff nurses and 9 female nurses in charge, all currently working in private hospitals in India. The data was collected in the month of May 2020, during times of COVID-19 when the situations were crucial and there was immense pressure on the medical personnel.

The first objective of the study was 'To find out if nurses in charge are more prone to burnout as compared to staff nurses' and the corresponding hypothesis was 'There is a significant difference in burnout among female staff nurses and nurses in charge.' According to the results, it was found that there was a significant difference (p=.001) in the scores and staff nurses (N=11, M= 96.45, SD= 4.525) scored higher in burnout as compared to nurses in charge (N=9, M= 83.11, SD= 9.558). Hence, the specific objective was not achieved but the hypothesis is accepted. There is a significant difference in burnout among female staff nurses and nurses in charge.

The second objective of the study was 'To find out if staff nurses have more compassion satisfaction as compared to nurses in charge.' and the corresponding hypothesis was 'There is a significant difference in compassion satisfaction among female staff nurses and nurses in charge.' According to the results, it was found that there was a significant difference (p=.002) in the scores and staff nurses (N=11, M= 93.09, SD= 4.505) scored higher in compassion satisfaction as compared to nurses in charge (N=9, M= 81.89, SD= 9.198). Hence, the specific objective was achieved and the hypothesis is accepted. There is a significant difference in compassion satisfaction among female staff nurses and nurses in charge.

The third objective of the study was 'To find out if nurses in charge are more prone to compassion fatigue as compared to staff nurses.' and the corresponding hypothesis was 'There is a significant difference in compassion fatigue among female staff nurses and nurses in charge.' According to the results, it was found that there was a significant difference (p=.003) in the scores and staff nurses (N=11, M= 91.36, SD= 4.478) scored higher in compassion fatigue as compared to nurses in charge (N=9, M= 79.67, SD= 10.037). Hence, the specific objective was not achieved but the hypothesis is accepted. There is a significant difference in compassion fatigue among female staff nurses and nurses in charge.

According to previous research studies by Suzanne Slocum-Gori et al (2011) and Zhang, Y (2018), positive correlations were found between burnout and compassion fatigue and negative correlations between compassion satisfaction with burnout and fatigue. In this study too, positive correlations were found between burnout and compassion fatigue. However, there were no negative correlations between compassion satisfaction with burnout and fatigue. Staff nurses scored higher in all the three components of professional quality of life- burnout, compassion satisfaction and compassion fatigue as compared to nurses in charge.

Two of the specific objectives could not be achieved- 'To find out if nurses in charge are more prone to burnout as compared to staff nurses.' and 'To find out if nurses in charge are more prone to compassion fatigue as compared to staff nurses.' This was due to the study being conducted in the month of May 2020 during the challenging times of COVID 19 when there was a lockdown and restrictions were imposed all over the country. There was immense pressure on the medical personnel. With the increasing in-flow of patients and the shortage of nurses, staff nurses and nurses in charge were loaded with extreme work pressure. Staff nurses had a higher score in compassion satisfaction as they were able to help and treat a lot of patients during the COVID 19 situation which justified their roles as a helper. But they scored higher in burnout and compassion fatigue too due to the challenging and stressful situations, extra shifts, increased work hours, immense pressure from all directions, and lack of work experience (between 0 to 5 years).

Implications

It was found that staff nurses scored higher in compassion satisfaction, burnout and fatigue as compared to nurses in charge. This shows that awareness about the concepts and interventions are needed at an earlier level to prepare the staff nurses for emergency situations like these and to help them deal with burnout and fatigue effectively which not only impacts the nurses but others around them too.

Limitations

The number of participants for the study was very less (N=20). Hence, no conclusive results should be drawn from the study as it was done on a limited sample size.

Further, the data was collected when the entire country was in lockdown due to the novel Coronavirus, with the entire medical personnel, especially nurses working day in and day out to tend to and save the infinite patients battling the disease. Due to this, a lot of external and internal factors like current scenario, stress, pressures, risks, and fears revolving around the situation among many other factors could have influenced the nurses' professional quality of life and impacted their scores on burnout, compassion satisfaction and compassion fatigue.

Lastly, all of the data was collected via online platforms and by snowball sampling. Thus, the authenticity of the data could not really be tracked down.

Further research

Further research is required in this topic with a larger sample size to get an accurate result for the same and to understand the extent of the negative impact of burnout and compassion fatigue and how it affects nurses. This would be helpful in introducing specific interventions which can help to increase compassion satisfaction and improve the Professional Quality of Life of nurses who work continuously for the betterment of the health of individuals.

Further research can also be done as a comparative study to compare the professional quality of life of nurses during emergency situations and in normal times. This would help in understanding how emergency situations like pandemics impact the scores of burnout and fatigue which in turn would help to better prepare and equip the nurses, medical personnel and the institutions/ organizations to deal with emergency situations.

Furthermore, with the help of this research, a qualitative research study can be carried out to understand the factors that cause burnout and compassion fatigue. This would not only help the nurses, but also the institutions/ organizations and reduce disparities, thereby increasing efficiency of the institution/ organization.

CONCLUSION

The current research was done to find the difference in the professional quality of life- compassion fatigue, burnout and compassion satisfaction among female staff nurses and nurses in charge. A total of 20 female nurses (11 staff nurses and 9 nurses in charge) currently working in private hospitals in different cities of India, took part in the study. The participants were chosen randomly and by snowball sampling. The Professional Quality of Life Scale was administered to them and three independent sample t- tests were run in order to analyse the data. It was found that staff nurses scored higher in burnout, compassion satisfaction and compassion fatigue as compared to nurses in charge thus accepting all the three stated hypotheses. Although there were limitations for the research, the data was found

to be significant and can be useful for further research to help introduce interventions for nurses at an earlier level and improve the professional quality of life of nurses.

REFERENCES

Beevi, D., TK, M., V Varkey, M. and Davichan, M., (2019). *Compassionate Fatigue among Nurses Working in Critical Care Areas.* International Journal of Health Sciences and Research, 9(7), pp.58-62.

Boyle, D. (2015). *Compassion fatigue*. Nursing, 45(7), pp.48-51.

Compassionfatigue.org. (2020). [online] Available at: http://www.compassionfatigue.org/pages/ProQOLManualOct05.pdf.

Circenis, K., Millere, I. and Deklava, L., (2013). *Measuring the Professional Quality of Life among Latvian Nurses.* Procedia - Social and Behavioral Sciences, 84, pp.1625-1629.

Duarte, J., Pinto-Gouveia, J. and Cruz, B., (2016). *Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study*. International Journal of Nursing Studies, 60, pp.1-11.

Duarte, J. (2017). *Professional quality of life in nurses: Contribution for the validation of the Portuguese version of the Professional Quality of Life Scale-5 (ProQOL-5)*. Análise Psicológica, 35(4), pp.529-542.

Durkin, M., Beaumont, E., Hollins Martin, C. and Carson, J., (2016). *A pilot study exploring the relationship between self-compassion, self-judgement, self-kindness, compassion, professional quality of life and wellbeing among UK community nurses.* Nurse Education Today, 46, pp.109-114.

Gerami Nejad, N., Hosseini, M., Mousavi Mirzaei, S. and Ghorbani Moghaddam, Z., (2019). *Association between Resilience and Professional Quality of Life among Nurses Working in Intensive Care Units.* Iran Journal of Nursing, 31(116), pp.49-60.

Gorji, M., Keshavarz, Z., Houshyar, Z., Tamajani, Z. and Martin, J. (2019). *The professional quality of life among health-care providers and its related factors.* Social Health and Behavior, 2(1), p.32.

Heritage, B., Rees, C. and Hegney, D., (2018). *The ProQOL-21: A revised version of the Professional Quality of Life (ProQOL) scale based on Rasch analysis.* PLOS ONE, 13(2), p.e0193478.

Hooper, C., Craig, J., Janvrin, D., Wetsel, M. and Reimels, E., (2010). *Compassion Satisfaction, Burnout, and Compassion Fatigue Among Emergency Nurses Compared with Nurses in Other Selected Inpatient Specialties.* Journal of Emergency Nursing, 36(5), pp.420-427.

Humphries, N., Morgan, K., Catherine Conry, M., McGowan, Y., Montgomery, A. and McGee, H., (2014). *Quality of care and health professional burnout: narrative literature review.* International Journal of Health Care Quality Assurance, 27(4), pp.293-307.

Kaur, A., Sharma, M. and Chaturvedi, S. (2018). *Professional quality of life among professional care providers at cancer palliative care centers in Bengaluru, India.* Indian Journal of Palliative Care, 24(2), p.167.

Lauvrud, C., Nonstad, K. and Palmstierna, T. (2009). *Occurrence of post-traumatic stress symptoms and their relationship to professional quality of life (ProQoL) in nursing staff at a forensic psychiatric security unit: a cross-sectional study*. Health and Quality of Life Outcomes, 7(1).

Maslach, C. and Goldberg, J. (1998). *Prevention of burnout: New perspectives.* Applied and Preventive Psychology, 7(1), pp.63-74.

Mizuno, M., Kinefuchi, E., Kimura, R. and Tsuda, A. (2011-12). *Professional quality of life of Japanese nurses/midwives providing abortion/childbirth care*. Nursing Ethics, 20(5), pp.539-550.

Mooney, C., Ftter, K., Gross, B., Rinehart, C., Lynch, C. and Rogers, F., (2017). *A Preliminary Analysis of Compassion Satisfaction and Compassion Fatigue With Considerations for Nursing Unit Specialization and Demographic Factors.* Journal of Trauma Nursing, 24(3), pp.158-163.

Nwdrugtaskforce.ie. (2020). [online] Available at: http://nwdrugtaskforce.ie/wp-content/uploads/2013/01/Compassion-Fatigue-Handout-6.pdf.

Ruiz-Fernández, M., Ortega-Galán, Á., Fernández-Sola, C., Hernández-Padilla, J., Granero-Molina, J. and Ramos-Pichardo, J., (2020). *Occupational Factors Associated with Health-Related Quality of Life in Nursing Professionals: A Multi-Centre Study*. International Journal of Environmental Research and Public Health, 17(3), p.982.

Slocum-Gori, S., Hemsworth, D., Chan, W., Carson, A. and Kazanjian, A. (2011). *Understanding Compassion Satisfaction, Compassion Fatigue and Burnout: A survey of the hospice palliative care workforce.* Palliative Medicine, 27(2), pp.172-178.

Tay, W., Earnest, A., Tan, S. and Ng, M., (2014). *Prevalence of Burnout among Nurses in a Community Hospital in Singapore: A Cross-Sectional Study.* Proceedings of Singapore Healthcare, 23(2), pp.93-99.

The Center for Victims of Torture. (2019). The Center for Victims of Torture. Available at: https://www.cvt.org/ [Accessed 1 Mar. 2020].

Upton, K. (2018). *An investigation into compassion fatigue and self-compassion in acute medical care hospital nurses: a mixed methods study.* Journal of Compassionate Health Care, 5(1).

www.proqol. (2020). Professional Quality of Life. [online] Available at: https://www.proqol.org/

Yoder, E., (2008*). Compassion fatigue in nurses.* Applied Nursing Research, 23(4), pp.191-197.

Yom, Y. and Kim, H., (2012). *Effects of Compassion Satisfaction and Social Support in the Relationship between Compassion Fatigue and Burnout in Hospital Nurses.* Journal of Korean Academy of Nursing, 42(6), p.870.

Yu, H., Jiang, A. and Shen, J., (2016). *Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: A cross-sectional survey*. International Journal of Nursing Studies, 57, pp.28-38.

Zhang, Y., Zhang, C., Han, X., Li, W. and Wang, Y., (2018). *Determinants of compassion satisfaction, compassion fatigue and burn out in nursing.* Medicine, 97(26), p.e11086.

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Conflict of Interest

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