

Hope and Professional Quality of Life in Healthcare Workers and Teachers

Janvi Doshi^{1*}

ABSTRACT

Hope is a positive anticipation or a state of being that holds a sense of successful energy that is goal oriented and driven, and spontaneous planning to meet the goals. Professional Quality of Life is how an individual perceives their quality and position in reference to their profession or occupation. The aim of the paper is to study the comparison and relationship between Hope and Professional Quality of Life, in Healthcare workers and teachers. The sample consisted of 100 individuals, 50 healthcare workers and 50 teachers, and two questionnaires were used for the study, Professional Quality of Life Scale and The Adult Trait Hope Scale. According to the findings, there are significant differences and relationships in Hope and professional quality of life between healthcare workers and teachers respectively at 0.05 level, in all dimensions of the scale. Thereby indicating there is a correlation between hope and professional quality of life.

Keywords: *Healthcare, Teachers, Professional Quality of Life, Hope*

Hope is a positive or optimistic sense an individual feels in regard to any situation that empowers the individual in believing they can achieve their goals or overcome their circumstances.

Snyder (1991) was the pioneer in the hope model, he held that hope is an energy that is directed towards attaining goals, and how to meet those goals. Snyder corresponded hope into three ladder categories-

1. Individual having thoughts that are goal oriented.
2. Setting strategies in motion to achieve goals.
3. Putting in efforts and motivation to meet the goals.

Considering hope is important, it inhabits the consciousness of individuals, and thus aims at the action sequences on cognitive basis. Agencies and pathways are two terms related to goals that affects hope.

¹Counselling Psychologist in the Indian Airforce, New Delhi, India

*Corresponding Author

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Hope and Professional Quality of Life in Healthcare Workers and Teachers

Pathways are the different methods individuals seek in order to meet their goals. It is a mental or cognitive ability that overcomes all hurdles and obstacles finding substitute methods to reach the desired goals.

Agency is related to willpower and inner motivation to encourage the individual to work on the paths to reach the respective goals despite of the barriers that may come in the way.

These two terms are thought to be learnt and developed during early childhood, and hope signifies positive emotions in the individual. Lack of hope paves negativity towards any goal-oriented behaviours or even general well-being.

Stressors are prominent factors that may come in between achieving one's goals, and every individual faces them differently. Hope is also considered as a personality trait in many cases, or even as an external originated cognitive state.

Hope has a drastic effect on mental, physical, and emotional health. Interpersonal relations, occupational functioning, and even personal life balance may take a toll if a person lacks hope. For instance, positive psychology states that hope is proportional to motivation; in this context, individuals who are cynical or negative about their health improving and doubts their medical treatment, are more likely to take longer to heal and recover. They may in fact succumb to more pain, sickness, and general despair.

In psychological perspectives, many factors search as optimism, problem solving, positive emotional regulation, control of one's perceptions, increased self-esteem, lower loneliness apprehension, more perceived social support, stronger attachment towards others, higher social competence are positively correlated to hope.

Professional Quality of Life

It is how an individual perceives their quality and position in reference to their profession or occupation. The topic mostly comprises of how people in the 'helping' profession, hold their opinions or feelings towards their work. Helping professions may include frontline workers such as the healthcare branch, teachers, police, social workers, and the related.

Helpers have a positive and pleasing perception towards their duty, thereby they gain *compassion satisfaction*- this is known as the gratification attained through working well. Like, doctors feel content after curing their patients, and thereby contributing to the society. The more an individual feels compassion satisfaction, the more likely are they to work effectively.

On the contrast, helpers may also experience *compassion fatigue*- a negative or dismissive feeling after working towards their caregiving duties. It may occur after being exposed to stressful or traumatic events, thereby also comprising of *secondary trauma*. Professions such as healthcare workers who deal with patients, it is termed as secondary exposure; that is being exposed to others' traumatic events. Some common symptoms that maybe noticed of compassion fatigue or secondary trauma are- abnormalities in sleeping, flashbacks, or disturbing images, and feeling anxious.

Another common topic of interest in workers is *burnout*- individuals of any profession may feel on the edge if they are overburdened, overstressed, and unable to manage their work or

Hope and Professional Quality of Life in Healthcare Workers and Teachers

even emotions. So, burnout is a plight of exhaustion that maybe physical, mental, or emotional. The causes of burnout may include-

- Demands in occupation, in terms of time, empathy, emotional and physical involvement.
- Unmet appreciation, recognition, or a non-supportive work environment.
- Stressful, traumatic surroundings.
- Clashes between personal and professional life.

When we talk about quality of life especially in terms of profession it does not seek to divulge just into one aspect, it includes all dimensions such as interpersonal relationships, working environment, rewards and benefits aimed at economic perspectives, security of job, productivity and efficiency, risks involved, nature of occupation, the impact of an individual in their respective work.

Professional quality of life aims to identify troubled areas of workers, emphasizing on identifying triggers in different occupations, and thereby enhance the workforce of workers, respectively.

The fact that *Quality of Life* is an individualistic perception of where a person stands in life encompassing factors of their culture and value systems in relation to their respective goals, expectations, issues and standards. The benchmarks of these standards are -mental, physical, emotional health, wealth status, position in the society, social belonging, occupation, environment and surrounding, safety and security and every other detail considered as an achievement in one's life.

With increasing awareness of mental health, all professionals from various occupations face their own challenges; through professional quality of life, we can seek to comprehend the negative and positive aspects of a job and thereby also understand the effects of stress, burnout, depression and the related effects on individuals because of their occupational responsibilities. Hope on the other hand is considered as a personal strength that is life-sustaining, it ranges as a personality trait and a part of positive psychology. There is a positive correlation of hope and overall life satisfaction as per different researchers, thereby a source of motivation to overcome different and difficult challenges in life.

All healthcare workers- general physicians and mental healthcare professionals face immediate and severe circumstances along with tremendous pressure and responsibilities, these may include- life saving/preserving/renewing. This in turn bounds to cause a mental toll on these professionals. Teachers have direct contact with their students and thereby direct positive and negative effects of work on their health. Compassion, empathy and patience are prominent factors in both these occupations, and so is workload, competence and faith.

How individuals of these occupations cope up with their professional challenges and sustain hope in turn to combat these demands, is a question. A comparative study of the relationship between hope and professional quality of life and also the effect of hope on compassion satisfaction, compassion fatigue, secondary trauma and burnout separately is the topic of concern.

METHODOLOGY

Aim

To study the comparison and relationship between Hope and Professional Quality of Life, in healthcare workers and teachers.

Objectives

1. To study the differences between Hope and Professional Quality of Life in Healthcare workers and Teachers
2. To study the relationship between Hope and various dimensions of Professional Quality of Life viz. compassion satisfaction, secondary trauma and burnout in healthcare workers and teachers

Sample

Data was gathered through convenience and snowball sampling techniques and the study comprised of 100 individuals, 50 teachers and 50 healthcare workers that included doctors and nurses; they fell in the age bracket of 25-50 years.

Locale of the study

The data was collected by asking participants to fill the questionnaires via Google forms considering the Covid-19 situation, and they belonged from the states Delhi and Dehradun.

Instruments

Two tools were used in this study,

1. **Professional Quality of Life (ProQOL):** This tool was developed by Stamm, B.H. (2010). This would measure the positive and negative effects of individuals who have worked with people who have experienced stressful events. The scale has 4 dimensions, Compassion satisfaction, compassion fatigue, burnout and secondary traumatic stress. There are 30 questions and $r = -.23$ with Secondary Traumatic Stress and $r = -.14$ with Burnout. Burnout and Secondary Traumatic Stress the two scales measure different constructs with the shared variance $r = .58$
2. **The Adult Dispositional Hope Scale:** This tool was developed by Snyder. C.R., et.al (1991). The scale is a self-report measure consisting of 12 items. The two dimensions in the scale are agency and pathways. The scale is in accordant to the hope theory, and Reliability reporting Cronbach alphas of .74 to .84 for overall hope, .71 to .76 for agency thoughts and .63 to .80 for pathway.

Procedure

For data collection, the two questionnaires were compiled in a google form, due to the pandemic, responses had to be collected virtually. Participants were briefed about the study prior to filling the form and links to the google forms were shared and they were asked to circulate the same to fellow colleagues through WhatsApp and LinkedIn. On completion of data collection, statistical analysis was conducted through SPSS to find out the correlation among the variables.

RESULTS

Table 1: Notions for hypothesis testing

	Sample mean	Sample standard deviation	Population mean
Healthcare workers	\bar{x}_1	S_1	μ_1
Teachers	\bar{x}_2	S_2	μ_2

Table 2: Values obtained for Hypothesis 1-4

	\bar{x}_1	\bar{x}_2	S_1	S_2	n_1	n_2	t	p
H_1	48.67	53.26	9.56	6.36	50	50	2.82	0.0058
H_2	37.04	41.56	6.71	5.69	50	50	3.6329	0.0004
H_3	25.918	25.56	6.43	5.79	50	50	0.2926	0.7704
H_4	26.69	22.38	4.412	5.49	50	50	4.3271	0.00037

Hypothesis 1:

Following the process above, we obtain the t and corresponding p-value from the data, $\bar{x}_1 = 48.67$; $\bar{x}_2 = 53.26$; $S_1 = 9.56$; $S_2 = 6.36$; $t = 2.82$. So, the corresponding p-value= 0.0058 Thereby, at 0.05 significance level, i.e, $\alpha = 0.05$, p-value <0.05. We reject the null hypothesis and claim that there is a significance difference in Hope in Healthcare workers and Teachers.

Hypothesis 2:

$\bar{x}_1, S_1 =$ healthcare workers; $\bar{x}_2, S_2 =$ teachers, From the data, $\bar{x}_1 = 37.04$; $S_1 = 6.71$; $\bar{x}_2 = 41.56$; $S_2 = 5.69$, $t = 3.6329$. So corresponding p-value= 0.0004: p-value <0.05 alternate hypothesis is true, and there is a significant difference in compassion satisfaction between healthcare workers and teachers.

Hypothesis 3:

From the data, $\bar{x}_1 = 25.918$; $S_1 = 6.43$: $\bar{x}_2 = 25.56$; $S_2 = 5.79$, $t = 0.2926$. So corresponding p-value= 0.7704: p-value > 0.05 we cannot conclude any significant difference in secondary trauma between healthcare workers and teachers.

Hypothesis 4:

From the data, $\bar{x}_1 = 26.69$; $S_1 = 4,412$: $\bar{x}_2 = 22.38$; $S_2 = 5.49$, $t = 4.3271$. So corresponding p-value= 0.00037: p-value < 0.05 alternate hypothesis is true thus there is a significant difference in burnout between healthcare workers and teachers.

Table 3: Values obtained for healthcare workers

	r	t	p-value
H_5	0.9993	180.227	0.00001
H_6	0.9979	107.324	0.00001
H_7	0.9981	113.3971	0.0001

Table 4: values obtained for teachers

	r	t	p-value
H_5	0.9998	334.5611	0.00001
H_6	0.9992	168.7176	0.00001
H_7	0.9989	148.5930	0.0001

Here, r- Pearson correlation coefficient between hope and compassion satisfaction

Hypothesis 5:

In healthcare workers, the r value is 0.9993, t value is 180.227 and p-value is 0.00001 at $\alpha = 0.05$, p-value < α . Thereby we reject H_0 , there is a strong relationship between Hope and compassion satisfaction in healthcare workers.

In teachers, the r value is 0.9988, t value is 334.5611 and p-value is 0.00001 < α . Thereby again, there is a strong relationship between Hope and compassion satisfaction in teachers.

Hypothesis 6:

In healthcare workers, the r value is 0.9979, t value is 107.324 and p -value is 0.00001 at $\alpha=0.05$, p -value $< \alpha$. Again, there is a strong relationship between Hope and secondary trauma in healthcare workers.

In teachers, the r value is 0.992, t value is 168.7176 and p -value is 0.00001 at $\alpha=0.05$, p -value $< \alpha$. Thereby there is a strong relationship between Hope and secondary trauma in teachers.

Hypothesis 7:

In healthcare workers, the r value is 0.9981, t value is 113.3971 and p -value is 0.0001 at $\alpha=0.05$, p -value $< \alpha$. Again, there is a strong relationship between Hope and secondary trauma in healthcare workers.

In teachers, the r value is 0.9989, t value is 148.5930 and p -value is 0.0001 at $\alpha=0.05$, p -value $< \alpha$. Thereby there is a strong relationship between Hope and secondary trauma in teachers.

DISCUSSION AND CONCLUSION

All of us are helpers either professionally or in our personal lives, however the quality one feels in relation to their work as a professional helper is termed as professional quality of life. every kind of occupation pose some form of conflicts that interrupt an individual's functioning. When we talk about helpers perhaps the most common forms are healthcare workers, social service workers, police and defence, and teachers. On providing such services professionally, professional quality of life can be pertained into aspects that can be positive and fulfilling or negative and traumatizing. compassion satisfaction is a positive aspect that means pleasure derived after performing our duties. Whereas another aspect is known as compassion fatigue that again splits into two parts: burnout and secondary trauma.

Burnout in simple terms would mean reaching to a certain level of exhaustion, anger, frustration and completely wearing out. secondary traumatic stress is negative because an individual in this situation feels driven by fear and trauma related to their occupation this trauma may be direct or indirect.

With advancing lifestyles and fast changes professional quality of life has been a growing research interest and many studies have focused on the same. The occupations that provide care undergo multiple emotions and changes in their daily functioning the negative outcomes of this categorize into compassion fatigue, secondary traumatic stress, countertransference, burnout and even vicarious traumatization. This further can lead to many psychological dysfunctions such as post-traumatic stress disorder, depression, and substance or alcohol use. Hope is a positive anticipation or a state of being that holds a sense of successful energy that is goal oriented and driven, and spontaneous planning to meet the goals. Most of our mental processes are proposed to be executed in order to meet these goals. Agency and pathways are the two key concepts that define hope according to Snyder (2000). Agency is thereby the motivating drive towards goals and pathway is finding out effective ways to reach our set goals. Individuals with high hope have a positive emotional response generally whereas individuals who lack hope or are pessimists may encounter negative feelings towards their goals.

The level of hope in an individual is bound to affect an individual's functioning as it may jeopardize fulfilment of goals in our daily lives, Snyder Thereby concluded that low hope individuals are easily thrown off their goal pursuits and are more likely to be prone to stressors, comparatively high hope individuals view the stressors as challenges and try to overcome the obstacles to meet their goals.

Hope and Professional Quality of Life in Healthcare Workers and Teachers

The aim of our research was to study the comparison and relationship between Hope and Professional Quality of Life, in healthcare workers and teachers. A sample of 100 individuals were taken 50 healthcare workers that included doctors and nurses and 50 teachers. The statistics used were T-test and Pearson's Correlation.

Hypothesis 1 at 0.05 significance level, i.e., $\alpha = 0.05$, p-value < 0.05 so we reject the null hypothesis that means there is a significance difference in Hope in Healthcare workers and Teachers. Which interprets, the level of hope in teachers and healthcare workers vary according to the levels of exposure to critical situations, this obviously pertains healthcare workers deal with more traumatising events than teachers.

Hypothesis 2 stated p-value = 0.0004: p-value < 0.05 alternate hypothesis is true, and there is a significant difference in compassion satisfaction between healthcare workers and teachers. With the different levels of inputs provided by the two separate professions in their occupation clearly would show different compassion satisfaction levels too. Healthcare workers are exposed to critical care patients whereas teachers have to deal with lesser provoking scenarios. Compassion satisfaction would be derived in both occupations however in very different aspects, where healthcare workers may derive pleasure on the fact, they saved lives of individuals suffering medically, teachers would feel pleasure in contributing to the society by imparting education and knowledge to children.

Hypothesis 3 results hold that p-value > 0.05 we cannot conclude any significant difference in secondary trauma between healthcare workers and teachers. An individual maybe preoccupied with disturbing thoughts of individuals they have helped thereby healthcare workers have reported feeling exhausted from a overwhelmed, trapped and impacted by others traumas. Daily functioning such as even sleeping properly all for getting things is common for individuals who suffer from secondary traumatic stress. Teachers may face different consequences related to their work; however, immediate secondary traumatic stress is an area to be explored.

Hypothesis 4 gave an p-value < 0.05 alternate hypothesis is true thus there is a significant difference in burnout between healthcare workers and teachers. As expected, all physical health care workers experience higher levels of burnout done any other profession. Many individual scores prove that high workloads and poor functioning are likely to cause personal and organizational inefficiencies. Individuals may feel disconnected unhappy and also insensitive to their work environment and feel bogged down by the system that is the occupation they work in. While teachers may feel burnout due to the workload, the criticality of their care group is lesser than those of healthcare workers.

In hypothesis 5, at $\alpha = 0.05$, p-value $< \alpha$. Thereby we reject H_0 , there is a strong relationship between Hope and compassion satisfaction in healthcare workers. In teachers, p-value is $0.00001 < \alpha$. There is a strong relationship between Hope and compassion satisfaction in teachers. As explained by Snyder, individuals with higher hope tend to meet their goals in an oriented manner and thereby feel accomplished and satisfied; this implies on healthcare workers too, the higher the hopes are of healthcare workers anymore they may feel successful and experience happy thoughts with the work they do and thereby continue feeling they can make a difference in the world.

For hypothesis 6, the r value is 0.9979, t value is 107.324 and p-value is 0.00001 at $\alpha = 0.05$, p-value $< \alpha$. Again, there is a strong relationship between Hope and secondary trauma in

Hope and Professional Quality of Life in Healthcare Workers and Teachers

healthcare workers. In teachers, $p\text{-value} < \alpha$. Thereby there is a strong relationship between Hope and secondary trauma in teachers. Higher hope motivates an individual and keeps him goal directed thereby visualising any obstacles as challenges and not as failures. Caregivers may not face many difficulties in separating ones private and professional life as a helper and may experience lesser trauma by helping someone. The feelings of being on the edge would be dealt with in an effective manner.

For the last hypothesis 7, In healthcare workers at $\alpha=0.05$, $p\text{-value} < \alpha$. There is a strong relation between Hope and Burnout in Healthcare workers. In teachers, $\alpha=0.05$, $p\text{-value} < \alpha$. There is a strong relation between Hope and Burnout in teachers. helpers are likely lesser to feel disconnected or unhappy in their work environment as hope would maintain sustaining beliefs in order to meet tare goals and complete their tasks without feeling bogged down or out of touch with themselves or that of everyone around them.

Therefore, we are accepting all of our hypothesis except for the third one i.e., there will be significant difference in secondary trauma between healthcare workers and teachers which may require more in-depth study. These results state that there are significant differences and relationships between Hope and Professional Quality of Life in Healthcare workers and Teachers. The higher the hope of an individual would increase chances of better professional quality of life in context to his/her occupation.

Some other factors that may effect professional quality of life that was included in our study was age, annual income, and working hours. along with age comes experience, most healthcare workers held an average of 32 years of age where in nurses work on the younger side. teachers on the other hand, held an average age of 40 years. Considering most nurses and teachers have an annual salary of below 5 lacs and mostly doctors fall in the category of 5 to 10 lacs. Healthcare workers also reported more working hours taking into consideration their different shift timings and on rotational basis. These parameters may effect hope and basically the drive to perform better and meet their goals. more experience, better salary and comfortable working hours are likely to impact how an individual functions and thereby may manage their stress, fatigue and burnout.

Professional quality of life is thereby an unavoidable quality by all individuals, however, with our study we related it to hope and our conclusions on the upper hand state there are significant differences and relationships between the two variables in two occupations that is health care workers and teachers. Healthcare workers showed higher compassion satisfaction, moderate to high burnout and secondary traumatic stress. The importance of hope can be positively correlated to better professional quality of life thereby interpreting to higher compassion satisfaction and low to moderate compassion fatigue.

REFERENCES

- Abdullah. M, Hami. H, et.al (2018), Validation of the Malay Version of the Snyder Hope Scale Among Malaysian Cancer Patients. *Malaysian Journal of Health Science*, Vol 16 No. 1.
- Amin, A.A., Vankar, J.R., et. al (2015), Perceived stress and professional quality of life in neonatal intensive care unit nurses in Gujarat, India. *The Indian Journal of Pediatrics*, 1001-1005.
- Austin, C. L., Saylor, R., & Finley, P. J. (2017). Moral distress in physicians and nurses: Impact on professional quality of life and turnover. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(4), 399–406.

Hope and Professional Quality of Life in Healthcare Workers and Teachers

- Avieli, H., Ben-David, S., & Levy, I. (2016). Predicting professional quality of life among professional and volunteer caregivers. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(1), 80–87.
- Browning, B.R., McDermott, R.C., et. al (2019), transcendent characteristics as predictors of counsellor professional quality of life. *Journal of Mental Health Counselling*, 41, 51-64.
- Circenis, K., Millere, I., et. al (2013), Measuring the Professional Quality of Life among Latvian Nurses. *Procedia- Social and Behavioural Sciences*, Volume 84, 1625-1629.
- Cohen, R., Leykin, D., et. al (2017), Exposure to dramatic events at work, post traumatic symptoms and professional quality of life among with midwives. *Midwifery*, volume 50, 1-8.
- DiGasbarro. D, Midden. A, et.al (2019) Reliability and Validity of the Adult Hope Scale among Nursing Home Residents with and without Cognitive Impairment. *Clinical Gerontologist*, vol 43 issue 3
- Ducar, D.M., Penberthy, J.K., et, al (2020), Mindfulness for health care providers fosters professional quality of life and mindful attention among emergency medical technicians. *Explore (NY)*, volume 16, issue 1, 161-68.
- Durkin, M., Beaumont, E., et. al (2016), A pilot study exploring the relationship between self-compassion, self-judgment, self-kindness, compassion, professional quality of life and well-being among UK community nurses. *Nurse Education Today*, volume 46, 109-114.
- Gana. K, Daigre. S, et.al (2012), Psychometric Properties of the French Version of the Adult Dispositional Hope Scale, *Sage Journals*, vol 20 issue 1.
- Howard, A.R.H., Parris, S., et.al (2015), An examination of the relationships between professional quality of life, adverse childhood experiences, resilience, and work environment in a sample of human service providers. *Children and Youth Services Review*, volume 57, 141-148.
- Hyeon-Ju, K, Hee-Jung. C., (2012), Emergency nurses' professional quality of life: compassion satisfaction, burnout and secondary traumatic stress. *Korean Academy of Nursing Administration*, volume 18, issue 3, 320-328.
- Kent, W., Hochard, K.D., et.al (2019), Perceived stress and professional quality of life in nursing staff: how important is psychological flexibility? *Journal of Contextual Behavioural Science*, volume 14, pages 11-19
- Khodarahima. S (2013), Hope and Flourishing in an Iranian Adults Sample: Their Contributions to the Positive and Negative Emotions. *Applied Research in Quality of Life*, vol 8, 361-372.
- Martin, L.A., Debbink, M., et. al (2014), Abortion providers, stigma and professional quality of life. *Contraception*, volume 90, 581-587.
- Mason, H.D., (2018), The relationship between existential attitudes and professional quality of life among nursing students. *Journal of Psychology in Africa*, volume 28, issue 3, 233-236.
- Mizuno, M., Kinefuchi, E., et.al (2013), Professional quality of life of Japanese nurses/midwives providing abortion/childbirth care. *Nursing Ethics*, Volume 20, issue 5, 539-550.
- Mohsin, Z., Shahed, S., et. al (2017), Correlates of professional quality of life in nurses. *Annals of King Edward Medical University*, 23(4), 474-478.
- Monroe. M., Morse. E., et. al (2020), The Relationship Between Critical Care Work Environment and Professional Quality of Life. *Am J Crit Care*, 29 (2): 145–149.

Hope and Professional Quality of Life in Healthcare Workers and Teachers

- Oliver. A, Thomas. J .M, Rodriguez. J.M (2017) Dispositional hope and life satisfaction among older adults attending lifelong learning programs. *Archives of Gerontology and Geriatrics*, Vol 72, 80-85
- Pawlak, B.S., Hornowska, E., et. al (2014), Hope as a Psychological Factor Affecting Quality of Life in Patients with Psoriasis. *Applied Research in Quality of Life*, 9, 273-283.
- Samson, T., Shvartzman, P. (2018), Association between level of exposure to death and dying and professional quality of life among palliative care workers. *Palliative and Supportive Care*, 16, 442-451.
- Somoray, K., Finch, J.S., et. al (2016), The impact of personality and workplace belongingness on mental health workers professional quality of life. *Australian Psychologist*, volume 52, issue 1, 52-60.
- Tella, M. D., Tesio, V., et. al (2020), Professional quality of life and burnout among medical physicists working in radiation oncology: the role of alexithymia and empathy. *Physics and Imaging in Radiation Oncology*, volume 15, 38-43.
- Thakre. N (2013), Satisfaction with life and hope in youth. *Indian Journal of Positive Psychology* 4(2),347.
- Treize.A, McLaren.S, et.al (2018) Resilience among older adults: dispositional hope as a protective factor in insomnia – depressive symptom relation. *Aging and Mental Health*, vol 22 ,208 issue 8
- Xu, Y., Darrow, C.H., et, al (2019), Rethinking professional quality of life for social workers: Inclusion of ecological self-barriers. *Journal of Human Behaviour in the Social Environment*, volume 29, issue 1, self-care and vicarious trauma.

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Conflict of Interest

The author declared no conflict of interest.

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