



Negative aspects of the professional quality of life among nurses

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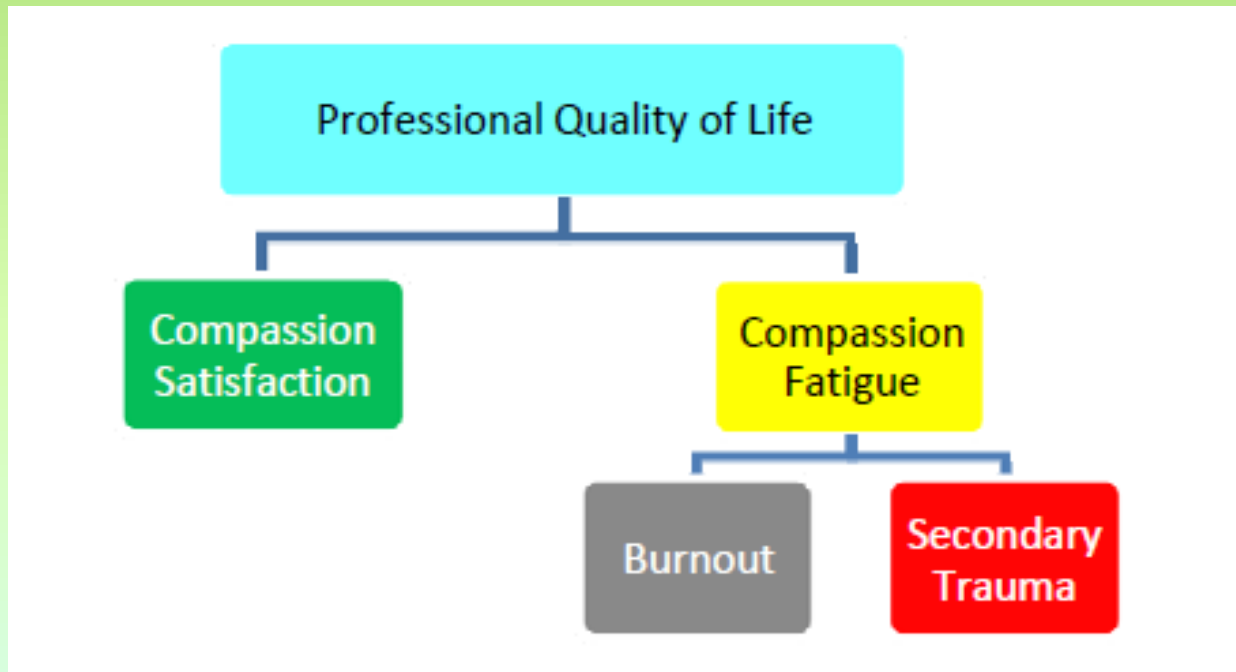
Introduction

- Professional quality of life is the quality one feels in relation to their work as a helper (*Stamm, 2010*).
- The concept of professional quality of life is complex because it is associated with characteristics of the work environment, the individual's personal characteristics and the individual's exposure to primary and secondary trauma in the work setting (*Stamm, 2010*).

Introduction

- Professional quality of life for those providing care has been a topic of growing interest over the past twenty five years.
- Nurses have been exposed to traumatic stressors and they are at risk for developing negative symptoms associated with burnout, compassion fatigue, and posttraumatic stress disorder (*Figley, 2002, Najjar, Davis, 2009, Hooper, 2010, Stamm, 2010*).

Professional quality of life (*Stamm, 2010*)



Introduction

- The term **compassion fatigue** first reflected the adverse psychosocial consequences experienced by emergency room nurses in a study exploring burnout (*Joinson, 1992*).
- Compassion fatigue breaks into two parts: secondary traumatic stress and burnout (*Stamm, 2010*).
- Secondary traumatic stress is a negative feeling driven by fear and work-related trauma - primary or secondary (*Stamm, 2010*).

Introduction

- The signs of **burnout** can include feelings of powerlessness, hopelessness, emotional exhaustion, isolation, irritability, frustration, being trapped, failure, cynicism, apathy, anxiety, depression (*Schaufeli, Enzmann, 1998*).
- At the same time some physical symptoms (can be related to high anxiety and latent depression) are common: headaches, sleep problems, gastrointestinal problems, chronic fatigue, muscle aches, high blood pressure, frequent colds, sudden weight loss or gain (*Schaufeli, Enzmann, 1998*).

Objective

- The aim of the present study was to explore negative aspects of the professional quality of life among nurses.

Material and method

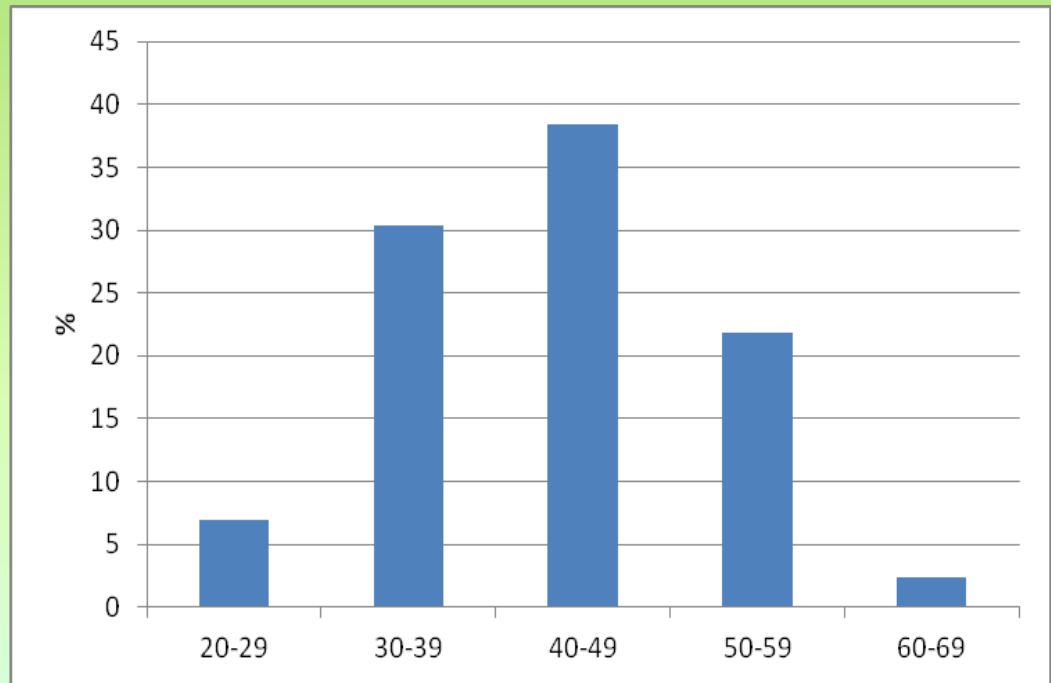
- Research performed using quantitative method
- The instruments which used for data collection:
 - Professional Quality of Life Scale: Compassion Satisfaction and Fatigue Version 5 (ProQOL R-V)
 - Beck Depression Inventory
 - The State-Trait Anxiety Inventory
 - Demographic questionnaire
- 500 respondents full filled Professional Quality of Life Scale
- 281 nurses were surveyed using three research tools: Beck Depression Inventory, State-Trait Anxiety Inventory and Professional Quality of Life Scale.

Professional Quality of Life Scale

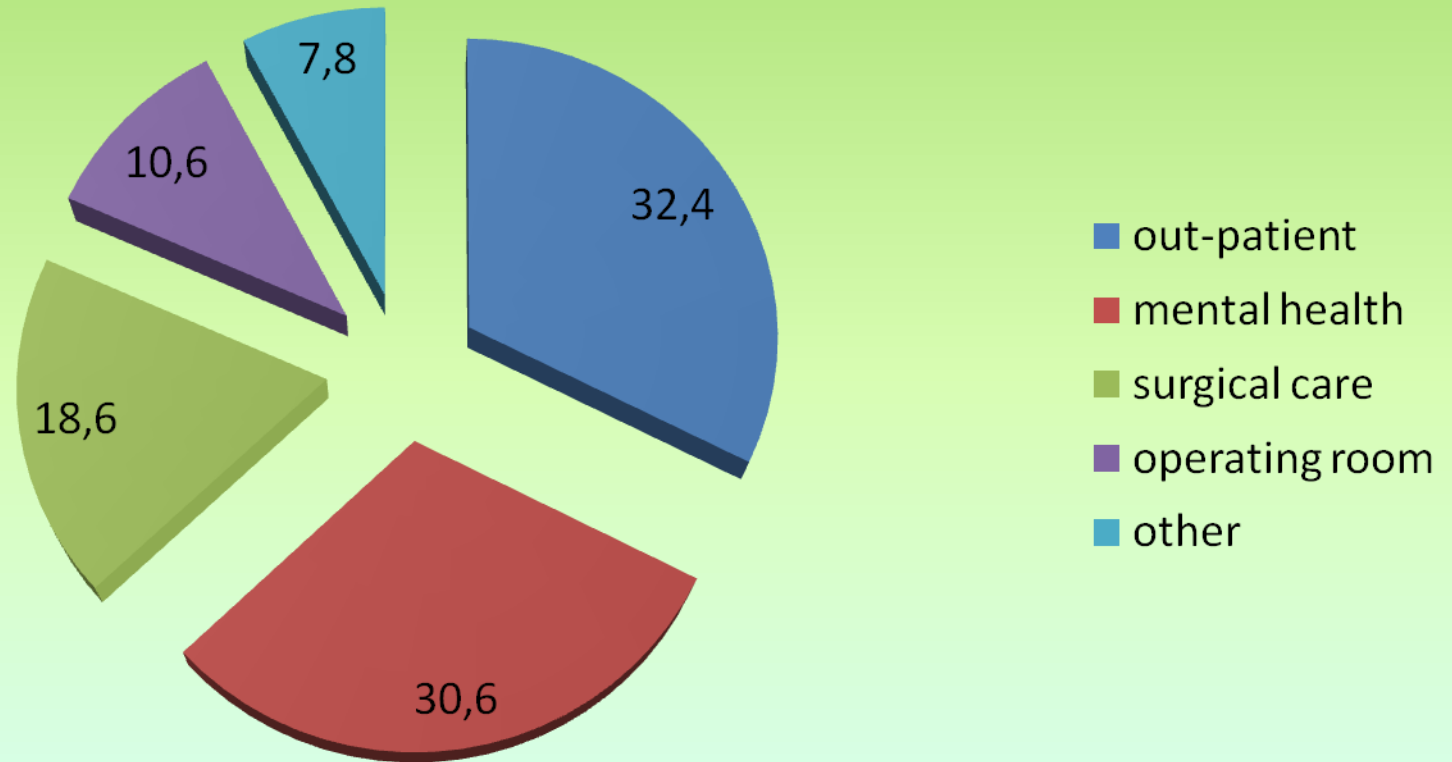
- The ProQOL, originally developed in English, is translated into Finnish, French, German, Hebrew, Italian, Japanese, Spanish, Croat. European Portuguese and Russian translations are in process (*Stamm, 2010*).
- For translation process we used one-way translation approach. Four translators independently made translation, and after discussion some adjustments were made. Final version were given to small sample of nurses, we did not receive any critical comments or suggestions. To check the reliability of the test the Cronbach's alpha was calculated for each subscale.

Results

- The participants of the study were 500 practicing nurses from several hospitals and out-patient departments in Latvia.
- All participants were women, age range - from 22 till 68 years (42.7; SD=8.5).



Work areas of respondents (%)



Results

Descriptive statistic parameters of Professional Quality of Life Scale (n = 500)

	Compassion Satisfaction subscale	Burnout subscale	Secondary Traumatic Stress subscale
Minimal value	1	0	4
Maximal value	50	44	39
Mean	37.41	22.74	19.37
Standartdeviation	7.94	6.43	6.58

Professional Quality of Life Scale subscales means and standard deviations compared with previous research

Research authors	Sample size (N)	Compassion Satisfaction subscale mean values and standartdeviations	Burnout subscale mean values and standartdeviations	Secondary Traumatic Stress subscale mean values and standartdeviations
Current research	500	37.41±7.94	22.74±6.43	19.37±6.58
Yoder (2010)	106	40.3±4.9	19.2±5.0	12.3±5.6
Alexander (2006)	28	39.1±5.8	20.5±4.6	13.9±5.1
Stamm (2005)	463	37.0±7.0	22.0±6.0	13.0±6.0

Results

Cronbach's alpha parameters of Professional Quality of Life Scale Subscales (n = 500)

Subscale	Cronbach's alpha
Compassion Satisfaction subscale	0.880
Burnout subscale	0.711
Secondary Traumatic Stress subscale	0.740

Results of Beck Depression Inventory and State-Trait Anxiety Inventory (n=281)

	Beck's Depression Inventory			State-Trait Anxiety Inventory	
	BDI cognitive subscale	BDI somatic subscale	BDI total	State subscale	Trait subscale
Minimal value	0	0	0	20	20
Maximal value	36	18	52	77	73
Mean	6.02	5.06	11.07	45.82	44.74
Standartdeviation	5.00	3.91	8.23	10.86	9.73

Correlations (Spearman's correlation coefficient) (n = 281)

	Beck Depression Inventory (cognitive subscale)	Beck Depression Inventory (somatic subscale)	Beck Depression Inventory (total)	State-Trait Anxiety Inventory (state subscale)	State-Trait Anxiety Inventory (trait subscale)
Professional Quality of Life Scale (Burnout subscale)	0.49*	0.50*	0.53*	0.52*	0.56*
Professional Quality of Life Scale (Secondary Traumatic Stress subscale)	0.44*	0.41*	0.45*	0.46*	0.46*

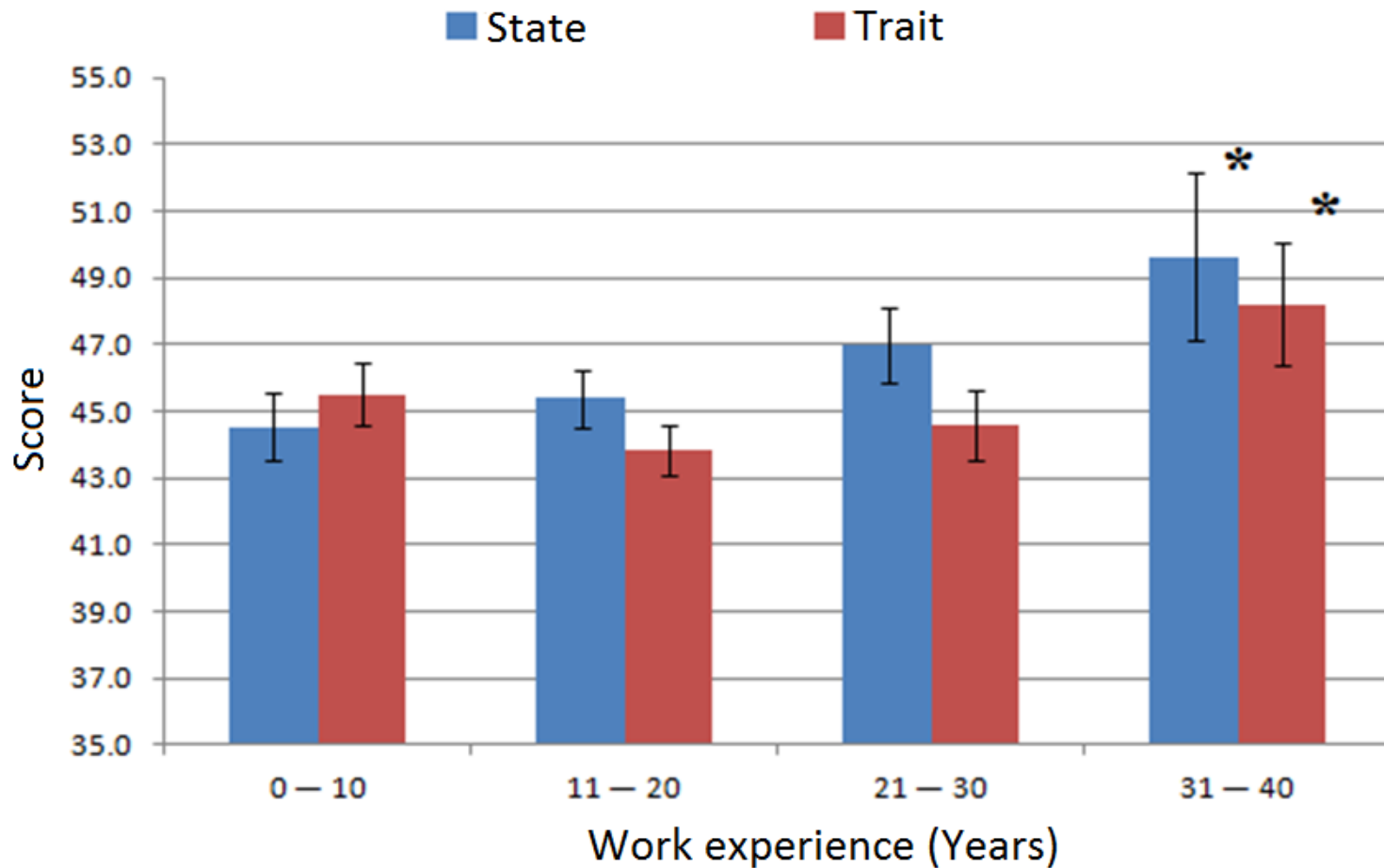
* p<0.01

Beck Depression Inventory somatic subscale (n = 281)



* - Statistically significant difference ($p < 0.05$) between 31-40 years and 0-20 years

State-Trait Anxiety Inventory (n = 281)



*- Statistically significant differences ($p < 0.05$) between 31-40 years and 0-10 (S) and 11-20 years (T).

Conclusions

- Data analysis shows that Cronbach's alpha numbers of the Professional Quality of Life Scale in all subscales are quite high, which means good internal reliability of subscales.
- Professional Quality of Life Scale is usable for further research in Latvian nurses' sample.

Conclusions

- There are statistically significant correlations among the selected nurses between the negative psychosocial aspects of the professional quality of life:
 - Nurses with higher secondary traumatic stress indicators tend to have higher depression and anxiety
 - Nurses who have a more pronounced compassion fatigue (burnout and secondary traumatic stress), tend to have a higher anxiety, higher depression

Conclusions

- There are statistically significant differences between the negative aspects of the professional quality of life for the selected nurses, depending on age, work experience, professional work field:
 - Nurses from the age group of 51-60 have higher indicators of secondary traumatic stress when comparing with nurses from the age of 21-30 and 41-50

Conclusions

- Nurses with work experience of 31-40 years have
 - higher depression indicators (somatic subscale) in comparison with nurses who work in their profession up to 20 years
 - higher anxiety (both, state and trait), in comparison to nurses who work up to 20 years
 - higher indicators of secondary traumatic stress than nurses who work up to 10 years

Conclusions

- The research will continue with collecting data among nurses practicing in different fields of health care, which will help to develop prevention program and early recognition of compassion fatigue, burnout and related psychological disorders.

Thank You
for Your attention!