

Professional Quality of Life as Perceived By Nursing Students at King Saud University in Riyadh

Essmat M. Gemeay^(1&2) PhD, Assistant Professor, Essmat A. Mansour⁽¹⁾ PhD, Assistant Professor, and Mofida Albarrak⁽¹⁾ MSN

¹*College of Nursing, King Saud University, Riyadh, Kingdom of Saudi Arabia*

²*College of Nursing, Psychiatric and Mental Health Nursing Department, Tanta University, Egypt*

Abstract

Background: Health care professionals especially nurses are usually exposed to distressing life situations on a daily basis. Plus daily personal challenges, the nature of their work requires long time standing, focusing, and commitment to bedside care. This in part will negatively affect their wellbeing and decrease the level of professional quality of life. The phenomena of compassion fatigue and burnout are significant for health care organizations because it can predict the correlation among nurse retention, turnover, patient's safety and satisfaction. Improving the awareness of compassion fatigue, burnout and compassion satisfaction among nursing students could positively affect their professional quality of life. The aim of the current study was to assess the professional quality of life of nursing students at King Saud University, Kingdom of Saudi Arabia.

Methods: A descriptive cross-sectional design was used using a convenient sample of 140 nursing students from different levels and different clinical areas. Participants were interviewed in a semis-structured interview after agreeing to participate in the study. The Professional Quality of Life questionnaire (PQOL) was used to collect data for this study.

Results: Participants in this study were young with a good GPA. The more traumatic clinical area was critical care units and operation room. Participants in this study reported a moderate score on professional quality of life, were at high risk of burnout and reported potential risk for compassion fatigue. Participants showed a moderate to good potentials of compassion satisfaction. Further results showed the more the compassion satisfaction, the higher the risk for burnout.

Conclusion and recommendations: Nursing students during their course of study are at high risk for developing burnout due to compassion fatigue which in turn affects their compassion satisfaction and their professional quality of life in general. Developing educational intervention using stress reduction techniques, relaxation techniques, peer mentorship, and measures to improve work satisfaction is needed. Further studies are recommended using larger sample size and including both genders to help generalization. Using qualitative plus quantitative analysis could provide better understanding of the phenomenon and guide future research in the same area.

Key Words: Professional quality of life, compassion, fatigue, burnout

I. Introduction

Health care professionals especially nurses are usually exposed to distressing life situations on a daily basis. Plus daily personal challenges, the nature of their work that requires long time standing, focusing, and commitment to bedside care, they also have to cope with patient's suffering and needs. This in part will negatively affect their wellbeing and decrease the level of professional quality of life (Boyle, 2011).

Stamm (2010) referred to the term professional quality of life as the occupational hazards namely compassion fatigue, burn out and the protective factor of compassion satisfaction that may affect helping professionals. Compassion fatigue was described by Joinson (1992) as a condition when an individual loses the ability to compassionately care for the patients during their suffering and complaints. This condition arises as a consequence of cumulative and daily working with a considerable numbers of traumatized patients with a strong personal empathic orientation. The phenomena of compassion fatigue and burnout are significant for health care organizations because it can interpret and predict the correlation among nurse retention, turnover, patient's safety and satisfaction (Sabo, 2011). Compassion fatigue and burnout are conditions that can create burdens on nurses, while compassion fatigue is caused by empathy; burnout is associated with certain environmental factors. These factors could be severity of the patient's situations, crowding, and administration conflicts (Flarity, Gentry, & Mensikoff, 2013). Burnout differs from compassion fatigue as burnout developed as a result of feeling of hopelessness and can leads to improper performance of work duties (Stamm, 2010). On the other hand, compassion satisfaction is considered as the defensive agent that can be used to alleviate or mediate the negative effect of both compassion fatigue and burnout. It is the positive aspects and potentially growth enhancing

consequence of compassionate between the nurse and the patient. In other words, it is the possible satisfaction that can be gained during helping others and being able to provide certain help properly and successfully for others (Hunsaker, Maughan, Chin, Maughan, & Heaston, 2015). Nursing students undergoing practical training in hospitals and clinics are exposed to many traumatic situations related to academic, clinical or even personal and social issues (Mason H & Adriaan, 2012). Shaban & Abo-Zahyea (2012) stated that clinical practice is one of the most traumatic experiences in nursing schools due to many reasons. In addition to striving for exam grades, long hours of studying, family and personal commitment, nurse students are also faced with the challenges of clinical practice including lacking confidence in their knowledge and skills. Nurse student usually occupied with several fears such as fear of doing mistakes, fear of unfamiliarity with clinical setting, fear of communication with difficult patients, fear of unpredictable situation, and fear of being under continuous observation and evaluation from the teaching staff (Porto, Bankert, Grust & Joseph, 2011). A study conducted by Melo, Williams & Rose (2010) found that stress has been identified as a significant factor that interfere with learning processes and hinders the process of academic achievement and contribute to poor mental and physical health. Moreover, stress was also recognized as a direct factor in the increased withdrawal rate from the school of nursing (Melo, William, & Ross, 2010). It is expected that improving recognition and awareness of compassion fatigue, burnout and compassion satisfaction as basic components of professional quality of life among nursing students may prevent emotional exhaustion, reduce withdrawal and help in identifying proper coping strategies and intervention. This will in turn help nurse students to keep empathetic and compassionate professionals.

Aim of the study

The aim of the current study was to assess the professional quality of life of nursing students at King Saud University, Kingdom of Saudi Arabia.

Significance of the study

The nature of nursing profession is completely different than many other professions. Nurses experience physical and mental burdens that could affect their job performance, satisfaction and their quality of life. The nursing profession requires the nurse to have some characteristics such as compassion, sympathy and high tolerance. Evidence based studies have assessed the quality of life of nurses but little is known about quality of professional life among nursing student in Saudi Arabia.

II. Research Methodology:

Design

A descriptive cross-sectional design was used to investigate the professional quality of life among Saudi nursing students and to find out if there is any correlation among the survey subscales.

Subjects and setting A convenient subject of 140 nursing students from different levels and different clinical areas such as psychiatric, emergency department, operation rooms, pediatric and obstetric included in the study. Participants were interviewed in a semi-structured interview after agreeing to participate in the study.

Study tools

The Professional Quality of Life questionnaire (PQOL) (Stamm and Figley, 1996) was used to collect data for this study. The questionnaire consists of 66 items on a 6-point Likert Scale with (0) never, (1) rarely, (2) a few times, (3) somewhat often, (4) often, and (5) very often. The questionnaire include 3 subscales; compassion satisfaction (positive); the higher the score the higher the satisfactions, burn out risk; the higher the score the higher the risk for burn out and compassion fatigue (negative); the higher the score the higher the potential for fatigue from compassion and helping others. The reliability of the questionnaire was tested in this study and reported as .90 which is considered very well.

Procedure of data collection and protection of human subjects

After obtaining the approval to conduct the study, participants were approached at their break times and were told about the study objectives. Participants who agreed to take a part were asked to provide consent. Participation in the study was voluntary and participants had the right to withdraw at any time from the study without any penalty. Confidentiality and anonymity of participants were assured by using numbers instead of names. Data were collected by the study investigators and the survey lasted 15 to 20 minutes to complete.

Statistical analysis

Data were validated and entered using SPSS version 22, descriptive statistics, means, percentages and correlations were used to interpret the results.

III. Results

The participants in this study were young with a mean age of 21.7(1.2), there were almost equal percentages of participants in levels 4 through level 8 with about 20% for each level. 49% earned very good GPA, 25% earned good GPA and 24.3% earned excellent GPA. The clinical experiences were mainly critical care 78%, and the more traumatic clinical area was reported as critical care area followed by operation room. Demographics are shown in table 1.

Table 1: Demographic characteristics of the sample

Item	%
Age	Mean 21.7(1.2)
Academic level	
Level 4	19.5%
Level 5	20%
Level 6	20%
Level 7	20.5%
Level 8	20%
GPA	
Excellent	24%
V. good	49%
Good	25%
Fair	2%
Clinical experience	
Critical	78%
Psychiatry	13%
Obstetrics	5%
OR	4%
Traumatic experience	
Critical	59%
Psychiatric	7%
OR	34%

The total score for professional quality of life was moderate with a mean score of 202.7(48.4). Analysis of the subscales indicated that compassion satisfaction showed 35% of participants reported good potentials of compassion satisfaction, 23% reported low potentials, 20% reported modest potential and high potential and 2% reported extremely high potential of compassion satisfaction. As for burn out, 44% were at high risk, 41% were at moderate risk, 11% were at low risk and 4% were at extremely high risk for burn out. Regarding compassion fatigue, majority of participants (92%) reported extremely high risk, while 7 % reported high risk and 1% were at extremely low risk for compassion fatigue. Results of subscales are shown in table 2.

Table 2: compassion satisfaction, burn out and compassion fatigue subscales

Items	%
Compassion satisfaction	
Low potential	23%
Modest potential	20%
Good potential	35%
High potential	20%
Extremely high potential	2%
Burn out	
Low risk	
Moderate risk	11%
High risk	41%
Extremely high risk	44%
	4%
Compassion Fatigue	
Extremely low risk	
High risk	1%
Extremely high risk	7%
	92%

Correlation between the three subscales compassion satisfaction, burn out and compassion fatigue indicated that there were significant strong positive correlation between compassion satisfaction and burn out ($r = .52^{**}$, $p = .000$) indicating that the more the compassion satisfaction the higher the risk for burn out. There were also significant moderate positive correlation between burn out and compassion fatigue ($r = .26^{**}$, $p = .002$) meaning that the more the burn out risk, the more the compassion fatigue. Although, the correlation between compassion satisfaction and compassion fatigue was weak ($r = .15$), the relationship was approaching significance ($p = .073$, it would reveal a significance relationship if the sample size was larger).

Correlation between the demographic variables such as age, academic level, GPA, clinical area and clinical areas with traumatic experience were done. The results indicated that only clinical area with traumatic experience had mild significant positive correlation with burn out ($r = .19^*$, $p = .02$) meaning that participants who were working in a clinical area with traumatic experience had more risk for burn out. Correlation results are shown in table 3.

Table 3: Correlation between the subscales variables

Variables	r	p value
Compassion satisfaction X Burn out risk	.52**	.000
Burn out X Compassion fatigue	.26**	.002
Compassion satisfaction X compassion fatigue	.15	.07
Clinical area with traumatic experience X Burn out	.19*	.02

Significance P value < .005

IV. Discussion

Professional quality of life refers to the positive and negative emotions that an individual feels about his/her job. Professional quality of life includes three main items: compassion satisfaction, burnout and compassion fatigue that also known as secondary traumatic stress(Kleivel, B., Natvig, G. & Jespen, R (2015). Recently, focus on concepts related to professional quality life is growing especially in nursing profession because it has been found to affect job performance(Vagharseyyedin, Vanki,&Mohammadi, (2011). So the current study was conducted to assess the professional quality of life of nurses' students in nursing college at King Saud University, Riyadh, KSA.

The study revealed that the participants were young, and reported that critical care units were the most traumatic work area for most of them. This is the case in all critical care units because they are highly structured, closed environment and the nurses continuously dealing with unexpected critical situations. The American Association of Critical Care Nurse specified that critical care environment contains stressful critical situation related to role conflict and ambiguity, qualitative and quantitative workload, the need for rapid decision making and speedy delivery of care and therefore recommended the establishment of standards that maintain healthy work environment in critical care units (AACCN, 2005).

Participants in this study reported a moderate score on professional quality of life. Reasons behind that could be their young age. Younger employees are lacking the experiences that help them to deal with stressful situations at work and even in life. This piece of result was in congruence with the results of Dominguez (2009), and Hooper et al., (2010) who found that nurses in the emergency department usually perceived significantly higher levels of two negative aspects namely compassion fatigue and burnout that would lead to low level of professional quality of life.

The present study found that near half of the participants were at high risk of burnout. Again, the young age of participants and the nature of nursing that require specific challenges such as study, clinical training, the need to learn new information daily and the necessity to maintain their stride in a busy and heavy work environment where speed and skills are critical. This comes in line with McHugh et. al. (2011) and Tara et al. (2015)who stated that younger caregivers are more vulnerable to the harmful effect of compassion fatigue and burnout when compared to those who are older.

In the current study, majority of the participants reported potential risk for compassion fatigue. This could be in part due to participants still engaged in many tasks to fulfill nursing role such as training skillsand knowledgeacquisition. In this respect Leggett (2010)confirmed that nursing students who undergo practical training within hospitals and clinics sufferand their suffering potentiate the risk for developing compassion fatigue.

This study indicated that a considerable percentage of the participants showed a moderate to good potentials of compassion satisfaction. Similar results were explained by Potter etal. (2010)who indicated that in spite of the presence of compassion fatigue, helping professional can still experience high level of compassion satisfaction. Experience of compassion fatiguedrives the helping professionals to seek out pleasurable and meaningful experience in an attempt to balance the negative consequences of distressing academic environment. An important result from this study was that the more the compassion satisfaction the higher risk for burnout. Compassion satisfaction in this study did not protect participants from the risk of burnout. This could be justified by the personality and cultural nature of participants in this study. They could have repress their negative emotions and feelings and positively transfer them to a pleasurable feelings to cope with the situation. When they had the chance to express feelings through this study, their real feeling were exploded. On the other hand, Mason (2012) proposed that higher compassion satisfaction may protect student nurses against the occurrence of burnout.

In addition, an expected result from this study was that the more the risk of burnout the more the risk for compassionfatigue. This was supported by the work of Portnay (2011) who stated that burnout and

compassion fatigue are often linked, while compassion fatigue is often described as a type of burnout. Also, Burston et al., (2010) connected between compassion fatigue and burnout and reported that compassion fatigue and burnout affect nurse wellbeing as well as the retention of knowledge, patient's safety and even patient satisfaction.

The present study showed a weak correlation between compassion fatigue and compassion satisfaction. Similar result was reported by El-bar et al. (2013) who showed no correlation between compassion satisfaction and compassion fatigue in their study. A possible clarification of this finding could be that compassion fatigue is an acute reaction that could not be alleviated by work satisfaction that built overtime and could serve as a defense against burnout.

V. Conclusion and Recommendation

Nursing students during their course of study are at high risk for developing burnout due to compassion fatigue which in turn affects their compassion satisfaction and their professional quality of life. Clinical training is one of the most vital components of the nursing education, it is imperative that nurse educators continue the effort to help nursing students manage their stress and anxiety during this important process. Developing educational intervention using stress reduction techniques, relaxation techniques, peer mentorship, and measures to improve work satisfaction is needed. Further study is recommended using larger sample size and including both genders could help generalization. Using qualitative plus quantitative analysis could provide better understanding of the phenomenon and guide future research in the same area.

Limitations

The study have a relatively small sample size which might hinder having significance relationships. The study was limited to descriptive quantitative analysis; richer data would be obtained if the analysis included a qualitative analysis. In addition, gender differences are important to be considered in correlation among variables, gender differences was disregarded in this study.

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