

Professional Quality of Life of Nurses in Palliative Nursing Services

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Abstract: Professional Quality of Life (ProQoL) is the quality of a person perceived in relation to their work as a helper. ProQoL has two aspects included Compassion Satisfaction (CS) and Compassion Fatigue (CF). CF has two parts, the first is Burn Out (BO) and the second one is Secondary Traumatic Stress (STS). The aim of this study was to explore the correlation between nurses' characteristics (age, gender, work experience, education and marital status) with ProQoL. This study was a descriptive quantitative study with bivariate analysis. This study applied a total sampling of 45 nurses who had experienced providing palliative care services. The study was conducted in one private hospital in Jakarta, Indonesia. This research used ProQoL questionnaire. The study showed that nurses have experienced both positive and negative aspects of ProQoL. Most nurses experienced moderate burn out (95.6 %) and more than half nurses (53.3%) have low secondary traumatic stress. In regards of relationship between nurses' characteristics with ProQoL (CS, BO and STS), all results revealed that there was no significant relationship (p value >0.05). It is suggested that to study more factors that might have any correlation to ProQoL.

1 INTRODUCTION

Palliative care is an “approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (World Health Organization, 1990). Moreover, palliative care is a treatment that helps patients to live a comfortable life during their terminal disease trajectory (Cancer Council Australia, 2017). This means that palliative care does not only focus on pain relief but also focuses on any symptoms including physical, psychosocial, spiritual and social aspects.

The need of palliative care around the world increase overtime following the increase number of life expectancy. It is said that about 40 million people need palliative care each year, where 78% of those are people who live in low – middle income countries (World Health Organization, 1990). People who are in needs of palliative care are not only patients who suffer from cancer, but also people with chronic illnesses such as cardiovascular disease, renal failures, stroke, diabetes mellitus and

many more. Providing care to people with chronic diseases needs an extra attention from nurses to their patients. Nurses as one of the frontline health care professionals are demanded to provide a highly complex care/treatment to patients. In addition, nurses are not only providing physical care but also providing support to both patients and families. The job of caring patients with highly complex treatment may put nurses in the pressure of performing their professional work. Therefore, the pressure to achieve the best quality of nursing care can lead to psychological problems of the nurses.

This condition possibly leads nurses to experience compassion fatigue during their works. Few studies have explored many possibilities of nurses developing compassion fatigue, especially nurses who cared for patients with chronic diseases. As mentioned by Hinderer *et al.*, (2014) that nurses who work in Intensive Care Units (ICU) may have higher levels of traumatic stress than those nurses who work in general or medical wards. This is because nurses in ICU setting are expected to have a close supervision, in addition, they have to deliver complex nursing care to their patients. Heavy workloads in the ward might cause nurses to feel burn out (Laschinger and Fida, 2014).

Austin et al., (2009) in their study interviewed five nurses who had compassion fatigue. From the study were discovered; namely nurses who feel empty, nurses who shielding themselves, nurses who feel impotent as a nurse, feeling overwhelmed, kind of nurses they were and trying to survive. It was said that nurses feel empty because they have nothing to give emotionally to the patients, shielding themselves was stated as they kept themselves away from patients and families and only do their technical skills, being impotent as a nurse is when they feel they have not given anything to their patients as what they wanted to. Moreover, nurses who feel overwhelmed is the nurses who lost their balance in life, while a kind of nurse is when they feel the way they used to and to be empathic. The last one, there is kind of nurses who try to survive which means they have not given up this profession even though they feel compassion fatigue.

Professional Quality of Life (ProQoL) has positive and negative aspects that someone can feel at their work as a helper (Stamm, 2015). Positive aspect of ProQoL is compassion satisfaction, while negative aspects are Burn Out (BO) and Secondary Trauma Stress (STS). Stamm (2015) explained CS as the feeling that someone have after he/she finishes his/her work well, BO is something related to a feeling of hopelessness and cannot deal with job effectively, while STS is a stressful event related to work. Both BO and STS have usually interconnected each other.

2 METHOD

2.1 Design

This study was a descriptive quantitative study using cross sectional method.

2.2 Sample

The research was conducted at one private hospital in Jakarta. Total sampling was used, and 45 nurses joined the study. All nurses were the one who worked in the palliative care wards.

2.3 Procedures

Permission to hospital related to the study had allowed authors to gather all nurses in the palliative wards. 45 nurses were gathered and was given explanation of the study. All 45 nurses agreed to join the study and gave their written consent. Afterwards, each nurse was given a ProQoL questionnaire to be

filled and was made sure that they completed all the given question.

2.4 Instrument

ProQoL questionnaire version 5 from Stamm (2010) was used to measure the nurses' ProQoL. This questionnaire had been translated into Bahasa Indonesia by (Eka and Tahulending, 2018) and was tested for its validity and its reliability. It was found that the Crobach alpha was 0.738 which means that the questionnaire is valid and reliable. The ProQoL questionnaire consisted of 30 questions.

The ProQoL questionnaire provided likert type responses ranging from 1-5, 1 (never) and 5 (very often). This ProQoL assess three subscales: CS, CF and BO. There were ten questions in each aspect of ProQoL. Each aspect of Professional quality of life following category of a score 22 or less indicates low, a score of 23-41 indicates moderate and a score of 42 or above indicates high level (Stamm, 2010).

2.5 Ethical Clearance

This study has been approved by Research Ethic and Committee Faculty of Nursing Universitas Pelita Harapan and has got permission from the private hospital itself.

3 RESULT

3.1 Characteristic Respondents

The characteristics of the respondents are described in Table 1.

Table 1: Distribution of respondents' characteristics (n=45).

Category	Frequency	Percentage
Age		
<28 years	18	40%
≥28 – 42 years	27	60%
Gender		
Female	43	95.6%
Male	2	4.4%
Marital Status		
Married	20	44.4%
Not married	24	53.3%
Widow/widowed	1	2.2%
Education		
Diploma Nursing	22	48.9%
Bachelor Nursing	23	51.1%
Work Experience		
<5 year	35	77.7%
>5 years	10	22.2%

The participant of this study was mostly female (95.6%), and age between 22 – 42 years old with more than half nurses was single (53.3%). In regards of academic level, 51.1% of the respondents had Bachelor of Nursing (S1) and the rest had Diploma nursing. Moreover, majority of nurses (77.7 %) had less than five years’ experience working in palliative care services.

Table 2: Distribution of Nurses’ ProQoL (n=45).

Category	Mean	Median	SD
CS	41.64	41	4.09
BO	34.16	34	3.81
STS	21.64	22	5.82

The mean score of the study population for the level of CS, BO and STS among nurses in providing palliative care were 41.64 (SD=4.09), 34.16 (SD=3.81) and 21.64 (SD=5.82).

3.2 Professional Quality of Life of Nurses

Professional’s quality of life among nurses can be seen in Table 2. The study revealed that majority of nurses had moderate level of BO (95.6%), while half nurses (51.1%) had moderate level of CS and 48.9% nurses had high CS. Furthermore, for STS level, nurses were in low level (53.3%) and moderate level (46.7%).

Table 3: Distribution of ProQoL level (n=45).

Scale	CS (%)	BO (%)	STS (%)
Low	0	0	53.3
Moderate	51.1	95.6	46.7
High	48.9	4.4	0

3.3 Correlation of Nurses’ Characteristics towards BO, CS and STS

The finding of correlation between nurses’ characteristic and BO, CS, STS can be seen in the following table 4 to 6.

There were no significant association between nurses’ characteristics (age, gender, education, work experience and marital status) and BO. It showed that there was also no significant difference between education level and marital status with BO. Though, there was a significant difference in gender with BO, this cannot be generalised as the participant primary female (Table 4).

Table 4: Correlation of nurse’s characteristics with Burn Out (n=45).

Nurses characteristics	Level BO			P Value	
	Low	Medium	High		
Age	<28years	0	16	2	0.30
	≥28years	0	27	0	
Gender	Female	0	41	2	1.0
	Male	0	2	0	
Education	Diploma Nursing	0	22	0	0.49
	Bachelor Nursing	0	21	2	
Work Experience	<5 years	0	28	2	0.80
	≥5 years	0	15	0	
Marital status	Not Married	0	22	2	0.40
	Married	0	20	0	
	Widow/ widowed	0	1	0	

Table 5: Correlation of nurse’s characteristics with Compassion Satisfaction (n=45).

Nurses characteristics	Level CS			P Value	
	Low	Medium	High		
Age	<28years	0	10	8	0.85
	≥28years	0	13	14	
Gender	Female	0	22	21	1.0
	Male	0	1	1	
Education	Diploma Nursing	0	10	12	0.66
	Bachelor Nursing	0	13	10	
Work Experience	<5 years	0	15	15	1
	≥5 years	0	8	7	
Marital status	Not Married	0	14	10	0.29
	Married	0	8	12	
	Widow/ widowed	0	1	0	

Table 6: Correlation of nurse’s characteristics with Secondary Trauma Stress (n=45).

Nurses characteristics	Level STS			P Value	
	Low	Medium	High		
Age	<28years	8	10	0	0.50
	≥28years	16	11	0	
Gender	Female	22	21	0	0.53
	Male	2	0	0	
Education	Diploma Nursing	12	10	0	1
	Bachelor Nursing	12	11	0	
Work Experience	<5 years	16	14	0	1
	≥5 years	8	7	0	
Marital status	Not Married	10	14	0	0.19
	Married	13	7	0	
	Widow/ widowed	1	0	0	

Table 5 showed that there is also no association

between nurses' characteristics and CS. There was almost no difference between age, education level, and work experience and marital status with CS. But in the table, nurses who were not married experienced compassion satisfaction than nurses who were married.

4 DISCUSSION

4.1 Burn Out

In this study, results indicated that the incidence of BO occurred to all nurses despite its moderate and high levels. Hunsaker et al., (2015) revealed in their study that the older the nurses, the higher the level of burn out, while the younger the nurses, the higher the burn out level. In the fact by seeing the result of this study, the statement from Hunsaker et al., (2015) cannot be accepted fully as both age range from less than 28 years old to more than 28 years old were in the moderate level of BO. However, the number of nurses who were above 28 years old (28 – 42 years old) reported a greater number of moderate BO compared to nurses who were less than 28 years old.

BO can be the result of personal and organizational work related. Nurses might feel exhausted at work, unhappiness and overwhelmed. Though only two nurses had high burn out, it is important to be further assessed as it might affect their performance at work related to patients' satisfaction. As majority of the respondents were female nurses, it can be said that female nurses were the most who experienced burn out with their work compared to the male nurses. However, this result cannot be generalized.

In connection with BO occurrence, Chang and Chan (2015) in their study mentioned that nurses who have high level of optimism and positive coping tend to have low level of burn out. The authors explored that nurses who are optimistic usually think positively although they face work related obstacles. Therefore, optimistic people are good in dealing with any stressors. Timmermann, Naziri and Etienne, (2018), also added that coping control and social support are one example of coping strategies to deal with burn out. In line with those results, it is important for nurses to have a positive coping mechanism to be able to face challenges and obstacles during their work and services. However, in this study, level of optimism and coping were not studied.

4.2 Compassion Satisfaction

Hinderer et al., (2014) discovered that nurses who had higher level of CS had lower STS. This study's result in line with the result by Hinderer *et al.*, (2014) that showed by 51.1% CS in moderate level had also moderate level of STS which almost half nurses (46.7%) while high level of CS (48.9%) had not showing any high level of STS.

However, Hunsaker et al., (2015) investigated the comparison between male and female nurses test and showed that there is no statistical significance of CS, CF and Burn out level between male and female nurses.

4.3 Secondary Trauma Stress

Many resources mentioned that healthcare workers are suffer from work related stress (Najjar et al., 2009); Mchugh et al., (2011). Mchugh et al., (2011) in their study mentioned that nurses who provide direct care to their patients in nursing home have the highest degree of dissatisfaction, followed by nurses who give direct care but in other setting such as hospital. These nurses in this study were giving their direct patient care to patients with cancer and chronic diseases in the hospital. In addition, nurses provide a holistic care to the patients who were in irreversible condition because of their diseases. As a result, these reasons might develop a trauma stress within them. In line with this is a study carried out by Najjar et al., (2009) which highlighted that nurses who are in oncology wards face challenges while providing care to patients who are approaching death.

Hinderer et al., (2014) stated that nurses who had high level of burn out is more likely to have a higher level of secondary trauma stress. However, in this study, with the majority number of moderate burns out of 43 nurses (95.6%), it cannot be proved that the nurses experienced a higher number of traumatic stress. In the fact, there were more than half nurses was actually showed a low level of traumatic stress (53.3%) and moderate level (46.7%). Melvin, Wald and Saunders, (2012) stated that compassion fatigue does exist among nurses who work in palliative care wards and hospice. It further said that by providing this care, it is possibly that nurses develop a negative physical and emotional effects. Therefore, this study might need to explore more on possibility of physical and emotional effect that may cause by traumatic stress.

5 LIMITATIONS

Apart from the results, there are several limitations of this study such as all participants were mostly women which makes the results cannot be generalized. Moreover, this study only describes the nurses' ProQoL with a minimum sample and explore the relationship between each aspect of ProQoL (BO, STS and CS) with nurses' characteristics (age, marital status, and work experience, gender and education level). The result showed there were no significant correlation found between nurses' characteristics with each aspect of ProQoL. Therefore, further study related to other factors might be beneficial to be studied. Some resources mention that there are so many factors that might impact on someone's professional quality of life that might be interesting to be studied in the future research.

6 CONCLUSIONS

To conclude, it is crucial to assess the three aspects of professional quality of life of nurses who especially provide a palliative care. As it was mention that nurses who provide care to those palliative patients may develop the three aspects of ProQoL. However, more training and professional development for nurses may help nurses to be able to cope with any possibility of compassion fatigue incidence. Moreover, it is important for further study to assess the relationship between each aspect in professional's quality of life of nurses, the connection of compassion fatigue, burn out and secondary traumatic stress. It would be beneficial for the next researchers to assess factors that may cause the occurrence of compassion fatigue to nurses providing the palliative care.

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