SHORT RESEARCH ARTICLE

Professional Quality of Life (ProQOL) of Health Care Providers in Manipur, India

Lintu Mathew[1], Avantika Gupta[2]

[1,2]Regional Institute of Medical Science, Imphal, India

DOI: 10.55489/njcm.140420232654

ABSTRACT

Introduction: Professional Quality of Life (ProQOL) relates to comfort and satisfaction in a profession. Health care providers are exposed to great level of stress and traumatic events in their job. This study aimed at determining the ProQOL of health care providers in Bishnupur district.

Methodology: A cross sectional study was conducted among health care providers of Bishnupur district, Manipur during 24 January- 24 February 2021. The participants were 153 healthcare providers from district hospital, CHCs and PHCs using a convenience method. The instrument for collecting data consisted of "Professional Quality of Life Measure version 5(ProQOL-5)" questionnaire. Chi square test and Pearson's r correlation was used for analysis.

Results: Mean age of the participants was 37.54 $\pm$ 9.1 years. The mean values for the domain compassion satisfaction (CS), secondary traumatic stress (STS), burnout (BO) was 36.7 $\pm$ 5.2, 23.2$\pm$ 4.5 and 23.3 $\pm$ 5.6 respectively. BO and STS were positively correlated. There was no significant association between other domains. Participants who had night shifts had more BO level compared to others.

Conclusion: Majority of the participants had moderate CS and STS. Those having prolonged duty hours experienced more burnout compared to others.

Keywords: Professional Quality of Life, health care providers

ARTICLE INFO

Financial Support: None declared

Conflict of Interest: None declared

Received: 16-12-2022, **Accepted**: 28-02-2023, **Published**: 01-04-2023

***Correspondence:** Lintu Mathew (Email: Lintumathew19@gmail.com)

How to cite this article:

Mathew L, Gupta A. Professional Quality of Life (ProQOL) of Health Care Providers in Manipur, India. Natl J Community Med 2023;14(4):256-259. DOI: 10.55489/njcm.140420232654

Copy Right: *The Authors retain the copyrights of this article, with first publication rights granted to Medsci Publications.*

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Share Alike (CC BY-SA) 4.0 License, which allows others to remix, adapt, and build upon the work commercially, as long as appropriate credit is given, and the new creations are licensed under the identical terms.

www.njcmindia.com | pISSN09763325 | eISSN22296816 | Published by Medsci Publications

INTRODUCTION

Professional Quality of Life (ProQOL) relates to comfort and satisfaction in a profession. Compassion Satisfaction and Compassion Fatigue are two aspects of professional quality of life. Compassion fatigue further breaks into two parts. The first part concerns things such as exhaustion, frustration, anger and depression which are typical of burnout. Burnout is associated with feelings of hopelessness and difficulties in dealing with work. Second part that is, Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma.[2]

Health care providers are exposed to great level of stress and traumatic events in their day-to-day activity. They are more prone to developing compassion fatigue due to the characteristics of their work. It can hamper their personal as well as professional life which will further have direct impact on patient care.

Very few studies have been done in Manipur related to this topic. To cope with the challenges in the health-care delivery system and to guarantee the quality of care rendered and client satisfaction on the care received, it is important to know how satisfied health-care workers are with their quality of life, job and what aspects influence their professional quality of life. The study aimed to determine professional quality of life among healthcare professionals Bishnupur district and to assess the association between professional quality of life and background variables of interest like age, sex, work shift.

METHODOLOGY

A cross-sectional study was conducted in Bishnupur District Hospital, Primary Health Care centers (PHC) and Community Health Care centers (CHC) in Bishnupur District of Manipur from 24th January-24th February, 2021. Bishnupur district has a District hospital, two CHCs (Moirang and Nambol) and seven PHCs (Ningthoukhong, Thanga, Kumbi, Leimapokpam, Kwakta, Karang, Oinam) at the time of study.

Study population were the health care providers of District Hospital, CHCs and PHCs of Bishnupur District, Manipur. All doctors (including AYUSH), nurses, other paramedical staff (pharmacist, lab technicians, counsellors, assistants, ANM), those who were present at the time of data collection were included. All the healthcare facilities were intended to cover in the study except for PHC Kwatka and PHC Karang because of inconvenience in transportation. Convenience sampling method was used.

A semi-structured questionnaire was used to collect the data. Socio-demographic characteristics were assessed in the first section. Professional Quality of Life of health care providers was assessed in the second section which have two domains - Compassion Satisfaction (CS) and Compassion Fatigue (CF). Compassion fatigue has two sub-domains that is Burn Out (BO) and Secondary Traumatic Stress (STS). Each domain has 10 items each, with total of 30 items. This questionnaire is based on five-point Likert scale. In the domain of burn-out there are 5 items which are reverse scored.

After obtaining ethical approval from Research Ethics Board, RIMS, Manipur, data was collected using self-administered questionnaire method. Written informed consent was taken from each participant. Privacy and confidentiality were maintained. The completed questionnaire was collected on the same day. Data collected was checked for completeness and consistency. Data was entered into IBM SPSS 21 for windows (IBM Corp. 1995, 2012) and summarized using descriptive statistics like percentage, mean and standard deviation. Chi-square test was used to test the association between domain and background characteristics. Pearson's r correlation was used to assess the correlation between ProQOL domains. A p-value of ≤ 0.05 was considered statistically significant.

RESULTS

Total number of participants were 153. Mean age was 37.5± 9.1 years and age ranged from 22 years to 58 years. Majority of the participants (41.2%) were in the age group 31-40 years. Majority (64.1%) were females and 46.4% were from District Hospital. 77.8% were married. About 49% were graduates and 56.9% had both day and night shifts. Median of years of service was seven with minimum one year and maximum thirty-six years. Majority of them had working hours of less than seven hours. Details of background characteristics is in Table 1.

Those who had to work in night shifts had more burn out level compared to those working only day shift and it was statistically significant (p=0.05) as shown in Table 3. Those who had to work in night shifts had more burn out level compared to those working only day shift and it was statistically significant (p=0.05) as shown in Table 3.

It was seen that females had higher BO and STS and less CS compared to males but it was not statistically significant. Majority of the participants in the age group of 31-40 years had moderate level of CS while 41-50 years had more at moderate risk for BO but was not significant statistically. Majority of the physicians had moderate level of burnout compared to others. Those working in District Hospital had higher level of burnout compared to those working in PHC or CHC. In our study age, gender, designation, highest educational qualification, years of experience, working hours and marital status shows no significant association with the domains CS, STS and BO (p>0.05).

A positive correlation was observed between burnout and secondary traumatic stress domains, and it was statistically significant (r 0.552, p 0.000). There was no significant correlation between other domains. There was no significant correlation between age, years of experience with CS, STS, BO domains.

Table 1: Distribution of participants by background characteristics and score of domains (N=153)

Background characteristics	N (%)	CS		BO		STS	
		Mean ± SD	p	Mean ± SD	p	Mean ± SD	p
Age (in years)							
≤30	43(28.1)	36.9±4.4		23.4±5.1		23.5±5.9	
31-40	65(42.5)	36.5±5.4	0.95	22.9±4.2	0.84	22.5±4.8	0.42
41-50	26(17.0)	37.0±6.2		23.7±4.3		24.5±5.8	
>50	19(12.4)	36.9±5.4		23.0±4.3		23.9±6.6	
Gender							
Male	55(35.9)	37.4±4.9	0.28	22.3±4.5	0.76	22.1±5.3	0.57
Female	98(64.1)	36.4±5.4		23.7±4.4		23.9±5.6	
Designation							
Physician	40(26.2)	37.2±5.4	0.48	23.3±4.2	0.86	24.0±4.8	0.25
Nurse	50(32.7)	36.0±5.3		23.4±4.2		23.9±5.2	
Others*	63(41.0)	37.1±5.2		23.0±5.0		22.4±6.2	
Education							
Diploma	55(35.9)	36.5±5.6	0.51	23.6±4.7	0.92	23.1±5.3	0.48
Graduate	75(49.1)	36.9±4.5		22.9±4.2		23.9±5.6	
Post graduate	23(15.0)	37.2±6.6		23.1±5.0		21.9±5.7	
Work duration (hours)							
11-Jul	117(76.4)	37.0±5.2	0.29	23.3±4.7	0.63	23.0±5.5	0.26
≥12	36 (23.6)	35.9±5.6		22.9±3.9		24.2±5.5	
Experience (years)							
≤3	39(25.5)	37.4±4.3	0.46	24.0±5.3	0.32	24.2±6.0	0.19
7-Apr	38(24.8)	34.9±5.8		22.5±3.6		22.0±5.2	
≥8	76(49.7)	37.4±5.3		23.2±4.5		23.5±5.4	
Health setup							
PHC	40(26.2)	38.2±5.0	**0.02**	22.4±4.4	0.38	23.6±6.8	0.36
CHC	42(27.4)	35.0±5.7		23.5±4.0		22.3±5.3	
District Hospital	71(46.4)	37.0±4.9		23.6±4.8		23.8±4.8	
Working Shifts							
Day	87(56.9)	37.2±4.9	0.26	22.5±4.2	**0.02**	21.9±5.7	**0**
Day and Night	66(43.1)	36.2±5.7		24.1±4.8		25.1±4.8	
Marital Status							
Single	34(22.2)	37.1±4.2	0.67	22.8±4.8	0.58	24.1±6.2	0.36
Married	119(77.8)	36.6±5.5		23.3±4.4		23.1±5.4	

*Includes health officer, counsellor, pharmacist etc; CS-Compassion Satisfaction, STS-Secondary Traumatic Stress, BO-Burnout

Table 2. Distribution of participants according to levels of risk in domains of ProQOL

Domains	Low (%)	Moderate (%)	High (%)
CS	1 (0.7)	121 (79.1)	31 (20.3)
STS	72 (47.1)	80 (52.3)	1 (0.7)
BO	69 (45.1)	84 (54.9)	0

CS-Compassion Satisfaction, STS-Secondary Traumatic Stress, BO-Burnout

Table 3: Association between working shift and Burn Out level (N=153)

Working shift	Burn Out level n (%)		p-value
	Low	Moderate	
Day	45 (51.7)	42 (48.3)	**0.05**
Day and night	24 (36.4)	42 (63.6)	

DISCUSSION

Assessing the professional quality of life including two important dimensions of Compassion Satisfaction and Compassion Fatigue is important for health care providers. CF can have a negative impact on employees' health as well as patient care. The "cost of caring" or compassion fatigue seems to be an important area to be highlighted through more studies as the psychological and physical health of professionals can have potential consequences on the quality of care provided to the patients.

In this study, 79.1% had moderate CS, 54.9% had moderate BO, 52.3% had moderate STS.

Table 4: Correlation between the domains of Compassion Satisfaction, Burnout and Secondary traumatic stress

		Compassion satisfaction	Burn out	Secondary traumatic stress
Compassion satisfaction	Pearson Correlation	1	0.084	0.028
	Sig. (2-tailed)		0.299	0.732
Burn out	Pearson Correlation	0.084	1	0.552
	Sig. (2-tailed)	0.299		0.000
Secondary traumatic stress	Pearson Correlation	0.028	0.552	1
	Sig. (2-tailed)	0.732	0.000	

In the study conducted by Kaur and colleagues in Bengaluru, results indicated an average level of CS and BO while very high STS. [3] This may be because of the difference in study setting their study in palliative care hospitals eventually leading to more STS compared to our study. The moderate level of compassion satisfaction in indicates that more than half of the total study population was able to derive optimum pleasure from their work.

Also, in our study BO level was more in those having both day and night shifts ($p < 0.05$) as compared to those having only day shifts which is consistent with a study conducted by Keshaverz et al[4] in Iran. In our study, no significant differences were found between designation with Professional Quality of Life domains which is similar to study by Keshavarz et al.[4]

In our study gender had no significant association with the domains of ProQOL. In a study conducted by Anupsinh HC et al[5], females had more CS and lesser STS, BO as compared to males. Similarly, in our study age, years of experience had no significant association the domains which is inconsistent with the findings of the study by Keshvarz et al[4]. In study done by Bhutani et al[6], years of experience was significantly associated with greater years of practice ($t=0.266$, $p=0.046$). The inconsistency with the previous studies might be due to a variety of reasons including working conditions, workload, coping abilities, patient illness etc. Positive correlation between BO and STS were found in our study ($r = 0.552$; $p = 0.000$) which is consistent with study conducted by Smart D et al[7].

Limitations

The limitations of our study are that we could not cover all the PHCs of Bishnupur and the private practitioners. Also, whether health care providers were contractual or temporary workers were not considered in the study.

Conclusion

Majority of the participants had moderate Compassion Satisfaction, Burnout and Secondary Traumatic Stress levels. Those having working shifts both day and night have more burn out compared to those working only in day shift.

Recommendations

Perhaps, it is the first study of its kind in Manipur to evaluate professional quality of life of health care providers. Exploratory studies can be conducted among health care providers to understand the reason of increasing compassion fatigue and decreasing compassion satisfaction. A different working schedules, training, and educational programmes to cope up with the increased stress may help in easing the stressful minds of health care workers.

References

1. World Health Organization. Quality of Life 2018:[1]. Available at URL: https://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/. Accessed on January 26, 2020.
2. Professional Quality of Life Measure 2019:[1]. Available at URL: https://www.proqol.org/. Accessed on December 15, 2022.
3. Kaur A, Sharma MP, Chaturvedi SK. Professional Quality of Life among Professional Care Providers at Cancer Palliative Care Centers in Bengaluru, India. Indian J Palliat Care 2018;24(2):167-72. Available at URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5915883/
4. Keshavarz Z, Gorji M, Houshyar Z, Tamajani ZT, Martin J. The Professional Quality of Life among Health-care Providers and Its related Factors. Soc Health Behav 2019;2 (1):32-8.
5. Chhasatia AH, Shah SH, Kataria LR, Tanna K, Arora R, Shah N. Compassion Satisfaction and Burnout amongst Clinicians of Vadodara City, Gujarat. jemds 2014 Oct 27; 3(56):12773.
6. Bhutani J, Bhutani S, Balhara YS, Kalra S. Compassion fatigue and Burnout Amongst Clinicians: A Medical Exploratory Study. Indian J Psychol Med 2012;34 (4):332-7.
7. Smart D, English A, James J, Wilson M, Daratha KB, Childers B et al. Compassion fatigue and satisfaction: A cross-sectional survey among US healthcare workers. NHS 2014;16(1):3-10.