A Comparative Study Between General and Critical Ward Nurses on Quality of Work Life, Professional Quality of Life and Coping Strategies

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Abstract

The aim of the present study is to find out the quality of work life, professional quality of life and coping strategies of nurses in general and critical ward. A group of 60 nurses (30 from general ward and 30 from critical ward) were selected as sample in this investigation. General Information Schedule, Brook's Quality of Work Life Scale, Professional Quality of Life Scale and Coping Strategy Indicator were used as tools. The findings of Independent't' revealed that quality of work life as expressed by nurses engaged in general ward is better than that of the other group. On the contrary, reverse picture was observed in case of professional quality of life. Besides this, coping strategy related to social support, problem solving and avoidance do not differ significantly between the nurses engaged in general and critical ward. Findings of the present work may help the nurses engaged in critical ward by providing continuing education programs on coping, relaxation, communication skills, sparing time for self and setting professional boundaries.

Keywords: quality of work life, professional quality of life, coping strategy, nurses engaged in general and critical ward.

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According to the International Council of Nurses, Nursing, includes autonomous and collaborative care of individuals of all ages, families, groups, and communities, in all settings, sick or well. Nursing encompasses the promotion of health, sickness prevention, and the care of the sick, disabled, and dying (ICN, 2002). General ward nurses demonstrate tasks such as managing drugs and consumables, recognising and easing health concerns according to specified standards, and giving basic life support in the event of an emergency. Nurses in critical wards, known as Intensive Care Units (ICU) nurses, employ their advanced expertise to care for critically sick patients who are at high risk of life-threatening health condition.

Quality of work life is the extent to which an employee's personal and working needs are met while attaining the organization's goals through active participation (Swamy & Rashmi, 2015). Quality of work life in health care organisations refers to the strengths and weaknesses of the work environment, with respect to the policies and procedures, leadership style, operations, and general contextual factors of the workplace setting, all of which significant impact on employees perception of the quality of work life (Lau & May, 2008). Brooks (2001) defined quality of work life of nurses as, the degree to which nurses work experiences satisfies their important personal needs. Quality of work life can improve the overall work experience of nurses and increase the organization’s productivity and health care quality (Brooks, 2001). The results of the study by Hardjanti & Dewanto (2017) revealed that the quality of work life has significant positive impact on nurse’s psychological well-being and significant negative effect on turnover intentions.

Professional quality of life refers to satisfaction and perception in relation to work life. It is how one feels with respect to his/her work. (Figley, 1995). The professional quality of life consists of compassion fatigue, burnout and compassion satisfaction (Stamm,2010). Employees with a good professional quality of life offer better services and continue in their jobs than those with poor quality of life (Stamm, 2012).

Compassion has been taken as "Nursing's most valuable asset," and it entails immersing oneself in a patient's experience and feelings, as well as engaging in activities to alleviate their pain and distress. Compassion Fatigue is a natural result of working with people who have been through a traumatic incident or another stressful event (Joinson, 1992). The literature on compassionate fatigue describes it as a condition of exhaustion caused by a coping relationship that has deteriorated due to a loss of coping abilities (Day & Anderson 2011). Sleep disturbances, hyper-vigilance, worry, anxiety, difficulty in concentrating, tense muscles, burden, exhaustion, and feeling overwhelmed as well as disengagement, are all symptoms of compassion fatigue (Figley, 1995). The opposite of compassion fatigue is compassion satisfaction. Compassion satisfaction and compassion fatigue are two terms that refer to the feelings of persons who work with wounded people (Huggard & Dixon, 2011). The sensation of pleasure or satisfaction that caregivers experience from their work is a measure of compassion satisfaction. The reward of caring is compassion pleasure. Working well brings a sense of fulfilment. Compassion satisfaction is said to be linked to the manner of caring, the health-care system's functioning, constructive collaboration with colleagues, self-confidence, altruism, and psychological solidity (Stamm, 2010). Nurses face higher levels of burnout than other health care workers as a result of extended exposure to stressful working situations (Karkar et. al. 2015).

Burnout is characterized by high emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment in professionals who provide direct care to others (Maslach & Jackson, 1996).

Clinical stress and compassion fatigue were found to be higher in nurses with higher levels of personal stresses in previous investigations (Lamson & Meadors, 2008). Personal life stressors had powerful impacts on well-being for 30% of oncology nurses, putting them at high risk for compassion fatigue (Denigris et al. 2016). However, qualitative data revealed that 55% of nurses rated their overall work experience as "life-affirming and satisfying," and that these good experiences balanced out the risk of compassion fatigue. As mentioned by Hinderer et al., (2014) that nurses in Intensive Care Units (ICU) may have greater levels of traumatic stress than those nurses who work in general or medical ward because of their close supervision and delivery of complex nursing care to their patients. Heavy workloads in the ward might cause nurses to feel burn out (Laschinger & Fida, 2014).

Coping Strategy

Coping refers to a person's attempt to manage stress, regardless of whether the technique is adaptive or not (Lazarus, 1993). Coping is described by Folkman and Moskowitz (2004) as the process of handling external and internal pressures that tax or exceed a person's resources. It is a multifaceted and complex process that is affected by both the environment and the individual's personality. People use coping methods to master, tolerate, lessen, or limit stressful circumstances. Coping strategies include both behavioural and psychological efforts. Coping techniques refer to a person's repertoire of stress reactions that he or she has access to and can

successfully employ. Moss et al. (2007), proposed two types of coping strategies: problem-focused, where individual use approach coping responses and emotion-focused, where person adopts avoidance coping responses.

Simamora and Fathi (2019) looked into the coping mechanisms of nurses in their workplace as a measure of their quality of life. Long-term stress without adequate coping techniques was found to have a negative impact on nurses' quality of life. The most popular coping mechanisms were religion and positive reframing, followed by instrumental assistance and preparation. Emotion-focused coping strategies include religion and positive reframing, whereas problem-focused coping strategies include instrumental assistance and planning. Andolhe et al. (2015) looked into the link between stress, coping, and burnout among nurses working in Intensive Care Units. Taking proactive control was one of the most effective coping techniques for dealing with work-related stress. Helena et al. (2015) investigated nurses' coping techniques in hospital emergency departments. The most widely utilised coping strategies were problem-solving and positive reappraisal, whereas the least used was confrontation.

Considering all these, the present investigation has been designed to study the quality of work life, professional quality of life and coping strategies as expressed by nurses engaged in general and critical ward.

Objectives:

1. To study the quality of work life as expressed by the nurses engaged in general and critical ward.
2. To study the professional quality of life as expressed by the nurses engaged in general and critical ward.

3. To study the coping strategies as expressed by the nurses engaged in general and critical ward.

Hypotheses:

Hypothesis I: Nurses engaged in general and critical ward of private hospital do not differ significantly in terms of quality of work life.

Hypothesis II: Nurses engaged in general ward and critical ward of private hospital do not differ significantly in terms of professional quality of life.

Hypothesis III: Nurses engaged in general ward and critical ward of private hospital do not differ significantly in terms of coping strategies.

Method

Participants and Procedure

A group of 60 nurses engaged in general ward and critical ward at private hospital were selected as sample following the purposive sampling technique. The pertinent characteristics of the subjects are as follows:

a) Age: 31-40 years
b) Gender: Female
c) Educational qualification: At least graduate
d) Duration of service: At least 3 years

Research Tools

General Information Schedule

It consists of item such as name, address, age, gender, educational qualification, duration of service, monthly income, types of wards etc.

Quality of Nursing Work Life Survey (QNWL)

The scale was developed by Beth. A. Brooks in USA in 2001 to determine nurses' work life quality. The scale consists of 42 items and it has 4 subscales. These subscales are namely: Work life/ Home life (6 items), Work world (5 items), Work design (10 items), Work context (21 items). Each item in the original scale is scored in 6-point Likert scale ranging from "strongly disagree" (1 point) to "strongly agree" (6 point). The Cronbach Alpha coefficient of the original scale is 0.83.

The Professional Quality of Life Scale (version 5)

The Professional Quality of Life Scale version 5 was developed by Stamm in 2009. The ProQOL scale is composed of three discrete scales that do not yield a composite score. Each scale is psychometrically unique and cannot be combined with the other scores. This scale has 30 items and it has three subscales; namely, the compassion satisfaction, a section that evaluates the pleasure clinicians derive from their work secondary to being exposed to traumatizing situations; the compassion fatigue or secondary traumatic stress items evaluate potential distress due to exposure to a range of different traumatized clients(i.e., critical care patients); and the burnout items evaluate feelings of hopelessness and frustration after little accomplishments(Sacco, Ciurzynski, Harvey, & Ingersoll, 2015). Each subscale composed of 10 items. The subscales have been reported to have statistically acceptable internal consistency values, ranging from 0.75 to 0.88(Stamm, 2002). Items are evaluated on a five-point Likert's scale (from 1= Never to 5= Very Often).The range for the ProQOL-5 subscales' scores is 10 – 50. According to Stamm, score of 22 or less indicates low score and above 42 or more indicates high score; and the average score is ranging between 23 and 41.

Coping Strategies Indicator

The coping strategy indicator (CSI) questionnaire was developed by Amirkhan in 1994. The scale has 33 items, with three dimensions viz. problem-solving; seeking social support; and finally, avoidance (Amirkhan, 1994). The first scale assesses Problem Solving which measures the use of planning and implementation in problem solving. The Seeking Social Support scale measures used to seek social support. The last scale, Avoidance, measures the tendency to escape the problem, by withdrawal. Responses on the scales ranged between 1 (not at all), 2 (a little), 3 (a lot). The score for the CSI is between 33 and 39, and between 11 and 33 for the three scales and have an internally consistent with Cronbach Alpha coefficients ranging from 0.84 to0.93, and yield stable scores with test-retest correlations averaging 0.82.

The questionnaires are administered to the nurses after giving proper instructions and debriefing. After data collection and scoring descriptive and inferential statistics were used to analyse the data. Mean (M) and Standard deviation (SD) were calculated for the questionnaires for each group and each test separately. Comparison was made by applying t-test.

Results and Discussion

Table -1 shows the comparative picture between general ward nurses and critical ward nurses in terms of quality of work life. It can be said that general ward nurses have better quality of work life than that of the critical ward nurses. Mean score (M = 144.83) of quality of work life of general ward nurses is more than the mean score (M = 121.93) of quality of work life of critical ward nurses. It may be due to the fact that general ward nurses are generally satisfied with their job, their workload is not too heavy, they have energy left after work and there is

team-working in their work-setting. Besides this, they have adequate patient care supplies and equipment. On the other hand, critical care nurses have to face lots of problem in connection with the very critical condition of the patients. Workload is too heavy and have to face lots of problem with the patient party.

Analysis of 4 subscales reveals that nurses engaged in general ward have better quality of work life than the nurses engaged in critical ward. It was found that mean scores in work life/ home life subscale of general ward and critical ward nurses are 29.37 and 20.12 respectively. So, it can be seen that the work life of general ward nurses is better than that of the critical ward nurses. In work world subscale the mean score of general ward and critical ward nurses are 22.77 and 17.63 respectively. The mean scores of critical ward nurses (M =22.77) in work world dimension is lower than the mean score of general ward nurses (M= 17.63), which indicates critical ward nurses are less satisfied with their work world than those who engaged in general ward. It was found that mean score in work design dimension of general ward and critical ward nurses are 32.17 and 25.33 respectively. Higher score of general ward nurses indicates that the work design is good in general ward than that of the critical ward. In work context dimension both general ward and critical ward nurses have average score. The mean scores of general ward and critical ward nurses are 60.57 and 58.70 respectively. And the score reflects that there is no such difference in terms of work context between general ward and critical ward nurses.

When comparison was made between general ward nurses and critical ward nurses in terms of quality of work life, significant difference was observed. Thus, **Hypothesis – I which postulates, "Nurses engaged in general and critical ward of private hospital do not differ**

significantly in terms of quality of work life" – is rejected except the sub-scale work context.

Table 1

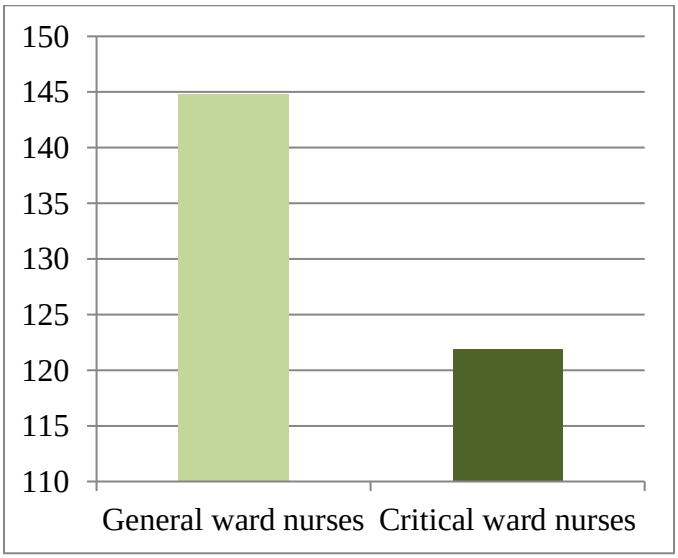
The Comparison Between General Ward Nurses and Critical Ward Nurses in Terms of Quality of Work Life

QUALITY OF WORK LIFE	GENERAL WARD		CRITICAL WARD		t-value
	Mean	SD	MEAN	SD	
Work life	29.37	3.06	20.12	3.38	11.05*
Work world	22.77	2.58	17.63	3.19	6.85*
Work design	32.17	2.68	25.33	3.25	8.88*
Work context	60.57	2.30	58.70	7.07	1.38**
Total	144.83	5.59	121.93	12.83	8.96*

*Difference is significant at 0.01 level, ** Difference is insignificant

Figure 1

Graphical Representation of the Mean of the General Ward Nurses and Critical Ward Nurses in Terms of Their Quality of Work Life



Data inserted in Table-2 shows the comparison between general ward nurses and critical ward nurses in terms of professional quality of life. From the findings it can be held that the mean value of general ward nurses is 28.37 and SD value is 4.73, which indicates average level of compassion fatigue. The mean score of critical ward nurses is 41.30 and SD value is 2.83, which indicates high level of compassion fatigue among critical ward nurses.

Analysis of the data reveals that nurses engaged in general ward rarely feel thoughtful about more than one person they help, it is not hard to distinct their personal life from their life as a nurse, traumatic experiences of the patients do not disturb them to a larger extent. On the contrary, those who are engaged in critical ward feel depressed most of the time because of the trauma experiences of the patients. As a result, critical ward nurses have disturbing and fearsome thoughts, often they also felt “on edge” about several things. So, it can be said that, the nurses

engaged in critical ward experience high level of compassion fatigue than those who are engaged in general ward.

From the result table it can further be said that the mean score of general ward and critical ward nurses in compassion satisfaction subscale is 37.03 and 31.60 respectively. The scores indicate that both general ward and critical ward nurses experience average level of compassion satisfaction. It may be due to the fact that both general and critical ward nurses get satisfaction by helping patients, they like their work as a helper, enjoy their success as a helper.

In burnout subscale the mean score of general and critical ward nurses are 22.30 and 28.27 respectively. The scores indicate both general and critical ward nurses experience average level of burnout. Data reveals both general ward and critical ward nurses feel connected to others, they are productive at work, and they never feel they are stuck in their job as a helper.

When comparison was made between general ward nurses and critical ward nurses in terms of compassion fatigue, compassion satisfaction and burnout significance difference was observed. Thus, **Hypothesis – II which postulates, "Nurses engaged in general ward and critical ward of private hospital do not differ significantly in terms of professional quality of life" –is rejected in this investigation.**

Table 2

The Comparison Between General Ward Nurses and Critical Ward Nurses in Terms of Professional Quality of Life.

CATEGORY	GENERAL WARD		CRITICAL WARD		t-value
	Mean	SD	Mean	SD	
Compassionate Satisfaction	37.03	3.73	31.60	4.51	5.083*
Burnout	22.30	3.74	28.27	2.65	7.13*
Compassionate Fatigue	28.37	4.73	41.30	2.83	12.85*

*p<0.01

Figure 2

Showing a Graphical Representation of the Mean of the General Ward Nurses and Critical Ward Nurses in Terms of Their Professional Quality of Life

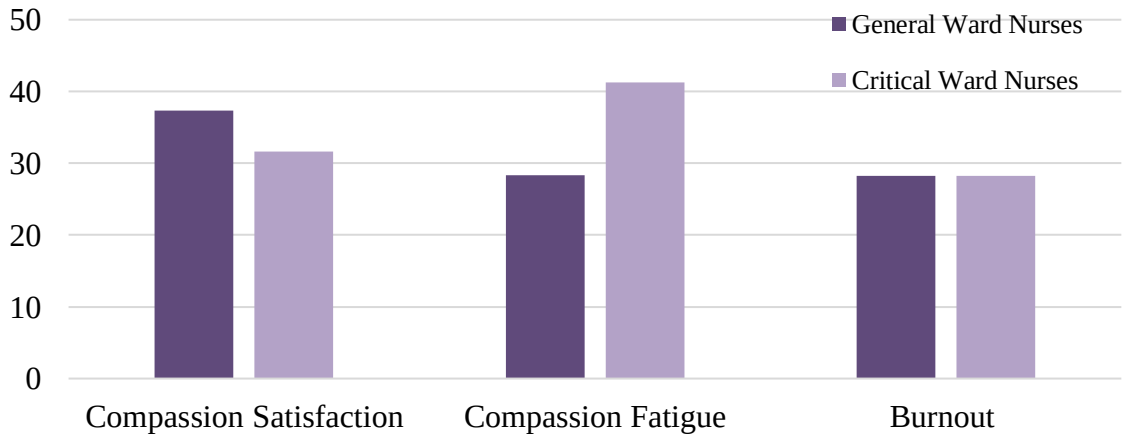


Table 3 reveals the difference between general ward nurses and critical ward nurses in terms of coping strategies. From the findings it can be said that the mean score of general ward and critical ward nurses in social support subscale is 30.27 and 29.15 respectively. And SD values are 3.24 and 2.36 respectively. Low standard deviation in both cases shows that the sample is consistent. Analysis of the subscale reveals that both general ward and critical ward nurses seek social support to deal with the stress. Both general and critical ward nurses whenever face any difficult situation or they go through stressful events they seek sympathy and support from someone. They describe their feelings to a friend; they feel better after talking about the worries and uncertainties to a relative or friend.

In Problem Solving subscale the mean score of general ward and critical ward nurses is 26.50 and 25.73 respectively. And SD values are 1.83 and 2.63 respectively. From the findings it can be seen that both general and critical ward nurses use problem solving strategies to cope with the difficult situation. Analysis of data reveals strategies such as rearranging things, planning and thinking of many ideas to solve the problem, trying to cautiously plan the course of action rather than act impulsively are used by the nurses.

The mean score of general ward and critical ward nurses in avoidance subscale is 16.80 and 16.07 respectively. And SD values are2.74 and 2.18 respectively. Both general and critical ward nurses have low score on this subscale. Low score suggests less use of avoidance coping strategies by both general and critical ward nurses. The data reveals that, they never tried to distinct themselves from the problem, they do not day-dreamed about the better times or about how things could have been different. They prefer spending time alone rarely rather they seek

support and understanding from the nearest one in difficult situation. So, from the findings it can be concluded that both general and critical ward nurses mainly use adaptive coping strategies – seeking social support and problem-solving strategies to solve their problem; and very rarely use maladaptive coping strategies – avoidance.

When comparison was made between general ward nurses and critical ward nurses in terms of coping strategies, no significance difference was observed. Thus, **Hypothesis – III which postulates, "Nurses engaged in general ward and critical ward of private hospital do not differ significantly in terms of coping strategies" is accepted in this investigation.**

Table 3

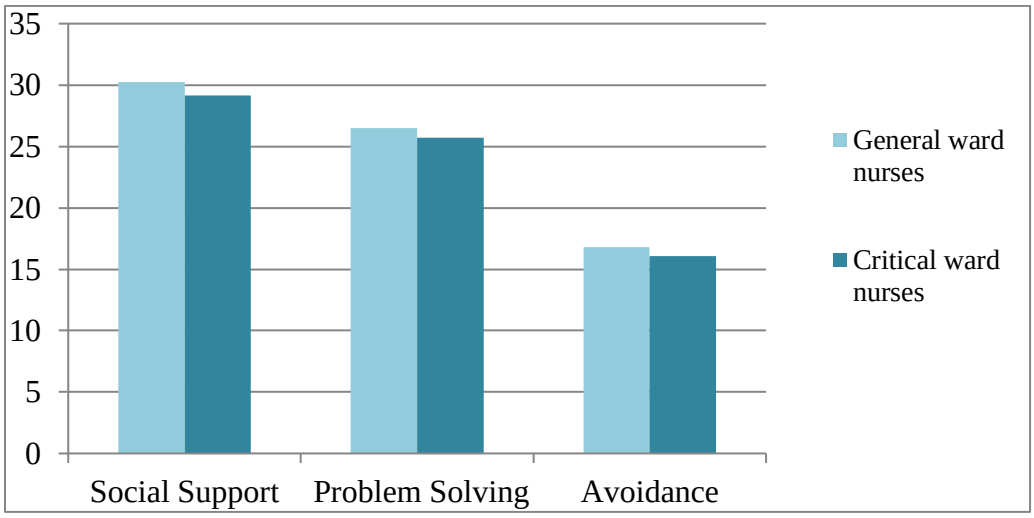
The Comparison Between General Ward Nurses and Critical Ward Nurses in Terms of Coping Strategies

COPING STRATEGIES	GENERAL WARD		CRITICAL WARD		
	Mean	SD	Mean	SD	t-value
Social Support	30.27	3.24	29.15	2.36	1.53*
Problem Solving	26.50	1.83	25.73	2.63	1.84*
Avoidance	16.80	2.74	16.07	2.18	1.14*

*Difference is insignificant

Figure 3

The Comparison Between General Ward Nurses and Critical Ward Nurses in Terms of Coping Strategies



Conclusion

In conclusion it can be said that general and critical ward nurses engaged in private hospital differ significantly in terms of quality of work life and professional quality of life. On the contrary, no significant difference was observed in case of coping strategies. The main coping strategies which are accepted by them are mainly, seeking social support and problem solving.

Implications of the Study

Critical ward nurses seem to be satisfied with their quality of work life at a moderate level. Thus, to improve the satisfaction level following steps may be applicable – reducing the

workload, providing career advancement opportunities, increasing the number of nurses in the hospitals, involving them in decision making process, providing feedback on the performance, improving the nursing policies and procedures.

As critical ward nurses express high level of compassion fatigue; measures must be taken in reducing the compassion fatigue. Training programs for in health communication and health counselling will help nurses handle their work place stress. Nurses can also be provided supportive training to enhance their coping strategies, improve relaxation and invest time in self-care. A mental health and well-being support for nurses will help in dealing with burnout and stress.

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