

Abstract

Background : Cancer related deaths are the third commonest in-hospital deaths in Sri Lanka. Nursing officers working at the National Cancer Institute (NCI) of Sri Lanka are continuously exposed to patients' suffering and deaths, which may affect the quality of their work-life. Practicing self-care has been shown to mitigate these effects, yet studies on their professional quality of life (PROQOL) and factors associated including self-care are scarce. Objectives Aim of this study was to determine the prevalence of components of PROQOL in terms of: Compassion Satisfaction; and Compassion Fatigue which includes burnout and secondary traumatic stress (STS), and factors associated with them including the practice of self-care among nursing officers working at NCI.

Methods : A descriptive cross-sectional study was performed among nursing officers directly involved in patientcare, with more than 6 months' work experience at the NCI. All eligible nursing officers (n= 445) were invited to participate, and the response rate was 95.7% (n= 426). Prevalence of compassion satisfaction, burnout and STS levels were assessed using the Professional Quality of Life Scale (Version 5). Other study instruments included a socio-demographic and work-related questionnaire, and a self-care assessment questionnaire, all of which were self-administered. Descriptive statistics, Chi-square test of significance and correlation were used in analysis of data.

Results : The nursing officers had average (52.6%, n= 224) to high (47.4%, n= 202) compassion satisfaction; and low (47.2%, n= 200) to average (52.8%, n= 224) burnout and low (36.6%, n= 155) to average (63.4%, n= 269) STS. Five domains of self-care: physical, psychological, emotional, spiritual and professional; were significantly associated ($p < .05$) with compassion satisfaction and burnout, while STS was associated with psychological self-care among study sample and physical self-care among unmarried/widowed nursing officers. Having children and conflicts at the workplace were significantly associated with compassion satisfaction, burnout and STS at $p < .05$ level of significance. Compassion satisfaction and burnout were also associated ($p < .05$) with age, monthly household income and a supportive work environment. In addition, compassion satisfaction showed associations ($p < .05$) with duration of work at NCI and nursing career while burnout was associated ($p < .05$) with the

number of work-shifts per week and previous attendance to workshops on workplace stressors. Compassion satisfaction correlated negatively with burnout ($r = -0.582$, $p < .001$) and STS ($r = -0.520$, $p < .001$) while burnout and STS correlated positively with each other ($r = 0.520$, $p < .001$).

Conclusion and Recommendations: The nursing officers at NCI had average to high compassion satisfaction and low to moderate burnout and STS and there were no nursing officers with harmful levels of compassion satisfaction, burnout and STS. There is a need for interventions to further improve compassion satisfaction while reducing burnout and STS through improvement of self-care among the study population.

Keywords: Professional quality of life, Compassion satisfaction, Compassion fatigue, Burnout, Secondary traumatic stress, Self-care, Oncology nurses