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## Impact Factors of a Professional Quality of Life as perceived by Psychiatric and mental health Nursing Students: A Descriptive Predictive Study

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### Abstract

**Background:** Students in health fields have been found to have compassion fatigue, which can be attributed to the long hours of study and high stress levels of their clinical work and lead to emotional exhaustion, decreased empathy, and feelings of detachment from patients. In Egypt, not much thought was given to how likely psychiatric nursing students were to be affected by ProQOL and related conditions. **Aim:** To explore the factors that impact a ProQOL in undergraduate psychiatric and mental health nursing students. **Subjects and Methods:** 270 nursing students participated in this study. A survey was conducted that comprised three scales in addition to sociodemographic and academic data: the Perceived Stress Scale, the ProQOL Scale (5), and the Core Self-Evaluations Scale. **Results:** Three quarters of the psychiatric nursing students reported a low quality of life at work. This was associated with moderate levels of core self-assessment and perceived stress scores, with a negatively significant association between job quality and core self-assessment and perceived stress scores. In addition, the results revealed that age, part-time employment status, total core self-report scale score, and perceived stress scale are important predictors of ProQOL in psychiatric nursing students. **Conclusion & Recommendations:** These results call for the development of pedagogical solutions that include stress reduction strategies, relaxation techniques, peer mentoring and measures to improve the ProQOL.

**Keywords:** *Psychiatric and mental health nursing students, professional quality of life, Factors Impact, & a Descriptive Predictive Study.*

### Introduction

Nursing students (NS) are exposed to many stressful situations during their studies; some of these conditions can promote academic progress, while others can negatively impact their well-being and quality of life (Grande et al., 2021). Some nursing students find psychiatric clinical rotations uncomfortable and report anxiety stemming from fear of violence, a feeling of unease, media coverage, and hearing stories from their colleagues (Abraham et al., 2018). Baccalaureate education teaches future nurses how to give care that is competent, safe, ethical, and compassionate which is an essential element in providing effective care to patients (Salem et al., 2018). Additionally, psychiatric nurses listen to other patients' experiences of fear, and distress, and may experience similar fear, because of their empathy for patients which is common in psychiatric institutions (Figley & Ludick, 2017). The Egyptian nursing students were found to have high levels of stress, anxiety, and depression (Amr et al., 2011). This study supports the idea that these students are likely to face even more distress when they enter the psychiatric clinical course and need additional support to cope with their emotions

The definition of professional quality of life is "how you feel about your work as a helper" and is affected by good and negative aspects of the job (Stamm, 2010). The quality of professional life has an important effect on the individual's perception of the workplace and their productivity and productivity (Mangwani, 2020). Consequently, the satisfaction that an individual gets from being able to do his work efficiently, the challenge she faces when dealing with his work and the secondary exposure associated with his work in a very stressful situation are all examples of the quality of his professional life. This concept includes pleasures and perceptions associated with work (Stamm, 2009 & Wulandari et al., 2018).

Compassionate satisfaction (CS) is described as the good qualities and enjoyment gained by healthcare workers despite exhaustion and difficulty (Stamm, 2010). CS stems from the transaction dynamic, defined as beneficial effects or "payments" obtained because of care for others, despite the "cost" of care (Stamm, 2005). Control over a circumstance or stressful event promote coping and the belief that you have the tools to handle emotional discomfort. observed that only a subgroup of people being exposed to severe stress develop indicators

consistent with post-traumatic stress disorders, indicating that the benefits of compassionate care outweigh the costs. In the case of nurses, there is a feeling of achievement in taking care of people that leads to the reward named CS. Consequently, compassion satisfaction serves as a preventative measure against compassion fatigue and especially Secondary traumatic stress (Hegney et al., 2014).

Nursing students must maintain professional behaviors and ideals while studying and practicing. For example, psychiatric nursing students are responsible for caring for patients, and family members assigned to them for six-hours every three days. In the course of care, the duty to create intimate interpersonal relationships while maintaining the emotional boundaries between the nurse carer and the client is inter-connected. Long-term care in times of terrible news, death, illness and existential crisis is associated with the traumatic stress of nurses (Boyle, 2011).

Compassion fatigue is emotional distress because by some providers when they are subjected to people suffering (Ruiz-Fernández et al., 2020). If the energy of compassion is not fully recovered, CF develops. Compassion fatigue is considered "emotionally devastating" and requires awareness to detect when it occurs. Nurses may have unrealistic expectations of achieving an idealized level of care, and other activities such as care planning, paper work, crisis management, and delegation can drain the care givers (Wijdenes et al., 2019). Compassion fatigue consists of STS and BO and represents the negative aspect of care that limits the nurse's ability to assist others.

According to Boyle, (2011), secondary traumatic stress (STS) happens when nurses are subjected to the suffering of those who have suffered from stressful situations. STS manifests in nurses as panic, insomnia, frightening imagery, or avoidance of recollections of traumatic events involving patients receiving care. "With their care, health care professional hears their clients' experiences of anxiety, fear and suffering and can also experience comparable fear, pain and suffering." PTSD is the result of fundamental trauma, but STS is the result of sympathetic difficulties (Stamm, 2009). about medical students, more than 40% of nursing students are at risk of mild STS (Durkin et al., 2016). Similar findings in nursing revealed that CF included a reduction in energy, exhaustion and power loss, physical complaints, irritability, intention to give up and poor quality of care (Klopper et al., 2012 & Peters, 2018). Burnout is an important component of CF, which is that nurses have lower self-efficacy due to increased perceived stress and workload pressure (Hegney et al., 2014; Rudman &

Gustavsson, 2012). BO in nurses is a gradual development of a feeling of being overwhelmed, sad, alienated and disconnected. In addition, BO is characterized by "exhaustion, frustration, anger and sadness" caused by hostile work environments and higher task expectations (Stamm, 2009). According to health care professionals can experience deep sadness and must recognize their limitations in order to alleviate the suffering of clients who need help (Slatten et al., 2011). Unfortunately, the causes of nursing students' burnout are not fully known.

On the other hand, a study suggests that nurses who have traumatic events showed that high levels of CS serve as a preventive measure against STS and BO. According to, nurses' vulnerability to CF, the extent to which students are susceptible to BO and STS, and the mechanisms associated with them were largely studied (Michalec et al., 2013). To promote CS (compassion satisfaction) in nursing students before entering the workforce, a greater understanding of CF (Compassion fatigue) factors is needed (Chachula, 2020). For health care organizations, the phenomenon of burnout and compassion fatigue is important as it can predict the association among nurses' turnover, retention, patient safety and satisfaction. The enhancement of the ProQol awareness among psychiatric nurses' students can have a positive influence on compassion and tolerance. As result the study aimed to describe the levels of professional quality of life, and explore factors impacting a professional quality of life as perceived by psychiatric and mental health nursing students.

### Significance of the study:

The nursing career is entirely distinct from that of the majority of other occupations. The physical and mental pressures of nursing can influence their work performance, job satisfaction, and quality of life (Lopez et al., 2019). The nursing profession needs certain qualities, like compassion, sympathy, and great tolerance. Moreover, a study indicated that BO (Burn Out) among nursing students was associated with a greater intention to abandon the profession during the first year of joining the workforce (Rudman & Gustavsson, 2012).

### Aim of the study:

The current research aimed to explore the factors that impact a ProQOL in undergraduate psychiatric and mental health nursing students.

### Research question:

What are the predictors related to professional qualities of life as perceived by undergraduate psychiatric nursing students?

**Subject and Methods:****Study Design:**

The study used a descriptive-predictive design.

**Research Settings:**

The research was carried out at the Faculty of Nursing at Mansoura University on psychiatric nursing students within undergraduate nursing programs

**Sample:**

A purposive sample of the 4th year psychiatric nursing students within undergraduate programs. Students have previous or recent psychiatric disorders, in addition students who was selected randomly for the pilot study were exclude

**Sample Size:**

The formula of sample size calculation used in this study was  $n = \frac{Z_{1-\alpha/2}^2 \cdot P \cdot (1-P)}{d^2}$  where  $Z_{1-\alpha/2}$  at 5% type 1 error ( $p < 0.05$ ) is 1.96, P is the expected percentage in the population based on the previous study, and d is the absolute error or precision. Therefore, the sample size

$n = 269.2$ . Based on the formula, the total sample size required for the study is 270. At the time of study there were 340 students eligible to take part in the study. An invitation to take part in the Google form online was issued through the students groups via students email. 270 nursing students were participated from 340 with a response rate 79.4%.

**Data collection tools****Tool I: The Student's Socio-demographic and Academic Data Profile."**

The first part of this tool contains demographic data, for example age, gender, marital status, and sleeping hours **while the second part** contains academic data about the students under study, such as academic level, academic achievement, and student working part time.

**Tool II: The Professional Quality of Life scale (ProQol5) English versions.**

The ProQol scale was developed by Stamm, (2009). The scale is composed of 30 items that are assessed on a Likert scale from 1-5 or (never) to (often). It is divided into three subscales, each with ten questions related to CS and CF (Constituted by BO and STS) during the last month. The tool's reliability was established when the alpha Cronbach's for CS was 0.88, burnout was 0.75, STS was 0.81, and an overall alpha of 0.88 was attained. Nursing students in the current study were informed that the expressions "work" referred to their function as students in their course when delivering care to psychiatric patients, and their caregivers.

**Scoring system:** To find the Compassion Satisfaction score, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30. If score 43 or less means a Low level of SC, Around 50 means an

average level of CS, and 57 score or more means high level of CS. To find the Burnout score, add your scores to questions 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29. If score 43 or less means a Low level of BO, Around 50 means average level of BO, and 57 score or more means a high level of BO. To find the Secondary Traumatic Stress score, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. If score 43 or less means a Low level of STS, Around 50 means an average level of STS, and 57 score or more means a high level of STS (Stamm, 2010).

**Tool III: The Core Self-Evaluations Scale (CSES) English version.**

The scale was developed by Judge, (2003), and consists of 12-items that focus on a single quality that reflects how much people feel they are typically deserving, effective, and capable. Each question was assessed on a Likert scale from 1-5 or from (strongly disagree) to (strongly agree), the higher overall score indicating that the person is "well adjusted, optimistic, self-confident, effective, and trusts in his or her own institute". The tool designers reported coefficient alpha reliability estimates of 0.84, with test-retest reliability of 0.81 (Judge et al., 2003).

**Scoring system:** The CSES is covers four aspects of self-evaluations: locus of control (items 9, 6, and 10), self-esteem (items 1, 7, and 3), neuroticism (items 2, 12, and 4), and self-efficacy (item 8, 11, and 5). Six items (2, 4, 6, 8, 10 & 12) of the scale are reverse-coded before computing the total mean score. Higher scores imply an overall feeling of well-being. (Judge et al., 2003).

**Tool IV: Perceived Stress Scale (PSS-14) English version.**

The scale was developed by Cohen (1983) and consist of 14-item. Each item is rated on a scale of 0 to 4. The higher score indicates greater degrees of stress. The scale generates a single summed score that analyses "the degree to which respondents considered their lives unpredictable, uncontrolled, and overloaded" in the previous four weeks, as impacted by "everyday problems, large events, and changes in coping resources". The reliability scores range from 0.84 to 0.86, demonstrating that it is also a viable and reliable tool for usage in college student groups (Cohen et al., 1983).

**Scoring system:** scale scores are obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the positively sated items (items 4, 5, 6, 7, 9, 10 & 13) and then sum the scores all 14 items. The PSS-14 total scores range from (0 to 56), higher score means that the person has felt more stress, and low score means that the amount of stress felt was at low level.

**Reliability of the study tools:**

The tools' internal consistency was also evaluated for reliability using the Cronbach's alpha coefficient approach. For the Professional Quality of Life Scale Tool I, this showed out to be ( $= 0.87$ ), for the Core Self Evaluation Scale Tool II, ( $= 0.84$ ), and for the Perceived Stress Scale Tool III, ( $= 0.91$ ). As a result, the study tools show a high level of reliability.

**Ethical approval**

The Faculty of Nursing's Mansoura University Research Ethics Committee gave ethical authorization (Ref.no.P.0343). After informing the students about the aim of the research, an online agreement was picked up with assurances regarding their privacy and that their information would be protected and utilized exclusively for the research purpose. They also have the option to withdraw from the research. Following this, they agreed to take part in the study.

**The Pilot Study**

A pilot study was done on 10% ( $N=27$ ) of the total psychiatric nursing students in the undergraduate nursing program. It was carried out to examine the tools' application and clarity, the viability of fieldwork, and any potential barriers that would stand in the way of the researcher's capacity to collect data. It also assisted in estimating the time required to complete the questionnaire. The sheet took about 15 to 20 minutes to complete. The primary study subjects did not contain the pilot subjects.

**Field work of the study**

Before the study, an official approval to conduct this research was obtained from the vice dean of academic affairs in the faculty of nursing as well as the Research Ethics Committee. The data gathering took about two months, from December to January, 2022. The data was gathered from nursing students at the end of the psychiatric and mental health nursing clinical year, to ensure adequate data information in the psychiatric setting. Moreover, providing more time for rotation through different psychiatric clinical units (female and male psychiatric units at Mansoura university hospital and Demera hospital). The researchers invite the students to participate in online google form questionnaires that were distributed through official emails of students after clinical hours to avoid patient care interruption. The goal of the research was explained to students on the first page of the form, and then informed agreements were obtained from them

**Statistical Analysis**

SPSS for Windows version 20.0 was used for all statistical tests (SPSS, Chicago, IL). The distribution of the continuous data was normal, and it was shown as mean standard deviation (SD). Numbers and percentages were used to show information about groups. With categorical data, the Chi-square test was used to compare two or more variables. The Professional Quality of Life Scale, the Core Self Evaluation Scale, and the Perceived Stress Scale scores were predicted using linear regression analysis. The internal consistency (reliability) test was done on the questionnaires used in the study. The level of statistical significance that was chosen at  $p<0.05$ .

## Results

Table (1): Number and distribution of the students' socio-demographic characteristics

|  | N              | %    |
|--|----------------|------|
| <b>Age (years)</b>   |                |      |
| 20 – 25  | 208            | 77.0 |
| > 25   | 62             | 23.0 |
| <b>Mean <math>\pm</math>SD</b>                             | 24.1 $\pm$ 3.8 |      |
| <b>Gender</b>  |                |      |
| Male   | 38             | 14.1 |
| Female   | 232            | 85.9 |
| <b>Marital Status</b>                                      |                |      |
| Single   | 202            | 74.8 |
| Married  | 68             | 25.2 |
| <b>Academic Achievement</b>                                |                |      |
| Good   | 53             | 19.6 |
| Very Good  | 90             | 33.3 |
| Excellent  | 127            | 47.0 |
| <b>Average number of hours of sleep per night per week</b> |                |      |
| <6   | 40             | 14.8 |
| 6 – 8  | 183            | 67.8 |
| >8   | 47             | 17.4 |
| <b>Mean <math>\pm</math>SD</b>                             | 7.1 $\pm$ 1.6  |      |
| <b>Do you work part time in a private hospital?</b>        |                |      |
| No   | 235            | 87.0 |
| Yes  | 35             | 13.0 |

Table (2): Number and distribution of the Professional Quality of Life Scale Scores

|   | Low |      | Moderate |      | High |      | Mean $\pm$ SD   |
|---|-----|------|----------|------|------|------|-----------------|
|   | N   | %    | N        | %    | N    | %    |                 |
| <b>Compassion Satisfaction domain</b>     | 29  | 10.7 | 186      | 68.9 | 55   | 20.4 | 30.9 $\pm$ 7.8  |
| <b>Burnout domain</b>                     | 37  | 13.7 | 210      | 77.8 | 23   | 8.5  | 28.1 $\pm$ 5.2  |
| <b>Secondary Trauma stress domain</b>     | 127 | 47.0 | 132      | 48.9 | 11   | 4.1  | 22.8 $\pm$ 5.3  |
| <b>Total professional Quality of Life</b> | 212 | 78.5 | 49       | 18.1 | 9    | 3.3  | 81.2 $\pm$ 11.4 |

Table (3): Number and distribution of the Core Self Evaluation Scale Scores

|  | Low |      | Moderate |      | High |      | Mean $\pm$ SD  |
|--|-----|------|----------|------|------|------|----------------|
|  | N   | %    | N        | %    | N    | %    |                |
| <b>Self-esteem</b>                             | 91  | 33.7 | 160      | 59.3 | 19   | 7.0  | 11.8 $\pm$ 1.9 |
| <b>Low Neuroticism ( emotional stability )</b> | 64  | 23.7 | 128      | 47.4 | 78   | 28.9 | 10.1 $\pm$ 2.3 |
| <b>Generalized self-efficacy</b>               | 18  | 6.7  | 217      | 80.4 | 35   | 13.0 | 10.2 $\pm$ 1.2 |
| <b>Locus of control</b>                        | 59  | 21.9 | 83       | 30.7 | 128  | 47.4 | 9.2 $\pm$ 1.6  |
| <b>Total Core Self Evaluation</b>              | 58  | 21.5 | 147      | 54.4 | 65   | 24.1 | 39.6 $\pm$ 6.1 |

Table (4): Number and distribution The Perceived Stress Scale total score

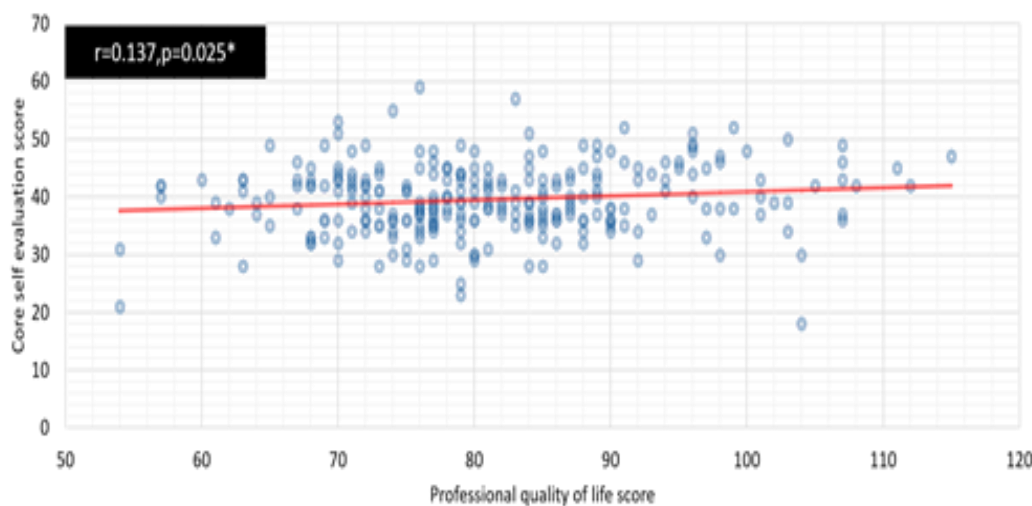
|                               | N   | %    |
|-------------------------------|-----|------|
| <b>Perceived Stress Scale</b> |     |      |
| Low Stress                    | 36  | 13.3 |
| Moderate Stress               | 144 | 53.3 |
| High Stress                   | 90  | 33.3 |



**Table (5): Association between the students’ socio-demographic characteristics and Professional Quality of Life score**

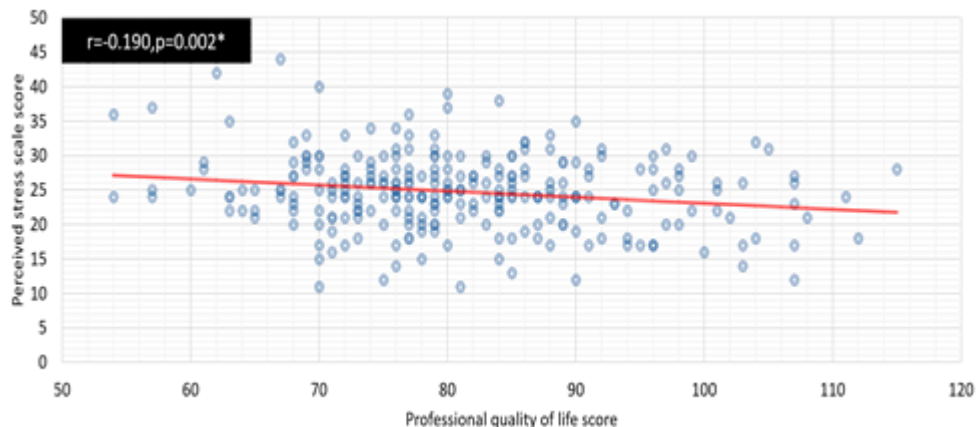
|  | Low (n=212) |      | Moderate (n=49) |      | High (n=9) |       | Chi-Square     |        |
|--|-------------|------|-----------------|------|------------|-------|----------------|--------|
|  | N           | %    | N               | %    | N          | %     | X <sup>2</sup> | P      |
| <b>Age (years)</b>   |             |      |                 |      |            |       |                |        |
| 20 – 25  | 172         | 81.1 | 29              | 59.2 | 7          | 77.8  |                |        |
| > 25   | 40          | 18.9 | 20              | 40.8 | 2          | 22.2  | 10.841         | 0.004* |
| <b>Gender</b>  |             |      |                 |      |            |       |                |        |
| Male   | 32          | 15.1 | 6               | 12.2 | 0          | 0.0   |                |        |
| Female   | 180         | 84.9 | 43              | 87.8 | 9          | 100.0 | 1.792          | 0.408  |
| <b>Marital Status</b>                                      |             |      |                 |      |            |       |                |        |
| Single   | 158         | 74.5 | 38              | 77.6 | 6          | 66.7  |                |        |
| Married  | 54          | 25.5 | 11              | 22.4 | 3          | 33.3  | 0.521          | 0.771  |
| <b>Academic Achievement</b>                                |             |      |                 |      |            |       |                |        |
| Good   | 47          | 22.2 | 4               | 8.2  | 2          | 22.2  |                |        |
| Very Good  | 72          | 34.0 | 17              | 34.7 | 1          | 11.1  |                |        |
| Excellent  | 93          | 43.8 | 28              | 57.1 | 6          | 66.7  | 7.649          | 0.105  |
| <b>Average number of hours of sleep per night per week</b> |             |      |                 |      |            |       |                |        |
| <6   | 31          | 14.6 | 8               | 16.3 | 1          | 11.1  |                |        |
| 6 – 8  | 151         | 71.2 | 27              | 55.1 | 5          | 55.6  |                |        |
| >8   | 30          | 14.2 | 14              | 28.6 | 3          | 33.3  | 8.007          | 0.091  |
| <b>Do you work part time in a private hospital?</b>        |             |      |                 |      |            |       |                |        |
| No   | 186         | 87.7 | 44              | 89.8 | 5          | 55.6  |                |        |
| Yes  | 26          | 12.3 | 5               | 10.2 | 4          | 44.4  | 8.328          | 0.016* |

\* Significant statistic >0.005



**Figure (1): Correlation between Professional quality of life score and core self-evaluation score**

\* Significant statistic >0.005



**Figure (2): Correlation between Professional quality of life score and Perceived Stress Scale score**  
 \* Significant statistic >0.005

**Table (6): linear regression analysis for factors predicting the Professional Quality of Life Scale score**

| Model                                | Unstandardized Coefficients |            | Standardized Coefficients | T       | Sig.   |
|--------------------------------------|-----------------------------|------------|---------------------------|---------|--------|
|                                      | B                           | Std. Error | Beta                      |         |        |
| (Constant)                           | 134.692                     | 1.432      |                           | 94.026  | <0.001 |
| Age                                  | 0.116                       | 0.329      | 0.004                     | 0.352   | 0.725  |
| Work part time in a private hospital | 0.599                       | 0.402      | 0.018                     | 1.489   | 0.138  |
| Core Self Evaluation Scale score     | 0.049                       | 0.022      | 0.026                     | 2.184   | 0.030  |
| Perceived Stress Scale Score         | -2.067                      | 0.026      | -0.984                    | -80.631 | <0.001 |

**a. Dependent Variable:** Professional Quality of Life Scale score  
**b. Predictors:** (Constant), Ages, work part time, Core Self Evaluation Scale score, and Perceived Stress Scale Score

\*Value of p ≤0.05 (significant)

**Table (1):** Demonstrates that more than three-quarters of the studied students (77.0%) are younger than 20 years old, and less than one quarter of the studied students (23%) are older than 25 years old. The age means a score of the students is (24.1 ±3.8). Concerning gender, the majority of studied students were female (85.9%), and the minority were male (14.1%). Regarding marital status, about three-quarters (74.8%) of the studied students were single, and more than one quarter of them (25.2%) were married. As regards academic achievement, about a fifth (19.6%) of the studied students were good, one third of them (33.3%) were very good, and about half of them (47.0%) were excellent. Concerning the mean sleeping hours per week, more than two-thirds of the studied students (67.8%) slept more than 8 hours, and the mean sleeping hours per week was (7.1 ± 1.6). As regards working part time in a private hospital, the majority of the studied students weren't working part time (87.0%), and only (13 %) of them working in a private hospital.

**Table (2):** Illustrates more than two thirds (68.9%) of the studied students had a moderate level of

compassion satisfaction, while (20.4%) of them had a high level. As regards the burnout domain, more than three quarters (77.8%) of the studied students had a moderate burnout, (13.7%) had a low burnout, and only 8.5 percent had a high burnout. Concerning the Secondary Trauma domain, (48.9%) of the students had a moderate of STS, less than half of them (47.0%) had a low STS, and only 4.1% had a high STS. The table revealed that (78.5%) of the students had a low professional quality of life, with a mean score (81.2 ±11.4).

**Table (3):** Illustrates that more than half (59.3%) of the studied students had a moderate level of self-esteem, one-third of them (33.7%) had a low level of self-esteem, and only 7.0% had a high level of self-esteem. As regards **emotional stability**, less than half (47.4%) of the studied students level, had a moderate level, more than one quarter (28.9%) had a high level, and less than one quarter (23.7%) had a low level of **emotional stability**. Concerning, generalized self-efficacy, the majority (80.4%) of the studied students had a moderate level, (13.0%) had a high level, and only 6.7% had a low level of generalized self-

efficacy. As regards locus of control, less than half (47.4%) of the studied students had a high level, about one third (28.9%) had a moderate level, and more than a fifth (21.9%) had a low level. It shows also that more than half (54.4%) of the studied students had a moderate level of core self-evaluation, less than one quarter had a high level, and more than a fifth of them had a low level, with a mean of  $(39.6 \pm 6.1)$ .

**Table (4):** Shows that more than half (53.3%) of the studied students had a moderate level of stress, one third of them had a high level, and only (13.3%) of them had a low level of stress.

**Table (5):** Shows that there is a significant relation between levels of professional quality of life and age ( $P = .004$ ). Concerning gender, there is no significant relation between levels of professional quality of life and gender ( $P = .408$ ). In relation to marital status, there is no significant relation between levels of professional quality of life and marital status ( $P = .771$ ). Concerning academic achievement, Table 5 shows there is no significant relation between levels of professional quality of life and academic achievement ( $P = .105$ ). Table 5 also shows that, on average, there is no significant relation between levels of professional quality of life and the average number of hours of sleep per night per week ( $P = .091$ ), but there is a significant relation between levels of professional quality of life and working time in a private hospital ( $P = .016$ ).

**Figure (1):** The core self-evaluation had a significant positive relationship ( $P = 0.025$ ) with the professional quality of life.

**Figure (2):** Perceived stress had a negative significant relationship with the professional quality of life ( $P = 0.002$ ).

**Table (6):** Based on the linear regression analysis, the findings indicated the relationship between age, working part time, the core self-evaluation, perceived stress, and total professional quality of life by using linear regression. In this model, age, working part-time, the core self-evaluation scale score, and the perceived stress scale score are expressed as independent variables, while the total professional quality of life is expressed as a dependent variable. The unstandardized coefficient of the predictor student's age is ( $B = 0.116, p=0.725$ ); this indicates that for each student's age of 25 or more, the ProQOL will increase by (0.116), also, the unstandardized coefficient of the part-time predictor is ( $B = 0.599, p=0.138$ ); this indicates that for each student's working part-time, the ProQOL will increase by (0.599).

Additionally, the core self-evaluation scale total score of ( $B = 0.049, p=0.030$ ) and indicates that for each student, the ProQOL will increase by 0.049. Finally,

the perceived stress scale ( $B = -2.067, p<0.001$ ) was a significant predictor, which indicates that for each student, ProQOL will decrease by (-2.067). Taken together, these results suggest that a student's age, part-time work status, core self-evaluation and perceived stress all have an impact on their overall professional quality of life.

## Discussion

The current study was designed to evaluate predictors related to professional quality of life as perceived by psychiatric nursing students. The study found that more than three-quarters of the students were between the ages of 20 and 25, female, and single, and half of them had excellent academic achievement, which is the line with the results revealed that nursing is a predominantly female profession with a mean age of 22.4 and the majority of students being single (Araujo et al., 2014).

Regarding compassion satisfaction the current study reported that more than two-thirds of the students have a moderate CS; this may be related to the fact that the students were happy and enjoyed studying psychiatric nursing and acquiring different knowledge in psychiatric nursing also to deal with psychiatric patients. This is consistent with the point of view of, those who found that respondents reported moderate compassion satisfaction in psychiatric units (Chachula, 2021).

According to the study findings, more than three-quarters of the students experienced moderate burnout. This may be due to prolonged exposure to stressful situations like exams, evaluations, and some students' part-time jobs, which increase stressors already present in their lives. It may also be due to the need to acquire new information every day and the requirement to keep up their progress in a demanding workplace where speed and skills are essential. A study by (Elsayes, & Elsherif, 2017), revealed that more than half of the psychiatric nurses experienced moderate levels of burnout, which found that more than half of the psychiatric nurses experienced moderate burnout, which validates our findings. Long-term exposure to stressful work environments in psychiatric hospitals can result in burnout. Our results. Long-term exposure to demanding work settings in psychiatric hospitals can lead to burnout. This result is in the same line with (Gemeay et al., 2016 & Khamisa et al., 2015), who found that over half of the participants were highly susceptible to burnout. Due to the participants' inexperience and the nature of nursing, that presents unique hurdles in the form of study, practical training, and the requirement for broad knowledge.

Regarding the secondary trauma stress domain, about half of the students in the current study experienced



moderate secondary trauma, also known as compassion fatigue, as a result of the extensive learning that was required, according to who discovered that the majority of participants may be susceptible to develop CF. This may be partially recognized to the fact that participants are still working on numerous activities to satisfy their nursing roles, such as learning new skills and knowledge.

More than three-quarters of the students in this study experienced low levels of ProQol, which may have been caused by increased stress on clinical days and stress from ongoing evaluations. This result is compatible with the result of (Foster, 2018) who discovered that the study participants reported greater levels of CF and lesser levels of CS and STS. It is also consistent with the suggestion that nursing students have a low quality of life (Araujo et al., 2014).

Along with with the current study, nearly half of the subjects had moderate emotional stability, more than half had moderate self-esteem, nearly half had moderate locus of control, and nearly half had moderate core self-evaluation. This may be related to people who have positive core self-evaluations and see themselves as competent, successful, able to influence their environments, able to make decisions, having the ability to carry out a broad range of tasks successfully, and potential to experience comfort and security. This is consistent with Z.,Jiang & X.,Jiang, (2015); Smedema et al., (2021) who state that there is a positive correlation between core self-evaluation and satisfaction with life, implying that people's core self-evaluations may help them anticipate their cognitive experiences of life events, and a high CSE is seen in people who have a high sense of self-esteem, emotion regulation, overall self-efficacy, and an internal locus of control.

In terms of perceived stress, the results show that more than half of the study subjects had moderate stress. This is possible because students in college are exposed to stress during study time due to the many demands they must meet during this time, which is consistent with the viewpoint of Araujo, et al. (2014), who states that from the moment students arrive at university, they demonstrate to be in a period of change, bringing doubts and uncertainties about their adaptation in the academic environment. They are also under a lot of pressure and stress to live up to their families' expectations for their future lives. Students' lives will change as a result of the university's stress.

As revealed in the regression analysis model, this study confirmed the importance of these four predictors, which were found to have a substantial impact on the professional quality of life in this study:

age, part-time employment, core self-evaluation, and perceived stress.

According to the findings of this study, there is a considerable relationship between levels of professional quality of life and age; since students are younger, this may help them to cope with stressors and have more compassion satisfaction than others. This is consistent with Gemeay et al., (2016) who mention that the participants were young. Younger employee lack the experiences that help them cope.

A strong association was also found between professional quality of life levels and working duration in a private hospital. This relationship may be due to the feeling of compassion satisfaction in private hospitals, besides the ability for students to work within their schedules and experience less stress than in governmental hospitals; in a private hospital, they can also control the roster for work. This is consistent with the view stated that The majority of government nurses were unsatisfied with work life variables such as family responsibilities, and work time, and had no energy left after work (Chan et al., 2009; Ramesh et al., 2013).

Furthermore, there is a positive and significant relationship between professional quality of life and core self-evaluation. This may be because of Components of professional quality of life (compassion satisfaction, burnout, and compassion fatigue) influence key self-evaluation components (self-esteem, self-efficacy, locus of control, and emotional stability). Every person who has a high professional quality of life has a high core self-evaluation. This is consistent with the notion that people with high core self-evaluation pursue life objectives and employment that are in line with their values and interests, resulting in higher life satisfaction and ensuring student success and well-being. (Smedema et al., 2021).

Finally, there is a significant negative relationship between professional quality of life and perceived stress. This may be due to exposure to many stressors in college life (exams, evaluations, and practical days) affecting negatively on compassion satisfaction and quality of life. This is consistent with the study mention that painful and unpleasant situations harm one's quality of life and increase stress levels because they frequently cause back pain and musculoskeletal injuries during work activity due to poor working conditions, a lack of materials, overcrowding, and work overload (Silva et al., 2017).

#### **Limitations**

Despite the importance of these findings, several of constraints were considered. First, the majority of subjects were female, which limits the findings' generalizability. Second a convenience sample of nursing students in their fourth year of undergraduate

study was gathered, which may not be typical of the whole field of nursing. More research is therefore required to include all nursing students, regardless of academic standing, including those enrolled in nursing.

### Conclusions

The outcomes of this study show that psychiatric nursing students are not immune to the low levels of CS and high levels of BO and STS that comprise the CF component of the ProQOL scale. Furthermore, during their clinical course of study for psychiatric nursing, students are at a large risk of acquiring moderate levels of core self-evaluation and high levels of felt stress, which impairs their compassion satisfaction and overall professional quality of life. According to regression analysis, students who believed they were under a lot of stress were more likely to have a low ProQOL score.

### Recommendations

As result it is necessary to manage the suffering of those students and make programs to overcome their stress and anxiety, and teach them techniques to handle it, for example relaxation techniques, peer support, and measurements to promote compassion satisfaction, self-esteem, self-efficacy, emotional stability, and locus of control . It is suggested that future research employ a larger sample size and include both sexes to facilitate generalization. Using qualitative and quantitative analysis might offer a deeper knowledge of the phenomena and provide direction for future study in the same field. As well as these findings might help educators and researchers develop solutions and curricular planning techniques to reduce the negative consequences of caring for others and help nursing students.

### Abbreviations

**ProQOL:** professional quality of life; **CS:** Compassion Satisfaction; **CF:** Compassion Fatigue; **Bo:** Burn Out; **STS:** Secondary Traumatic Stress **CSES:** Core Self-Evaluations Scale; **PSS:** Perceived Stress Scale.

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