**ORIGINAL ARTICLE**

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HOPE, COMPASSION SATISFACTION AND BURNOUT IN PSYCHOLOGIST AND PHYSICIANS

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Submitted: November 22, 2017

Accepted: January 23, 2018

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# ABSTRACT



**OBJECTIVE**

To assess the relationship of hope and professional quality of life in psychologists and physicians. Furthermore, the research aimed to investigate the predictive role of hope in predicting professional quality of life amongst psychologistsand physicians.

# STUDY DESIGN

Survey design.

# PLACE AND DURATION OF THE STUDY

The sample of the study was recruited from various public and private hospitals and clinics in Lahore from March to May 2015.

# SUBJECTS AND METHODS

The sample of the study comprised 100 participants; out of which 50 participants were psychologists and 50 participants were general physicians (61 females and 39 males). The Hope Scale and Professional Quality of Life (PROQOL) scales were administered on the sample to measure the variables under investigation.

# RESULTS

Descriptive Statistics, Reliability Analysis, Pearson correlation, and Multiple Linear Regression Analysis were usedto analyze the data.Significant differences appeared between hope and professional quality of life among psychologists and physicians.

# CONCLUSION

The results of the study indicated that hope is a positive predictor of compassion satisfaction and a negative predictor of burnout in psychologists and physicians. The study has implications for health professions.

# KEYWORDS

Professional Quality of Life, Psychologist, Physicians

# INTRODUCTION

Snyder defined hope as "Goals, or outcomes one desires; willpower, or motivating determination that is gained only after overcoming barriers; and way power, or the ability to find and act on effective methods of attaining goals"'. Hope has a positive impression on a person's life.It affects an individual'sinsight of incidentsaround them and enables them to perceive things more positively. These observations have a positive effect on the biological systems of an individual, as a result of which we feel composed, optimistic and pleased. Research indicates that hope enables individuals to deaI withchaIlenges more effectively'.

Hope can easily be transferred to others. Helping professional who believe in future will ultimately affect their clients. Medical Professionals are better able to deal with tough situations and help clients to view things in a positive way. Hope is the rudimentary component which provides physical and mental strength to modify situations in desirable way.Employing ahopefuland positive attitude, while attending to one's self and others, replenishes a person psychologically and physiologically'. For clinical interventions, enhancement in hope and mindfulness follows increase in resilience.

Compassion Satisfaction involves"the ability to receive gratification from caregiving" '. Phelps, Lloyd, Creamer and Forbes statesthat compassion satisfaction (CS) alludes to the positivity engrossed in helping'. It isoften judged by the Compassion Fatigue and Satisfaction Test'.

Burnout is a condition of emotive fatigue and pessimism that frequently happens among individuals who do 'human work' or something to that affect.It is characterized as "a psychological syndrome that involves a prolonged response to chronic interpersonal stressors on the job"'. A key component of the burnout disorder is amplified sentiments of emotive tiredness. As workers are emotionally tired, they may feel they cannot provide psychological help to others. Another feature is that the worker may develop damaging, cynical dispositions and emotions about his clients. Suchundesirable responsesto clients may be identified with emotional weariness.

This uncaring and dehumanized view of others can direct professionals to perceive their clients as meriting their sufferings', and the occurrence of this negative disposition toward clients among human administration experts has been all around perceived'. Another feature of the burnout is the inclination to judge oneself contrarily, basically as for work of somebody with clients. Workers feel miserable and dissatisfied about themselves and their accomplishmentsat work.

The present study aimed at investigating the role of hope in predicting compassion satisfaction and burnout in health professionals. Very few studies have been conducted in Pakistan that investigatesthe imperative role hope playsin determining the levelsof satisfaction in physiciansand psychologists.The study therefore fills in the gap in literature by discovering the relationship amongst hope, compassion

satisfaction andburnout. The study hypothesized the following:

Hl: Hope would be positively correlated with compassion satisfaction andnegatively correlated withburnout.

H2: Hope would be a positive predictor of compassion satisfaction

anda negative predictor of burnout.

# SUBJECTS AND METHODS

#### Participants

The sample of the study consisted of 100participants; out of which 50 were psychologists and 50 were physicians. The age range of the sample was 25-55 years (M =32.79, SD= 9.99) and consisted of 61 females and 39 males. The sample was obtained from government and private sector health care institutions using convenient samplingtechnique.The detailsof sample are given in table 1.

#### Measures

Following scales were used to measure the traits of hope, and professional quality oflife.

### *The Hope Scale'*

It is a 12item scale which measures the participant's level of hope on an 8-point Likert-type scale, ranging from definitely false (1) to definitely true (8). It has two sub scales which are based upon the cognitive model of hope developed by Snyder. The first sub scale is agency which assesses goal-directed energy and the second sub scale is pathways which measures planning to accomplish goals.The internal consistency of the totalscale ranges from.74 to .84.

### *Professional Quality of Life (PROQOLJ 5*

The scale comprises 30 items and is composed of three separate scales; each scale has sound psychometric properties. The alpha reliability for the scales were as follows: Compassion Satisfaction alpha=.87,Burnout alpha=.72and Compassion Fatigue alpha= .80.

#### Procedure

After attaining the approval of the Board of Studies of Government College University Lahore, the data were collected from different workplaces like clinics, government and private hospitals, and mental health institutes. Psychologists and physicians of different ages and job experiences were considered. Prior to administering study measures, informed consent was obtained from the participants and they were assured that confidentiality of their data would be maintained at all stages of the research. After the data were collected, relevant statistical analyses were run using SPSS.

# RESULTS

The present study was conducted to determine the relationship among hope, compassion satisfaction, and burnout. It also aimed to investigate how these traits vary in psychologists and physicians. At first reliability analysis of the two scales i.e The Hope Scale and its subscales named as 'agency' and 'pathway' and two subscales of Professional Quality of Life known as compassion satisfaction and burnout were computed. Furthermore, correlation matrix, regression analyses and independent sample I-test were computed for the study variables.

**Table** I

Demographic Characteristics of Sample (N= I00)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variables**  Age | **Categories** | | **f(¾)** | **M**  32.79 | **SD**  9.99 |
| Gender |  |  |  |  |  |
|  | Male | 39(37.1) |
|  |  | Female | 61(58.1) |
| Occupation |  |  |
|  | Psychologist | 50(47.6) |
|  |  | Physician | 50(47.6) |
| Organizational |  |  |
| Sector |  |  |
|  | Government | 48(45.7) |
|  |  | Private | 37(35.2) |
|  |  | Personal Clinic | 14(13.3) |

**Table 2**

Reliability of Hope Scale, Compassion Satisfaction and Burnout

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable** | **K** | **M(SD)** | ***a*** |
| The Hope Scale | 12 | 62.62(11.50) | .75 |
| Agency Subscale |  | 16.79(3.93) | .60 |
| Pathway Subscale | 4 | 21.43(5.70) | .71 |
| Compassion Satisfaction | 10 | 36.44(5.05) | .68 |
| Burnout |  | 18.69(3.55) | .50 |

Internal consistency is estimated by Cronbach Alpha Coefficient. Reliability of scales is as follows: The Trait Hope Scale .75; the reliability of sub scales is as follows: Agency .60, Pathway .71. Compassion Satisfaction Scale .68, andBurnout Scale .50.

**Table** 3

Inter Correlation between Hope, Compassion Satisfaction and Burnout

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Variables** |  | **2** | **3** |
|  | Hope |  | .34\*\* | -.43\*\* |
| 2 | Compassion Satisfaction |  |  |  |
|  | Burnout |  |  |  |

*\*p<.05; \*\*p=<.0/*

Table 3 shows, hope has significant, positive correlation with Compassion satisfaction (r=.34, p<.01), and an inverse correlation with burnout (r=.43, p<.01).According to Bound, Jaeger and Baker 10 the strength of correlation between variablesshould be examined in a contextual manner. The correlations amongst hope and compassion satisfaction and hope and burnout are weak due to a smallsamplesize anddue to the population beinginvestigated.

**Table 4**

Hope as a Predictor of Compassion Satisfaction and Burnout (N = I 00)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variables** | ***p*** |  | **95%CI** | |
| ***LL*** | ***UL*** |
| **Variables** | **Compassion Satisfaction** |  |  |  |
| **Constant** | 25.22 |  | 21.23 | 29.21 |
| Hope | .17\* |  | .08 | .25 |
| R' |  | 12. |  |  |
| F |  | 13.46 |  |  |
| **Variables** | **Burnout** |  |  |  |
| **Constant** | 34.90 |  | 31.39 | 38.39 |
| Hope | **-.19\*\*** |  | -.27 | -.II |
| *R'* |  | ]9. |  |  |
| *F* |  | 22.80 |  |  |

*\*p<.05; \*\*p=<.01*

Results indicate that hope is a positive predictor of compassion satisfaction, =.35, F= (1,98) = 13.46, p<.05.The value of R' indicates that hope explained 12% variance in compassion satisfaction. Moreover, results show that hope is a negative predictor of burnout

= -.19, F = (1, 98) = 22.80, p <.01. The value of R2 indicates that hope explained 19%variance in burnout.

## DISCUSSION

The present study aimed at exploring the role of hope in predicting predicting compassion satisfaction and burnout in health professionals in Pakistan.The results of the study indicate that hope is a positively correlated with compassion satisfaction and negatively correlated with burnout in physiciansand psychologist. These results are supported through existing literature, which indicates that compassion satisfaction is inculcated in individuals through the presence of positive emotions (e.g. hope)". Similarly burnout in medical professionals has been seen as stemming from extensive stress, hopelessness and work-lifeimbalance".

The results also indicated that hope predicts both compassion satisfaction and burnout in physiciansand psychologists.The results are supported by western literature, which indicates that compassion satisfaction can be enhanced in medical professionals by developing the trait ofhope". Similarly research has indicated that low levelsof hope indicate greater levelsof burnout in physiciansand medical professionals".

## LIMITATIONS AND RECOMMENDATIONS

The results of the present study should be interpreted with caution, keeping in mind the following limitations:

* The sample of the present study was 50 psychologists and 50 physicians;the sample can be enhanced and improved for further research.
* The data was collected from Lahore and Multan; two urban cities of Pakistan, future research can focus on collecting data from smaller cities.
* The present research was purely quantitative in nature; future researches can adopt a mixed method approach in order to further investigate the phenomenon.

## CONCLUSION

The resultsof the study indicated that hope is a positive predictor of compassion satisfaction and a negative predictor of burnout. The study shows that developing the trait of hope in physicians and psychologists can enhance their performance, which then leads to better care outcomes for patients. In order to improve the quality of the Pakistani medical system it is imperative to improve the conditions and support offered to medicalhealthcareproviders.

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