



REVIEW OF RESEARCH

ISSN: 2249-894X

IMPACT FACTOR : 5.7631 (UIF)

VOLUME - 13 | ISSUE - 3 | DECEMBER - 2023



PROFESSIONAL QUALITY OF LIFE AMONG HEALTHCARE PROFESSIONALS IN INDIAN SETTING: A SYSTEMATIC REVIEW

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ABSTRACT :

Introduction: Healthcare workers are at the forefront of any health system with the primary intent to enhance the health of individuals. However, the absence of fixed working hours, standing for long periods, shift work, and extra administrative activities have disturbed their psychological well-being. Apart from the special knowledge in the field, they also need a sound quality of life, better stress management in work life and a balance between personal and professional self-care practices. Professional quality of life is a multidimensional concept that refers to the overall well-being and satisfaction experienced by professionals. **Objective:**

This review study aimed to systematically review published studies that assess the professional quality of life among healthcare workers in India. **Methods:** Researchers searched several literature databases, mainly two, i.e. PubMed/Medline and Web of Science, and followed the selection criteria of PRISMA guidelines. In this search, a total of 8 papers were selected to include in the review. **Result and Conclusion:** Overall, a high percentage of burnout and secondary traumatic stress was reported (varies between 23% to 71%) among healthcare workers. There are very few studies with the variable of professional quality of life rather than merely assessing quality of life. These gaps need to be addressed for future strategies that aim to prevent and treat indirect trauma and stress among healthcare workers.



KEYWORDS : professional quality of life, healthcare worker, psychological well-being, burnout, systematic review.

INTRODUCTION:

Healthcare professionals are the main support system of any health service and they provide all the necessary services irrespective of their health conditions. With untiring services, they face numerous mental health issues especially stress and burnout (Alkema et al., 2008).

Mainly, while interacting with patients, different issues of psychological, emotional and social impact are left in the form of stress on the healthcare professionals (Akroyd et al., 2002). It was well documented in previous studies which have shown an increased level of burnout, organizational dissatisfaction, demotivation and occupational stress (Stamm, 2010, Reeter, 2012, Figley, 2002).

Professional quality of life (ProQOL) is defined variously but mainly with the level of satisfaction people have with their working conditions when they help others. It is most concerning regarding the

well-being of those who offer health services to the public (Stamm, 2010). Mainly ProQOL consists of two broad dimensions namely, compassion satisfaction (CS) and compassion fatigue (CF). CS is about a positive sense of well-being experienced by a person whereas CF connotes negative aspects of ProQOL. Further, CF explains two aspects i.e., burnout and secondary traumatic stress. Burnout deals with frustration, exhaustion, anger and depression and secondary traumatic stress is related to fear and work-related trauma (Stamm, 2010).

There is a gap between existing literature found mainly with Indian studies. A limited number of literature is available which further provides a way to review the literature available in the Indian setup. Hereafter, the present systematic review of studies undertaken on ProQOL in various states of India.

METHODS:

Researchers conducted a systematic review of the available literature since 2010 in different Indian states. For this study, guidelines set by the PRISMA Statement for Reporting Systematic Reviews and Meta-Analysis were followed this process of systematic review (Fig. 1)

Selection criteria of studies:

In this study, literature available on healthcare professionals in the Indian setup was the major criteria. Studies other than healthcare professionals and ProQOL were excluded, although they dealt with professional quality of life.

Literature search and selection of articles:

A systematic search of PubMed/Medline and Web of Science from India published up to 2023 on professional quality of life among healthcare workers was added. While searching the studies, we limited the search to titles only. The keywords we used for this search were '*Professional quality of life*', and '*healthcare professionals*'. The keyword '*India*' was included in each combination of searches.

Selection and extraction of data:

The selection and extraction of studies are explained in Figure 1. Research studies were selected according to the PRISMA guidelines. Further, studies were independently reviewed and suitable studies were finalised for the full paper read.

Data synthesis:

A thorough read was given to the suitable studies and the results of the final studies were organized in detail. The study design, sample, site of study, major indicators and findings of the studies were tabulated (Table 1).

Results

Systematic search results:

Major search databases (PubMed/Medline and Web of Science) were used to retrieve the studies. Firstly, duplications of the studies were removed from databases, 74 papers were evaluated and subsequently title-read exclusions, 22 papers were finalised for the next step of abstract reading. 14 papers were excluded as per the selection criteria of the search and finally, 8 papers were included in the review (Fig. 1).

Burnout and secondary traumatic stress:

The complete details of the selected papers are shown in Table 1. These studies are based on the variables of professional quality of life among healthcare professionals (Compassion satisfaction, burnout and secondary traumatic stress). Except for 3 studies, researchers did not restrict the sample to a single state and collected the data across India. All studies opted for a cross-sectional research

design. A range minimum sample of 60 and a maximum of 600 healthcare professionals were reported in the studies.

Professional quality of life, burnout, stress, mental health issues and the COVID-19 pandemic were the major indicators in the papers. The burnout in these studies varied from 23% to 71% in healthcare professionals. Followed by secondary traumatic stress ranges from 30% to 60.9% among the studies. Low to moderate levels of compassion satisfaction were reported among the population (30.6% to 70.6%). None of the studies have reported significant gender differences on professional quality of life. Insomnia (21.4%), fatigue and burnout (42.9%), alexithymia (12.9%) and perceived stress (22.19%) were also reported among the sample.

DISCUSSION:

The findings of this systematic review revealed that there is a pervasive issue of burnout and secondary traumatic stress among healthcare professionals in the Indian context. The data represented in the current review indicates that 71% population with burnout in the healthcare setup. Burnout is not only determined by the individual well-being of healthcare professionals but also has implications for patient care and organizational effectiveness within the healthcare system (Sharma et al., 2022; Franco et al., 2020; Nathiya et al., 2021).

Despite the growing recognition of the importance of professional quality of life among healthcare professionals, the existing literature focuses on the assessment of burnout and stress levels (Rao et al., 2021 and Radhakrishnan et al., 2021). This limited focus rejects the wider spectrum of factors which add to professional quality of life, including work-life balance, job satisfaction, and others (Severn et al., 2012).

It is worth mentioning that, it is essential for future research endeavours to adopt a more holistic approach to assessing professional quality of life among healthcare professionals (Elshami et al., 2021). By incorporating validated measures that capture the multidimensional nature of professional quality of life, the resilience and satisfaction of healthcare professionals can be understood more lucidly by the researchers (Rathore et al., 2012). This is crucial for informing the development and implementation of evidence-based interventions aimed at promoting the mental and emotional health of healthcare professionals.

In conclusion, although the prevalence of burnout and secondary traumatic stress among healthcare workers in India is at an alarming stage, it is important to acknowledge that professional quality of life encompasses broader dimensions beyond the mere absence of burnout. By addressing the multifaceted factors that influence professional well-being and implementing targeted interventions at individual, organizational, and systemic levels, we can work towards creating a more supportive and resilient healthcare workforce. though, this systematic review suggests diving into more research on healthcare professionals in regards to the multidimensional approach to professional quality of life.

Funding: None.

Competing interests: None declared.

Ethical approval: Not required.

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PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only

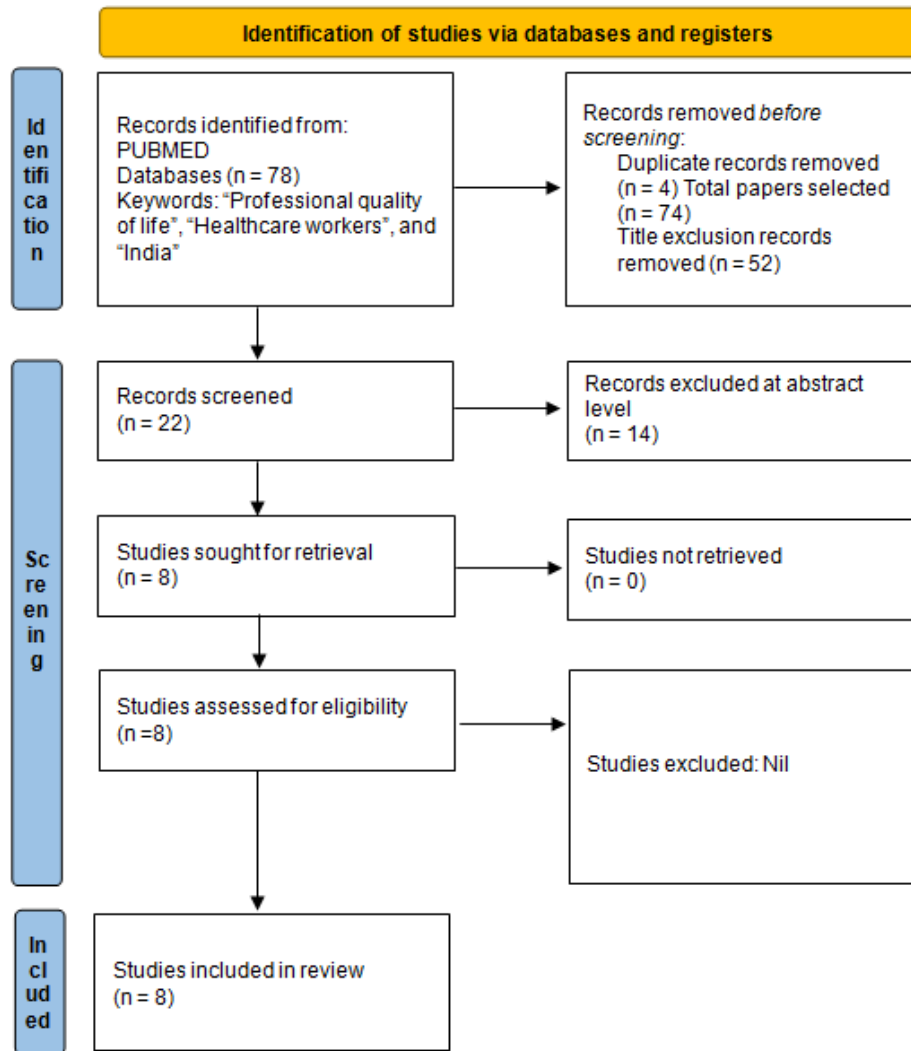


Figure 1. Selection of studies for inclusion in the systematic review (PRISMA Guidelines)

Table 1 Summary of the selected 8 studies reporting on professional quality of life and its domains in Indian healthcare professionals

Sr. No.	Study design	Study sample	State	Indicators	Findings
1.	Cross-sectional study	N=153 Radiologists and Medical Imaging Technologists	Not specified	Professional quality of life, compassion satisfaction, burnout, COVID-19 pandemic	<ul style="list-style-type: none"> 70.6% reported a moderate level of compassion satisfaction 71.2% reported a moderate level of burnout 69.3% reported a moderate level of secondary traumatic stress. Researchers could not find any significant difference between gender and occupation.
2.	Cross-sectional study	N=107 nurses	Not specified	Burnout, alexithymia and compassion satisfaction	<ul style="list-style-type: none"> 12.9% were alexithymic 30-60.9% reported high burnout and secondary traumatic stress 26.3% reported low scores on compassion satisfaction with 12.9% alexithymia.
3.	Cross-sectional study	N=418 healthcare professionals including doctors and nurses	Not specified	High-risk unit, emergency duties, burnout, resilience, workload	<ul style="list-style-type: none"> The majority of female nurses and doctors working in the emergency unit were found significantly at greater risk of psychological distress. Middle-aged (31-40 years) had a higher level of resilience.
4.	Cross-sectional study	N=129 nurses	Gujarat	Burnout, quality of life, stress and burnout	<ul style="list-style-type: none"> Perceived stress was found 22.19% (SD= 7.17) 23.3% reported high burnout and high secondary traumatic stress (23.3%) Perceived stress was found negatively correlated with compassion satisfaction
5.	Cross-sectional study	N=163	Not specified	Healthcare professionals, mental health issues, covid-19 pandemic, burnout	<ul style="list-style-type: none"> 66% experienced mental health issues 42.9% reported fatigue and burnout 21.4% reported anosmia. 53.46% have major concerns about family members.
6.	Cross-sectional study	N=80 doctors	Karnataka	Healthcare professionals, mental health issues, covid-19 pandemic, burnout	<ul style="list-style-type: none"> Overall satisfaction was moderately correlated to professional satisfaction Income and interpersonal relationships play an important role
7.	Cross-sectional study	N=600 healthcare workers	Not specified	Healthcare professionals, mental health issues, covid-19 pandemic, self-esteem and social stigma	<ul style="list-style-type: none"> 51.7% reported a high impact of stigma on their quality of life and family relations. Psychosocial impact of stigma was higher among nurses than doctors (54.5%)
8.	Cross-sectional study	N=60 female nurses	Rajasthan	Shift work and mental health issues, quality of life, sleep	<ul style="list-style-type: none"> Majority experienced low well-being, fatigue and social situations. Insufficient sleep was also noted Poor cooperation from husband and children side for nurses health