

# HOPE, COMPASSION SATISFACTION AND BURNOUT IN PSYCHOLOGIST AND PHYSICIANS

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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 psychologists and 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 used to 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.

### KEY WORDS

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"<sup>1</sup>. Hope has a positive impression on a person's life. It affects an individual's insight of incidents around 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 deal with challenges more effectively<sup>2</sup>.

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 a hopeful and positive attitude, while attending to one's self and others, replenishes a person psychologically and physiologically<sup>3</sup>. For clinical interventions, enhancement in hope and mindfulness follows increase in resilience.

Compassion Satisfaction involves "the ability to receive gratification from caregiving"<sup>3</sup>. Phelps, Lloyd, Creamer and Forbes states that compassion satisfaction (CS) alludes to the positivity engrossed in helping<sup>4</sup>. It is often judged by the Compassion Fatigue and Satisfaction Test<sup>5</sup>.

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"<sup>6</sup>. 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. Such undesirable responses to 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<sup>7</sup>, and the occurrence of this negative disposition toward clients among human administration experts has been all around perceived<sup>8</sup>. 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 accomplishments at 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 investigates the imperative role hope plays in determining the levels of satisfaction in physicians and psychologists. The study therefore fills in the gap in literature by discovering the relationship amongst hope, compassion

satisfaction and burnout. The study hypothesized the following:  
 H1: Hope would be positively correlated with compassion satisfaction and negatively correlated with burnout.  
 H2: Hope would be a positive predictor of compassion satisfaction and a negative predictor of burnout.

**SUBJECTS AND METHODS**

**Participants**

The sample of the study consisted of 100 participants; 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 sampling technique. The details of sample are given in table 1.

**Measures**

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

**The Hope Scale<sup>9</sup>**

It is a 12 item 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 total scale ranges from .74 to .84.

**Professional Quality of Life (PROQOL)<sup>5</sup>**

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 = .72 and 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 t-test were computed for the study variables.

**Table 1**  
Demographic Characteristics of Sample (N=100)

Variables	Categories	f (%)	M	SD
Age			32.79	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)	α
The Hope Scale	12	62.62(11.50)	.75
Agency Subscale	3	16.79(3.93)	.60
Pathway Subscale	4	21.43(5.70)	.71
Compassion Satisfaction	10	36.44(5.05)	.68
Burnout	7	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, and Burnout Scale .50.

**Table 3**  
Inter Correlation between Hope, Compassion Satisfaction and Burnout

Variables	1	2	3
1 Hope	-	.34**	-.43**
2 Compassion Satisfaction	-	-	-.50**
3 Burnout	-	-	-

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

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 variables should be examined in a contextual manner. The correlations amongst hope and compassion satisfaction and hope and burnout are weak due to a small sample size and due to the population being investigated.

**Table 4**  
Hope as a Predictor of Compassion Satisfaction and Burnout (N = 100)

Variables	$\beta$		95% CI	
			LL	UL
Variables	Compassion Satisfaction			
Constant	25.22		21.23	29.21
Hope	.17*		.08	.25
R <sup>2</sup>		12.		
F		13.46		
Variables	Burnout			
Constant	34.90		31.39	38.39
Hope	-.19**		-.27	-.11
R <sup>2</sup>		19.		
F		22.80		

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

Results indicate that hope is a positive predictor of compassion satisfaction,  $\beta = .35$ ,  $F = (1, 98) = 13.46$ ,  $p < .05$ . The value of  $R^2$  indicates that hope explained 12% variance in compassion satisfaction. Moreover, results show that hope is a negative predictor of burnout  $\beta = -.19$ ,  $F = (1, 98) = 22.80$ ,  $p < .01$ . The value of  $R^2$  indicates that hope explained 19% variance in burnout.

## DISCUSSION

The present study aimed at exploring the role of hope in 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 physicians and 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)<sup>11</sup>. Similarly burnout in medical professionals has been seen as stemming from extensive stress, hopelessness and work-life imbalance<sup>12</sup>.

The results also indicated that hope predicts both compassion satisfaction and burnout in physicians and psychologists. The results are supported by western literature, which indicates that compassion satisfaction can be enhanced in medical professionals by developing the trait of hope<sup>13</sup>. Similarly research has indicated that low levels of hope indicate greater levels of burnout in physicians and medical professionals<sup>14</sup>.

## 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.

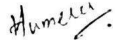

## CONCLUSION

The results of 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 medical health care providers.

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