

Relationship between Equanimity and Professional Quality of Life among Nurses

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By

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CERTIFICATE

This is to certify that the dissertation entitled, “Relationship between Equanimity and Professional Quality of Life among Nurses”, is a bonafide record submitted by Devaki Rajendran, SB20PSY022, of St. Teresa’s College, Ernakulam under the supervision and guidance of Ms. Annleena Anil and that it has not been submitted to any other university or institution for the award of any degree or diploma, fellowship, title or recognition before.

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I, Devaki Rajendran, do hereby declare that the work represented in the dissertation embodies the results of the original research work done by me in St. Teresa's College, Ernakulam under the supervision and guidance of Ms. Annleena Anil, Assistant Professor, Department of Psychology, St. Teresa's College, Ernakulam, it has not been submitted by me to any other university or institution for the award of any degree, diploma, fellowship, title or recognition before.

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Abstract

The Nurses of today, who are an essential part of the healthcare team, must deal with a variety of ongoing stressors, higher levels of accountability, and ever-growing responsibilities. Long-term exhaustion from work can result in symptoms that have a negative impact on the quality of the nurse's work and their mental health. An emerging idea known as equanimity can be defined as the exercise of self-control built on calmness, which produces composure and a sense of poise. Nurses who practice equanimity develop self-awareness and are able to see the world objectively in all circumstances. The current study aimed to examine the Relationship between equanimity and professional quality of life among Nurses. A total of 225 Nurses working in private and public hospitals in Ernakulam, took part in the study. The participants were chosen by purposive sampling. Pearson's correlation test was used to analyze the data. The data can be helpful for future research to help and improve the professional quality of life of nurses, despite the research's limitations.

Keywords: *Burnout, Compassion Satisfaction, Secondary traumatic stress, Equanimity, Non reactivity, Experiential acceptance, Professional quality of life, Nurses*

Chapter- 1

Introduction

The ability to remain calm in the face of trauma is essential in any professional-patient relationship. Rather than being indifferent or disengaged, practitioners should be clinically empathetic, which is an intellectual form of empathy rather than emotional processing. Equanimity can thus be defined as the balance of empathic connection with patients and clinical thinking and problem solving. The rapidly expanding research field of mindfulness practice is based on the assumption that holistic well-being should be achieved through the internal cultivation of nonjudgmental awareness and compassion rather than relying solely on desirable external circumstances. As a result, it is believed that equanimity is an ideal state of mind for health-care professionals to "bear with composure the misfortunes and failures" in their helping professionals and, more importantly, to "bear with composure the misfortunes and failures" in their helping professionals.

Equanimity is regarded as a crucial quality for nurses. They must learn to control their emotions and consider the circumstances of each patient in their daily clinical practice. In their desire to save the lives of patients, they must also acknowledge their limitations. Because nurses understand patients' experiences in relation to the causes of their conditions, they will not be sad when patients do not recover or when some of them pass away if they maintain their composure. Equanimity has not received much attention in nursing ethics, despite the fact that it is a crucial value for nurses.

Equanimity consists of the two elements non-reactivity and experiential acceptance. Experiential acceptance is the attitude of a client in which they accept all internal experiences (thoughts, feelings, bodily sensations, etc.) without resisting or attaching to them. Non-Reactivity: When a client is non-reactive to experiences, such as thoughts or feelings, they can inhibit a previously learned response to those experiences. This helps to avoid attachment or aversion to those experiences.

The continuous contact with patients' suffering to which healthcare professionals are exposed can have negative consequences for them, although there may be some positive consequences as well. The term "professional quality of life" refers to an individual's enjoyment of being able to perform their job well, the challenges they face in managing their work, and their secondary exposure to extremely stressful situations that are related to their jobs. It is a concept that includes perceptions and levels of satisfaction in relation to work life. An individual's professional quality of life has a significant impact on how they perceive their workplace, as well as the efficiency and productivity of their work. The way one feels about their life as a helper at work is their "professional quality of life." The pros and cons of working have an impact on one's professional quality of life. Individual, community, national, and even international issues may be addressed by those who work to help others. Professionals who listen to others' stories of fear, suffering, and pain may experience similar fear, suffering, and pain as a result of empathy and care for the other person, as is common in the healthcare industry. The healthcare industry has been widely recognized as a stressful industry due to extremely high demands, a lack of competence, and a lack of manpower.

Nurses are more vulnerable to job stress and mental health issues as a result of their direct and ongoing exposure to death, accidents, trauma, and chronic illnesses, among other issues. This is due to the fact that other healthcare workers, such as doctors or therapists, have limited time with patients. Nurses, on the other hand, are the first point of contact between patients and their families or friends, exposing them to the emotional strains of dealing with the sick and dying.

The three main components of professional quality of life are secondary traumatic stress, compassion satisfaction and burnout.

Secondary traumatic stress is defined as fear associated with work related primary or secondary trauma. The stress that can result from providing professional assistance to traumatized individuals. Secondary traumatic stress (STS) refers to emotional and behavioral reactions triggered by learning about another person's traumatic experience or suffering. More specifically, STS refers to people's unexpected and negative reactions to trauma victims who they are assisting or wish to assist.

Compassion satisfaction, contrarily refers to the joy one feels as a result of being able to do their job satisfactorily and successfully. This is a result that is good because you were helpful. One may think favorably of their coworkers, their capacity to contribute to the workplace, or even the greater good of society, or one may feel that it is a pleasure to assist others through their work. Greater satisfaction with the helper's capacity to perform their job as an effective caregiver is reflected in higher scores on this scale. The level of satisfaction or joy experienced by caregivers in their work is a sign of compassion satisfaction. The benefit of providing care is the satisfaction of compassion. Working efficiently and effectively can bring people satisfaction.

The quality of one's ability to show compassion is influenced by how well the healthcare system operates, how well one gets along with others at work, how confident one is in oneself, how generous one is, and how stable one's mental state is. Professionals who score highly on compassion satisfaction have positive thoughts, feel successful, are content with their work, want to keep doing it, and think their work can change the world.

In turn, burnout is a psychological term for the prolonged feeling of weariness, irritability, anger, and depression. It is connected to and involves hopelessness, as well as challenges managing work and effectively carrying out one's job. Research has shown that employees who are at risk of burnout (i.e., who are chronically exhausted and hold a negative, cynical attitude toward work) show impaired job performance and may face serious health problems over the course of time (Bakker, Demerouti, & Sanz-Vergel, 2014).

This research paper seeks to understand the effect of equanimity in the professional quality of among nurses in the city of Kochi in the State of Kerala, India.

Need and Significance of the Study

Nurses are two-thirds of health workforce in India. Nursing today has witnessed several changes, successes and challenges through a lot of stride and movement. The roles of nurses are evolving and changing. Today, nurses are hailed as the true heroes of healthcare, often placing their own comforts after the needs of patients they care for day in and day out.

Fatigue, burnout, and anxiety are the most prevalent mental health problems among nurses, followed by stress, depression, insomnia, and a lack of balance between work and personal life. Beyond their personal health and ability to perform their duties, nurses' mental

fitness is crucial if they are to be highly motivated to continue providing their priceless services. One of the most crucial qualities for nurses is equanimity. They must manage their emotions and comprehend the circumstances of each patient in their daily clinical practice. Although it is a significant value for nurses, equanimity has not been extensively studied in nursing ethics. The nurses can maintain control and make accurate and clear assessments of situations by embodying the idea of equanimity. It gives them the assurance they need as well as the tendency to think of solutions in a cool, collected manner.

This research has the potential to raise awareness of the stresses experienced by nurses on a daily basis and to comprehend how nurses deal with those stressful situations and traumas. Additionally, it is beneficial to understand whether they are content with their professional lives and how their mental health can be improved by their ability to remain composed in the face of challenges. So far, a study combining equanimity and professional quality of life among nurses has not been executed before. Aiming to fill in this research void, our comprehensive study does not only add to the future research but also may provide a deeper understanding of the relationship of equanimity on the professional quality of life among nurses.

Chapter – 2

Review of Literature

A research was conducted on Measuring the professional quality of life among Latvian nurses (Kristaps Circenis, Inga Millere, Liana Deklava – 2013). The aim was to translate in Latvian and perform adaptation process of the ProQOL among nurses practicing in Latvia. Questionnaire of Professional Quality of Life Scale (ProQOL R-V) was used. The results indicated that in all subscales it was quite high which means they have a good professional quality of life. According to recent study on Role of compassion competence among clinical nurses in professional quality of life (Y. Lee RN, G. Seomun RN – 2016) Compassion capability had a significant positive correlation with compassion satisfaction and STS, whereas it had a significant negative correlation with collapse, whereas a study on Factors That Influence Professional Quality of Life (Pro-QOL) on Clinical Nurses (Febrina Secsaria Handini, Fitriyanti Patarru, Basilius Yosephus Weu, Heryyanoor Heryyanoor – 2020) show that the incapability of nurses to control the core of tone-evaluation and the five-factor model (FFM) of personality traits, high workload, pressure in the work and imbalance between prices and work, managing nurses and poor emotional support, rejection and giving up gesture can increase the number of those with compassion fatigue.

Generally, Equanimity was proved as an abecedarian conception in contemplation practice and an essential cerebral element in the enhancement of well-being (David R. Vago – 2014). As per recent evidence, Equanimity has the Key Effects of Mindfulness Meditation (Juliane Eberth Peter Sedlmeier and Thomas Schäfer – 2019). Also, a study of Trait and State

Equanimity: The Effect of Mindfulness-Based Meditation Practice (Catherine Juneau, Rebecca Shankland and Michaël Dambrun – 2020) identifies the relation between the equanimity and practice of awareness. Equanimity was proved to deal with the effect of perceived stress and neuroticism on depression can be eased by adding situations of equanimity (Tinakon Wongpakaran – 2021). A study proved that a leadership practice that can help nanny leaders navigate the chute of health care is the practice of equanimity (Mary J. Connaughton – 2016). The Role of Equanimity in Facilitating Positive Mental States and Mental Well-being was studied and it was found that a person who has advanced walls to equanimity has lesser threat of anxiety, depression and difficulties in emotional regulation (Joey Weber – 2020). In a recent study the role of equanimity in forming the foundations of loving- kindness and imperturbability in humanistic humanitarian values in nursing profession was also proved (Wolf, Zane Robinson, Turkel, Marian. C – 2020).

Another study highlighted the Effect of equanimity on the Professional Quality of Life Among Health- Care Professionals Working in Perinatal Bereavement Support (Elaine Yin-Ling Tsui, Celia Hoi-Yan Chanb and Agnes Fong Tin – 2015) which proved that equanimity training helps to grease the capacity structure among frontline health- care professionals. A study of Professional quality of life, wellness education, and coping strategies among emergency physicians (Dalia A. El-Shafei, Amira E. Abdelsalam, Rehab A. M. Hammam – 2018) proved that having a hobby, regular physical activity, and good time for night sleeping can decrease the risk of CF among EM physicians. In a recent study after the pandemic on Professional quality of life and caring behaviors of clinical nurses in Southi Arabia during the COVID -19 pandemic (Ergie Pepito Inocian, Jonas PreposiCruz, Abdualrahman Saeed Alshehry, YousefAlshamlani,

EjayHatulan Ignacio , RegieBuenafeTumala – 2021) the results indicates that Positive and negative disciplines of professional quality of life told the caring behaviors among clinical nurses. A study on Association between coping strategies and professional quality of life in nurses and physicians during COVID-19 was also conducted which states that that avoidance, problem exposure and social support managing worsened professional quality of life, whereas a positive station bettered it (Jessica GraziellaCalegari, Selena Russo, Michela Luciani, Maria Grazia Strepparava, Stefania Di Mauro, Davide Ausili – 2022). The effect of Professional quality of life on sleep disturbance and health among nurses: A mediation analysis(Lena J. Lee, Leslie Wehrlen, Ya Ding, Alyson Ross – 2021) shows that Nurses with advanced situations of compassion satisfaction reported lower situations of sleep disturbance and better physical/ internal health. A recent study proved statistically significant connections between the professional quality of life and affective torture (Heather J. Fye, Ryan M. Cook, Youn-Jeng Choi, Eric R. Baltrinic – 2021). It was also found that job order is a contributing factor in perceived professional quality of life (OlatzGoñi-Balentziaga, Sergi Vila, Iván Ortega-Saez, Oscar Vegas, GarikoitzAzkona – 2021). A study on Israeli dentists proved that dentists who are prone to develop collapse and whose professional quality of life can be negatively affected by their profession (Joseph Meyerson, Marc Gelkopf, Ilana Eli, Nir Uziel – 2019).

Chapter -3

Methodology

Aim

The purpose of this study is to find the Relationship between equanimity and professional quality of life among nurses.

Objectives

- To find the relationship between experiential acceptance and compassion satisfaction
- To find the relationship between experiential acceptance and burnout
- To find the relationship between experiential acceptance and secondary traumatic stress
- To find the relationship between non- reactivity and compassion satisfaction
- To find the relationship between non- reactivity and burnout
- To find the relationship between non- reactivity and secondary traumatic stress

Hypotheses

H1: There will be significant relation between experiential acceptance and compassion satisfaction

H2: There will be significant relation between experiential acceptance and burnout

H3: There will be significant relation between experiential acceptance and secondary traumatic stress

H4: There will be significant relation between non- reactivity and compassion satisfaction

H5: There will be significant relation between non- reactivity and burnout

H6: There will be significant relation between non- reactivity and secondary traumatic stress

Operational definition

Equanimity

Equanimity has been conceptualised as an “even minded mental state or dispositional tendency towards all experiences or objects, regardless of their affective valence (pleasant, unpleasant or neutral) or source”

The Professional Quality of Life

Professional Quality of Life is the quality one feels in relation to one’s work as a helper. Both the positive and negative aspects of doing one’s job influence one’s professional quality of life.

Sample and Sampling

The study was conducted on a sample of 300 nurses who have atleast 1 year of experience.

Purposive/Judgmental sampling is used in the study

➤ **Inclusion criteria**

- The sample collected (nurses) should have atleast 1 year of job experience
- Nurses of both genders are represented.

➤ **Exclusion criteria**

- No district other than Ernakulam is considered.
- Home nurses was not included

Tests/Tools used for data collection**➤ Equanimity Scale – 16 (ES-16)**

The Equanimity Scale – 16 (ES-16) is a 16-item self-report mindfulness scale developed by Rogers H.T, Shires A.G & Cayoun B. A to assess the level by which a client is taking a non-reactive attitude to thoughts, feelings, and experiences. The ES-16 can be helpful in the therapeutic setting to evaluate a client's emotional reactivity and experiential avoidance, two aspects that exacerbate suffering. It is intended for use with people 18 years of age and older (Grabovac et al. 2011, Hayes et al., 1996). The resulting 16-item measure had strong test-retest reliability ($n = 73$; $r = .87$, $p .001$), convergent and divergent validity, and good internal consistency (Cronbach's alpha = .88).

The response formats are in the form of a five point likert scale “strongly disagree–mildly disagree –agree and disagree equally– mildly agree – strongly agree”. Along with the subscale scores for experiential acceptance and non-reactivity, a total score is generated. A higher score denotes higher degrees of equanimity, implying that a client is actively participating in experiential acceptance and is not emotionally reactive. A percentile of 50 indicates that the client has an average level of equanimity, implying 0 as the lowest score and 100 as the highest.

➤ The Professional Quality of Life Scale – 5 (ProQOL)

The Professional Quality of Life Scale (ProQOL) is a 30 item self-report questionnaire designed by Dr. Donald Patrick and Dr. Marion Danis to measure compassion satisfaction, secondary traumatic stress and burnout in helping professionals. Helping

professionals are defined broadly, from those in health care settings, such as psychologists, nurses and doctors, to social service workers, teachers, police officers, firefighters or other first responders. Cronbach's alpha reliabilities for the following are as such, burnout ($\alpha = .80$), secondary traumatic stress ($\alpha = .84$), and compassion satisfaction ($\alpha = .90$). It was also measured to have good construct validity. It is measured by calculating the average of the scores

Table 3.1

The table shows internal consistency reliability for equanimity

Internal consistency reliability for Equanimity		
Name of the scale	Number of items	Cronbach's Alpha
Equanimity	16	.347
Non reactivity	8	.481
Experiential acceptance	8	.444

Table 3.2

The table shows internal consistency reliability for professional quality of life

Internal consistency reliability for professional quality of life		
Name of the scale	Number of items	Cronbach's Alpha
Professional quality of life	30	.729
Compassion satisfaction	10	.831
Burnout	10	.415
Secondary traumatic stress	10	.636

Procedure

The information was gathered using Google forms and distributed to several hospital WhatsApp groups. Hospitals were also visited offline, and nurses were given printed forms to complete. Prior to completing out the forms, the participant's consent was obtained, and they were told of the study's objectives and prerequisites. Afterwards their socio- demographic details was obtained, which includes their name, age, gender, educational qualification, years of experience and which category of nursing they belong to .Participants were informed that they could withdraw at any time and that their data would be kept anonymous and confidential in accordance with ethical standards.

Ethical Considerations

The participants of the study were anonymous and the data collected from them were kept confidential.

The researchers assured the participant that the data collected was used only for research purposes.

Informed consent was voluntarily obtained from the participants before collecting the socio-demographic data.

Data analysis

Correlation test is used in the study which is measured using SPSS analysis. The normality test was done using Kolmogorov-Smirnov normality test and the result shows that both equanimity and professional quality of life follows a normal distribution. So, the result was found to be non-parametric and hence the Pearson's Correlation test was used to analyze the correlation between each subscale.

Table 3.3

The table shows Kolmogorov- Smirnov test of normality for Equanimity and Professional Quality of Life

	Kolmogorov-Smirnov ^a		
	Statistic	df	Sig.
Professional quality	.069	225	.060
Equanimity total	.073	225	.076

Chapter- 4

Result and Discussion

The purpose of this study was to find the relationship between equanimity and professional quality of life among Nurses. . It was found that there was a significant positive relation between the equanimity and professional quality of life in Nurses. The research proves that Equanimity helps to moderate the feelings and emotions and helps to keep a good professional quality in life. In certain stressful and traumatic situations equanimity state helps nurses to maintain a peaceful professional life. Hence the positive relation between them is valid.

Table 4.1

The table shows Socio-demographic characteristics of the participants

Sample characteristics	Sample(N)	%(approx.)
Gender		
Male	20	12.3%
Female	205	87.7%
Age		
20-40	119	73.0%
41-60	106	23.3%
Years of experience		
1-25	136	83.4%
26-50	89	12.3%

Table 4.1 shows the result from the socio-demographic data sheet corresponding to the gender. Out of 225 participants, 20 (12.3%) were males and 205 (87.7%) were females. 119 (73.0%) belong to age group 20-40 and 106 (23.3%) belong to age group 41-60. The participants of 136 (83.4%) has almost 1-25 years of experience and 89 (12.3%) has an average of 26-50 years of experience.

Table 4.2

The table shows Pearson's correlation between compassion satisfaction and experiential acceptance

Variables	Compassion Satisfaction
Experiential acceptance	.171*

*. Correlation is significant at the 0.05 level (2-tailed).

Table 4.2 shows that compassion satisfaction has markedly low positive relationship with experiential acceptance and is statistically significant ($r=.171$, $p<0.05$). Hence H1 is supported.

Table 4.3

The table shows Pearson's correlation between burnout and experiential acceptance

Variables	Experiential acceptance
Burnout	-.049

Table 4.3 shows that burnout has no significant relationship with experiential acceptance ($r = -.049$) and ($p < 0.05$) and hence H2 is rejected.

Table 4.4

The table shows Pearson's correlation between secondary traumatic stress and experiential acceptance

Variables	Secondary traumatic stress
Experiential acceptance	-.172**

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4.4 shows that secondary traumatic stress has a significantly negative correlation with experiential acceptance ($r = -.172$) and ($p = 0.01$). So H3 is accepted and p value is equal to 0.01

Table 4.5

The table shows Pearson's correlation between Compassion Satisfaction and Non-reactivity

Variables	Non-reactivity
Compassion Satisfaction	.033

Table 4.5 shows that compassion satisfaction has a no correlation with non-reactivity ($r=.033$) and ($p>0.05$) and hence H4 is rejected.

Table 4.6

The table shows Pearson's correlation between burnout and non-reactivity

Variables	Non-reactivity
Burnout	.150*

*. Correlation is significant at the 0.05 level.

Table 4.6 shows that Non reactivity has a positive correlation with burnout. ($r=.150$) and hence ($p<0.05$) H5 is accepted.

Table 4.7

The table shows Pearson's correlation between secondary traumatic stress and non- reactivity

Variables	Non- reactivity
Secondary traumatic stress	.119

Table 4.7 shows that secondary traumatic stress has no relationship with non-reactivity. ($r=.119$) and ($p>0.05$). Hence H_6 is rejected.

Discussion

The purpose of this study was to find the relationship between equanimity and professional quality of life among Nurses. "Equanimity" is an ideal state of mind for health-care professionals to "bear with composure the misfortunes and failures" in their helping professionals.

"Professional quality of life" refers to an individual's enjoyment of being able to perform their job well, the challenges they face in managing their work, and their secondary exposure to extremely stressful situations that are related to their jobs. It was found that there was a significant positive relation between the equanimity and professional quality of life in Nurses.

The research proves that Equanimity helps to moderate the feelings and emotions and helps to keep a good professional quality in life. In certain stressful and traumatic situations equanimity state helps nurses to maintain a peaceful professional life. Hence the positive relation between them is valid.

The first hypothesis was to find if there is any significant relation between experiential acceptance and compassion satisfaction. Experiential Acceptance is the process of practicing non-judgmental awareness to internal and external events. Compassion satisfaction is the amount of pleasure derived from helping others. The relation was found to be true. Both experiential acceptance and compassion satisfaction had a little positive correlation. This supports the earlier studies which also proved the same results. Study done in Hong Kong shows that equanimity perceived tone- capability on professional quality of life among health- care professionals (Elaine Yin-Ling Tsui, Celia Hoi-Yan Chanb and Agnes Fong Tin – 2015). Compassion capability had a significant positive correlation with compassion satisfaction and STS, whereas it had a significant negative correlation with collapse (Y. Lee RN, G. Seomun RN – 2016). A person with smaller walls to equanimity have lesser tone- compassion (Joey Weber – 2020). Later studies also proved that poor emotional support, rejection and giving up geste can increase the number of those with compassion fatigue (FebrinaSecsariaHandini , FitriyantiPatarru , BasiliusYosepfusWeu , HeryyanoorHeryyanoor – 2020). Nurses with advanced situations of compassion satisfaction reported lower situations of sleep disturbance and better physical/ internal health (Lena J. Lee, Leslie Wehrlen, Ya Ding, Alyson Ross – 2021). Compassion is a necessary quality required for any healthcare professions and experiential acceptance definitely plays an important role in helping nurses develop a compassionate feeling towards patients as it helps them to adapt to that particular situations and also to adjust with the behaviors and demands of the patients. Hence from these results this can be defined as the reason that experiential acceptance and compassion satisfaction can have a positive correlation.

The second hypothesis was to test any significant relationship between experiential acceptance and burnout. It was found that there is a no correlation between them. If a person is

able to be non-judgmental then the amount of stress the person can experience will be less and hence the chance for the burnout to occur will not exist.

While understanding the relationship between experiential acceptance and secondary traumatic stress it was found out that there is a significant negative correlation between them thus the third hypothesis is accepted. It's because secondary traumatic stress occurs when a person is not able to adjust to a particular situation but experiential acceptance helps in adapting to any situations without making any judgments, hence both the subscales has a negative relation. Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. The recent study Exploring the relationship between secondary traumatic stress, professional identity and career factors for counselors (Rakesh K. Maurya, Amanda C. DeDiego – 2022) proves that career and personal factors impact counselor experiences of professional identity and secondary trauma in mental health settings.

The relationship between non-reactivity and compassion satisfaction was also studied and it was found that there is no significant relation between non- reactivity and compassion satisfaction so the fourth hypothesis is also rejected. Non- reactivity is the tendency to allow thoughts and emotions to pass without getting fixated on them. Compassion satisfaction is the pleasure and satisfying feeling that comes from helping others. So, when a person allows emotions and thoughts to pass without any feeling the chance for them to experience compassion satisfaction is also less. In case of nurses they do feel compassion satisfaction from most of the patients as they feel happy in helping them to overcome their difficulties. So, these two subscales also cannot form a relation.

When the relationship between non-reactivity and burnout was checked there was found to be a positive relation between them. There were also previous researches which supports the relation. Burnout was associated with modulations in stress reactivity (Julian F. Thayer-2020). Another proved that burnout can be negatively affected in their profession with non-reactivity (Joseph Meyerson, Marc Gelkopf, Ilana Eli, Nir Uziel – 2019). The findings of a research demonstrate how a person with advanced walls to equanimity has lesser threat of anxiety, depression and difficulties in emotional regulation (Joey Weber – 2020). The Nurses deals with different kinds of patients and disorder cases each day so they try to control their emotions and are not able to express their feelings at right time. They are also aware of the fact that they should not get attached to the patients personally and hence the chances for emotional burdens are very high and thus they can experience burnout. So as per the studies suggests it is true that burnout and non-reactivity will have a positive relation as they are do not express their emotions and feelings , they will have high chances of being stressed and hence the chance for burnout is also high.

The relation between non-reactivity and secondary traumatic stress were also studied and the results indicated that there is no any signification relation between them and thus the sixth hypothesis was also rejected. As non-reactivity helps to pass thoughts and emotions without getting fixed on them the chance for a person to be stressed and experience a trauma is also less and hence the two subscales cannot be related.

So, from the results we can understand that equanimity has some effect on compassion satisfaction and burnout and no relation with secondary traumatic stress. The overall relation between equanimity and professional quality of life is positive since equanimity helps to moderate the feelings and emotions and helps to keep a good professional quality in life. In

certain stressful and traumatic situations equanimity state helps nurses to maintain a peaceful professional life. Also, it reveals that in the profession of nursing every individual shows different qualities in their professional life and equanimity is a factor which somehow helps to improve the professional quality of life.

Chapter – 5

Conclusion

Summary of the study

The aim of the study was to find if there is any relationship between equanimity and professional quality of life among Nurse. The sample included a total number of 225 Nurses working in private and public hospitals in Ernakulam. The questionnaires used includes the Equanimity Scale – 16 (ES-16) and the Professional Quality of Life Scale (ProQOL). The data was collected using Google forms and distributed to most of the hospital WhatsApp groups. Hospitals were also visited offline, and nurses were given printed forms of questionnaires to complete. The data collected and its results were analyzed using the spss app. Normality test was conducted and then other correlation tests was also conducted.

Findings

- A significant positive relation was found between experiential acceptance and Compassion satisfaction.
- There was no significant relation between experiential acceptance and burnout
- A significant negative correlation was found between experiential acceptance and secondary traumatic stress
- There was no relation between non-reactivity and compassion satisfaction
- A positive relation was found between non-reactivity and burnout
- There was no relation found between non-reactivity and secondary traumatic stress

Implications

The study despite its limitations gives a good opportunity for future studies. It clearly implies that equanimity can help to moderate the feelings and emotions and helps to keep a good professional quality in life. In certain stressful and traumatic situations equanimity state helps nurses to maintain a peaceful professional life. The study found out that Secondary Traumatic stress does not affect the quality of professional life in nurses but as nurses goes through a lot of stressful and traumatic situations daily, the future research can be done to verify it. Professional quality of life questionnaire helped to understand more about the positive and negative aspects of the nursing profession. The study also helped to differentiate between equanimity and mindfulness. It was found that despite all the difficulties and traumatic situations the nurses are in most of them are happy that they chose this profession and can help many individuals and also they believed that they can create a difference through their profession.

Limitations

The limitations of the study are as some of the questions in the questionnaire were standardized English words which might have caused a little trouble for them to understand the meaning of the questions. The study can be conducted in different types of Nurses that would give more accurate results. The study could also have included a qualitative aspect so that the factors could be studies more intently.

Suggestions for further research

Further research can take into these limitations. Also no relation of experiential acceptance was found out with secondary traumatic stress and non-reactivity has a negative relation with secondary traumatic stress so more researches can be done to verify this result as previous researches conducted in other countries shows the opposite results and also as nurses life deals with a number of stressful and traumatic events secondary traumatic stress can be having an impact in their professional life hence it can be verified with further researches. The relation of non-reactivity with Burnout was found to be positive so different methods to overcome burnout or the ideas to deals with the stress that leads to burnout can be taken into consideration for future studies. A study on relation and difference between Equanimity and mindfulness can be conducted. A research only on professional quality of life of all the healthcare professionals can be carried out to understand more about how their job influence them in both positive and negative aspects.

Despite the limitation, the study was successful in finding the relationship between equanimity and professional quality of life among the Nurses. The study also helped to understand about both negative and positive effects of equanimity.

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Appendices

Appendix A

Informed Consent

Hello, we are Aiswarya Sara Mathew, Amala Das and Devaki Rajendran, final year B.Sc. Psychology students from St. Teresa's College. As part of our final year research, we are conducting a study on "Relationship between Equanimity and Professional Quality of Life", under the guidance of Assistant Professor Annleena Anil. We would truly appreciate it if you take some time out to fill the questionnaires. Please do fill out the form, if you are a nursing professional who has at least one year of experience. All information collected will be kept confidential and will solely be used for academic purposes. The questionnaire will only take 5 to 7 minutes to complete, please provide sincere answers. You can withdraw from the study at any time if you wish to.

If any queries you can contact:

aiswaryapsy20@teresas.ac.in

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Thank you in advance.

By clicking "I agree"

1) You have read the above-mentioned description of the study

2) You are a nursing professional

3) You have freely consented to participate in the study

* I agree to participate in this study

Appendix B

Socio-demographic data

Name (Initials only)

Age

Gender

a) male

b) female

c) others

Educational Qualification

How long have been working as a "Nursing Professional"

Which category of nursing profession do you belong to

Appendix C

Equanimity Questionnaire

Following is the questionnaire on Equanimity. Please read the questions carefully and answer them honestly. Indicate the degree to which each statement applies to you by marking the most suitable option.

1-Strongly Disagree

2-Mildly Disagree

3- Agree and Disagree Equally

4- Mildly Agree

5- Strongly Agree

1. When I have distressing thoughts or images, I am able just to notice them without reacting
2. I approach each experience by trying to accept it, no matter whether it is pleasant or unpleasant
3. When I experience distressing thoughts and images, I am able to accept the experience
4. I can pay attention to what is happening in my body without disliking or wanting more of the feeling or sensation
5. When I notice my feelings, I have to act on them immediately
6. If I notice an unpleasant body sensation, I tend to worry about it
7. When I feel physical discomfort, I can't relax because I am never sure it will pass
8. I perceive my feelings and emotions without having to react to them

9. I remain present with sensations and feelings even when they are unpleasant
10. I notice that I need to react to whatever pops into my head
11. When I have distressing thoughts or images, I “step back” and am aware of the thought or image without getting taken over by it
12. I can’t keep my mind calm and clear, especially when I feel upset or physically uncomfortable
13. I endeavour to cultivate calm and peace within me, even when everything appears to be constantly changing
14. I am impatient and can’t stop my reactivity when faced with other people’s emotions and actions
15. I am not able to tolerate discomfort
16. I am not able to prevent my reaction when someone is unpleasant

Appendix D

Professional Quality of Life Questionnaire

Following is the questionnaire on Professional quality of Life. Please read the questions carefully and answer them honestly. Indicate the degree to which each statement applies to you by marking the most suitable option.

1- Never

2- Rarely

3- Sometimes

4- Often

5- Very Often

1. I am happy
2. I am preoccupied with more than one person I help
3. I get satisfaction from being able to help people
4. I feel connected to others.
5. I jump or am startled by unexpected sounds
6. I feel invigorated after working with those I help
7. I find it difficult to separate my personal life from my life as a helper
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help
9. I think that I might have been affected by the traumatic stress of those I help

10. I feel trapped by my job as a helper
11. Because of my helping, I have felt "on edge" about various things.
12. I like my work as a helper
13. I feel depressed because of the traumatic experiences of the people I help
14. I feel as though I am experiencing the trauma of someone I have helped
15. I have beliefs that sustain me
16. I am pleased with how I am able to keep up with helping techniques and protocols
17. I am the person I always wanted to be
18. My work makes me feel satisfied
19. I feel worn out because of my work as a helper
20. I have happy thoughts and feelings about those I help and how I could help them
21. I feel overwhelmed because my work load seems endless
22. I believe I can make a difference through my work
23. I avoid certain activities or situations because they remind me of frightening experiences
of the people I help
24. I am proud of what I can do to help
25. As a result of my helping, I have intrusive, frightening thoughts
26. I feel "bogged down" by the system
27. I have thoughts that I am a "success" as a helper
28. I can't recall important parts of my work with trauma victims
29. I am a very caring person
30. I am happy that I chose to do this work