ORİJİNAL ARAŞTIRMA ORIGINAL RESEARCH

Professional Quality of Life and Psychological Empowerment Levels of Nurses': A Cross-sectional Study

Hemşirelerin Çalışma Yaşam Kalitesi ve Psikolojik Güçlendirilme Düzeyleri: Kesitsel Bir Araştırma

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ABSTRACT Objective: The aim of this study is to determine the relationship between the professional quality of life and psychological empowerment levels of nurses and the contributing factors affecting this relationship. **Material and Methods:** This cross-sectional study was conducted with nurses working at different clinics in a university hospital in the Aegean Region of Turkey between October 2019 and May 2020. The research data were collected via "Socio-demographic Information Form", "Professional Quality of Life Scale (ProQOL)", and "Psychological Empowerment Scale (PES)". **Results:** The average age of the nurses is 32.87±9.20 years, 75.3% are female, 56.3% are undergraduate and 52.3% are single. It was determined that 39.1% of the nurses worked in surgical clinics, and it was determined that 40.2% of them worked in the unit between 1-5 years. There is a positive and strong correlation between the ProQOL "job satisfaction" subscale mean scores and PES total mean score (p<0.01). There is a negative and statistically significant correlation between the total mean scores of "burnout" and "empathy" subscales of ProQO and PES total mean score (p<0.01). **Conclusion:** This study showed that nurses' clinical environment had a profound impact on the quality of life and psychological empowerment levels and psychological empowerment had significant effect on their job satisfaction. So it is crucial to plan effective interventions like psychodrama empowering program, psychological counselling, mentor support, peer support program to reduce the level of burnout and compassion fatigue.

Keywords: Nurse; psychology; empowerment; quality of life

ÖZET Amaç: Araştırma, hemşirelerin çalışma yaşam kalitesi ve psikolojik güçlendirme düzeyleri arasındaki ilişkinin ve etkileyen faktörlerin belirlenmesi amacıyla planlanmıştır. **Gereç ve Yöntemler:** Tanımlayıcı ve kesitsel desende planlanan bu çalışma, Ekim 2019-Mayıs 2020 tarihleri arasında Ege Bölgesi'nde bulunan bir üniversite hastanesinin farklı kliniklerinde çalışan hemşirelerle yürütülmüştür. Araştırmanın verileri; "Sosyodemografik Bilgi Formu" ile "Çalışma Yaşam Kalitesi Ölçeği (ÇYKÖ) ve "Psikolojik Güçlendirme Ölçeği (PGÖ)" kullanılarak toplanmıştır. **Bulgular:** Hemşirelerin yaş ortalaması 32,87±9,20 yıl olup, %75,3'ü kadın, %56,3'ü lisans mezunu ve %52,3'ü bekârdır. Hemşirelerin %39,1'inin cerrahi kliniklerde çalıştığı belirlenmiş olup, %40,2'sinin birimdeki çalışma süresinin 1-5 yıl arasında olduğu saptanmıştır. Hemşirelerin ÇYKÖ ve mesleki tatmin alt ölçeği toplam puan ortalaması ile PGÖ toplam puan ortalaması arasında istatistiksel olarak pozitif yönde güçlü bir ilişki bulunmuştur (p<0,01). ÇYKÖ tükenmişlik ve eş duyum alt ölçekleri toplam puan ortalamaları ile PGÖ toplam puan ortalaması arasında istatistiksel olarak negatif yönde zayıf bir ilişki bulunmuştur (p<0,01). **Sonuç:** Yapılan bu çalışma sonucunda, hemşirelerin çalışma koşullarının çalışma yaşam kalitesi ve psikolojik güçlendirme düzeylerini etkilediği bulunmuştur. Ayrıca, hemşirelerin psikolojik güçlendirme düzeyinin mesleki tatmini önemli ölçüde etkilediği belirlenmiştir. Bu nedenle tükenmişlik ve merhamet yorgunluğunu azaltmak için psikodrama güçlendirme programı, psikolojik danışma, mentor desteği, akran destek programı gibi etkili müdahaleleri planlamak çok önemlidir.

Anahtar Kelimeler: Hemşire; psikoloji; güçlenme; yaşam kalitesi

Nurses are defined as the riskiest group among healthcare professionals in terms of work-place borne stressors. Being often subject to stress and violence in the workplace environment generates secondary traumatic stress and burnout.[1] These experiences deteriorate the state of physical, mental, and social health of the nurses. Among those problems, anxiety, depression, and somatization can be enumerated.[2] Con-

secutively, these problems hamper the efficacy of the nurses which pose adverse implications on both the patient care quality and the institution. In order to protect and empower nurses' mental health, concepts such as coping skills, social support, and phycological resilience become more prominent.

Especially, considering the unprecedented pressure of the coronavirus disease-2019 (COVID-19) pandemic on the health care system since December 2019, nurses have been battered with compelling work conditions which adversely affected their quality of life and perspective towards their profession, and occasionally resulted in poor care quality. A study conducted by Giusti et al. reported high levels of burnout and psychological symptoms for the healthcare workers during the COVID-19 emergency which required tedious monitoring and treatment intervention routines.[3] Quality of life aids individuals in meeting their psychological, spiritual, and social needs while boosting performance and productivity to maintain an effective work environment. The literary sources define the quality of life with the concepts of burnout, compassion fatigue, and job satisfaction.[4-6] Seemingly, studies indicate that certain work-related factors may affect the quality of life among professionals.[7]

The concept of psychological empowerment is defined as a motivational structure that manifests itself in four distinct dimensions: Meaning, competence, autonomy, and influence.[8] In the absence of one of those four perceptions, although the individual is not deprived of feeling strong, a decrease in strength is experienced nonetheless.[9] It is stated that the amalgamation of four dimensions creates an internal task motivation which generates a high level of perception and consecutively results in the psychological empowerment of the employee. It is emphasized given that psychological empowerment fundamentally denotes positive work-place behaviors and a positive working environment, employees who feel psychologically empowered perceive their environment more positively, find their jobs more meaningful, and feel more competent and autonomous.[10]

It is of important to be able to plan appropriate interventions for both individual and institutional purposes. Thus, this research was planned to determine the relationship between the professional quality of life and psychological empowerment levels of nurses and the influencing factors.

MATERIAL AND METHODS

TYPE OF RESEARCH

This research was planned as a descriptive and cross-sectional study.

POPULATION AND SAMPLE OF RESEARCH

The study was carried out with the nurses working in various clinics of a university hospital in the Aegean Region of Turkey between October 2019 and May 2020. Although the population of the study comprised 302 nurses, only 174 clinical nurses agreed to participate. Thus, the participation rate remained at 58%.

DATA COLLECTION TOOLS

The research data were solicited by means of "Socio-demographic Information Form", "Professional Quality of Life Scale" (ProQOL)" and "Psychological Empowerment Scale (PES)".

SOCIO-DEMOGRAPHIC INFORMATION FORM

Socio-demographic Information Form comprise 13 questions that retrieve information concerning nurses' socio-demographic data such as age, gender, occupational experience, relevant nursing experiences.

Professional Quality of Life Scale

This is a self-report assessment tool comprising 30 items and three sub-scales [compassion satisfaction (CS), burnout and compassion fatigue (CF)]. It was developed by Stamm and the Turkish validity and reliability adaptation of this scale was primarily developed by Yesil et al.[4,11] Items 3, 6, 12, 16, 18, 20, 22, 24, 27 and 30 measure CS for which the Cronbach's alpha reliability coefficient is 0.87. Relevantly, the higher the CS subscale score, the greater a nurse's satisfaction with her ability to be an effective caregiver. Items 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29 focus on professional burnout for which the Cronbach's alpha reliability coefficient is 0.72. A higher CS score

is an indicator of a higher risk of burnout. On the other hand, CF measures the symptoms that arise as a result of encountering a traumatic event. Thus, items 2, 5, 7, 9, 11, 13, 14, 23, 25 and 28 measure CF for which the Cronbach's alpha reliability coefficient is 0.80. It shall be noted that items 1, 4, 15, 17 and 29 are reverse-scored respectively. The scale is based on a 6-point Likert-type scale which is scored from "never" (0) to "very often" (5). It is recommended that employees who scored high on the scale shall receive psychological support. A minimum of 25 points and a maximum of 125 points can be obtained from this scale. Likewise, a score of 25 to 50 is considered low, 50 to 75 as moderate, and 75 to 125 as high. Cronbach values for this study; 0.81 for CS, 0.70 for burnout, 0.82 for CF.

Job Satisfaction Subscale

Job satisfaction is defined as the feeling of satisfaction as an employee helping another person who requires his assistance in his field of expertise. Thus, a higher score obtained from this subscale denotes the level of satisfaction as a helper. The total score for this subscale is a minimum of 0 and a maximum of 50 points.

Burnout Subscale

The burnout subscale measures hopelessness or the sense of burnout in the event of experiencing difficulty in coping with problems of business life. A high score obtained from this scale denotes a higher burnout level. The total score for this subscale is a minimum of 0 and a maximum of 50 points.

Compassion Fatigue Subscale

CF subscale measures the symptoms that occur in the face of a stressful event. It is postulated that employees who score high in this subscale should receive assistance. The total score for this subscale is a minimum of 0 and a maximum of 50 points.

Psychological Empowerment Scale

PES was primarily developed by Spreitzer to measure the statistical significance, adequacy, autonomy, and effect size of psychological empowerment.[8] The Turkish validity and reliability adaptation of this scale was primarily developed by Ertenü and the Cron-

bach's alpha reliability coefficient was determined as 0.72.[12] PES comprises a total of 12-items based on a 5-point Likert-type scale in the order of (1) totally disagree, (2) disagree, (3) avarage, (4) agree, and (5) totally agree. The total score for this subscale is a minimum of 12 and a maximum of 60 points. A high score obtained from this scale denotes a higher psychological empowerment perception. Cronbach's value for this study was 0.71.

ETHICAL CONSIDERATIONS

Written permission from the authors of the Turkish validity and reliability study of the scale was obtained via e-mail. Besides, an IRB approval from the İzmir Kâtip Çelebi University Ethics Committee and written permission from the institution where the research was conducted were gathered. (IRB Approval Reference Number: 375/28.08.2019). The study was conducted in full accordance with the ethical standards established in the 1964 Helsinki Declaration and its later amendments, or other, similar ethical guidelines. The informed consents of all participants were secured with the caveat that they could quit the study at any given time.

DATA COLLECTION PROCESS

The research information was communicated thoroughly to the participating nurses and subsequently, responses to the questionnaire forms were acquired through face-to-face delivery. The nurses were allowed to fill the questionnaires in 30 minutes provided that the process did not overlap with work-hours.

STATISTICAL ANALYSIS

In evaluating the research data, IBM's Statistical Package for Social Science (SPSS, Version 22.0) was employed. We don't have any missing data in our study. Continuous variables were presented as median (minimum-maximum), and categorical variables were described with frequencies and percentages. Shapiro-Wilk normality test was used to examine whether the numerical data were distributed normally. Since the data were found to be normally distributed, independent t-test and ANOVA test and Pearson correlation analysis were used.

RESULTS

The mean age of the nurses involved in the study was 32.87±9.20 years, 75.3% were female, 56.3% had a Bachelor's degree, 52.3% was single and 52.9% reported a monthly income between 3,600-4,500 TL. Of the participants 39.1% worked in the surgical clinic. Of the nurses, 40.2% reported, 1-5 years of clinical experience. Moreover, 40.2% of the participants had 10 years or more experience in nursing. Of the participants 94.8% reported taking night and day shifts, 77.0% of the participants reported taking 5 times or more shifts per month (Table 1). Although the rate of nurses who choose the nursing profession willingly was 63.2%, 47.1% was partially satisfied with their profession (Table 1).

Nurses' mean scores for the ProQOL "job satisfaction" subscale showed a statistically significant difference with respect to variables such as educational status, clinical work experience, occupational experience, the status of choosing the profession willingly ($p < 0.05$) (Table 2).

Consecutively, a statistically significant difference was determined between the ProQOL "burnout" subscale mean scores and the socio-demographic variables such as monthly income, affiliated clinic type, clinical work experience, occupational experience, and the number of monthly night-shifts ($p < 0.05$) (Table 2).

On the other hand, ProQOL "CF" subscale mean scores showed a statistically significant difference with respect to variables such as monthly income, affiliated clinic type, clinical work experience, occupational experience, the number of monthly night-shifts and the status of choosing the profession willingly ($p < 0.05$) (Table 2).

The comparison of PES total mean scores to the variables such as gender, marital status, educational status, the affiliated clinic type, shift type, and the number of monthly night-shifts showed no statistically significant difference ($p > 0.05$), whereas the variables such as monthly income, clinical work experience, occupational experience, and the status of choosing the profession willingly yielded a statistically significant difference ($p < 0.05$) (Table 3).

TABLE 1: Socio-demographic characteristics of nurses (n=174).

Properties	n	%
Age: 32.87±9.20		
Gender		
Female	131	75.3
Male	43	24,7
Marital status		
Married	83	47.7
Single	91	52.3
Educational status		
Medical vocational high school	48	27.6
Associate degree	8	4.6
Bachelor's degree	98	56.3
Postgraduate degree	20	11.5
Monthly income		
2,600-3,500 TL	12	6.9
3,600-4,500 TL	92	52.9
4,500 TL or above	70	40.2
Clinic		
Intensive care	54	31.0
Internal	52	29.9
Surgical	68	39.1
Clinical work experince		
1-6 months	29	16.7
6-12 months	23	13.2
1-5 years	70	40.2
5-10 years	41	23.6
10 years or more	11	6.3
Time working in the profession		
1-6 months	6	3.4
6-12 months	6	3.4
1-5 years	57	32.8
5-10 years	35	20.1
10 years or more	70	40.2
Shift type		
Day	2	1.1
Night-day	165	94.8
Night	7	4.0
Number of monthly night-shifts		
Never	2	1.1
1-4 times	38	21.8
5 times or more	134	77.0
Status of choosing the profession willingly		
Yes	110	63.2
No	64	36.8
Total	174	100.0

The mean scores for the subscales of ProQOL were reported as follows: 30.24±9.90 for "job satisfaction", 25.60±5.86 for "burnout", and 15.17±8.39

TABLE 2: The distribution of professional quality of life scale subscales mean scores with respect to the nurses' sociodemographic characteristics (n=174).

Properties	ProQOL job satisfaction mean score (Mean±SD)	Statistical Test	p value	ProQOL burnout mean score (Mean±SD)	Statistical test	p value	ProQOL compassion fatigue mean score (Mean±SD)	Statistical test	p value
Gender									
Female	30.59±9.83	t=0.809	0.421	25.54±5.96	t=0.249	0.804	15.00±8.29	t=0.474	0.637
Male	29.16±10.16			25.79±5.59			15.72±8.77		
Marital status									
Married	30.06±10.58	t=0.228	0.820	24.69±6.07	t=1.952	0.053	14.37±8.11	t=1.212	0.227
Single	30.40±9.29			26.42±5.57			15.91±8.63		
Educational status									
Medical vocational high school	32.95±10.32	F=3.513	**0.017**	25.33±6.89	F=0.309	0.819	13.06±8.91	F=1.528	0.209
Associate degree	23.50±6.78			24.00±7.59			15.37±9.53		
Bachelor's degree	30.21±8.77			25.88±4.98			16.21±8.18		
Postgraduate degree	26.55±12.95			25.50±6.77			15.10±7.31		
Monthly income									
2,600-3,500 TL	24.58±7.32	F=2.206	0.113	30.66±6.22	F=10.420	**0.001**	22.66±7.81	F=6.535	**0.002**
3,600-4,500 TL	30.40±10.77			26.44±5.89			15.44±7.61		
4,500 TL or above	31.00±8.83			23.62±4.98			13.54±8.83		
Clinic									
intensive care	28.05±10.19	F=2.280	0.105	29.16±5.04	F=17.304	**0.001**	18.92±8.54	F=9.237	**0.001**
internal	32.07±9.16			23.73±5.79			12.50±7.20		
surgical	30.57±10.02			24.20±5.30			14.25±8.19		
Clinical work experience									
1-6 months	24.34±7.21	F=10.207	**0.001**	28.86±6.06	F=11.144	**0.001**	18.06±7.85	F=9.905	**0.001**
6-12 months	22.82±8.92			27.43±4.35			19.04±8.53		
1-5 years	32.75±8.55			26.50±6.04			16.77±7.63		
5-10 years	33.97±9.59			22.19±3.56			9.75±7.35		
10 years or more	31.36±13.12			20.18±4.72			9.54±6.08		
Time working in the profession									
1-6 months	23.00±7.74	F=5.375	**0.001**	28.50±3.61	F=5.169	**0.001**	20.50±8.36	F=6.383	**0.001**
6-12 months	19.33±1.63			30.16±4.16			23.83±10.12		
1-5 years	27.98±10.11			27.19±6.07			17.75±7.90		
5-10 years	31.45±8.53			26.02±6.11			14.34±8.29		
10 years or more	33.02±9.73			23.45±5.11			12.30±7.52		

TABLE 2: The distribution of professional quality of life scale subscales mean scores with respect to the nurses' sociodemographic characteristics (n=174) *(contunued)*.

Properties	ProQOL job satisfaction mean score (Mean±SD)	Statistical Test	p value	ProQOL burnout mean score (Mean±SD)	Statistical test	p value	ProQOL compassion fatigue mean score (Mean±SD)	Statistical test	p value
Shift type									
Day	28.50±2.12			21.50±2.12			7.50±0.70		
Night-day	30.37±10.06	F=0.298	0.743	25.66±5.79	F=0.507	0.603	15.15±8.35	F=1.195	0.669
Night	27.57±6.87			25.28±8.05			17.85±9.90		
Number of monthly night-shifts									
Never	28.50±2.12			21.50±2.12			7.50±0.70		
1-4 times	35.50±10.47	F=0.410	0.664	23.63±6.39	F=3.487	0.033	10.15±6.35	F=11.013	0.001
5 times or more	29.91±9.81			26.22±5.61			16.71±8.37		
Status of choosing the profession willingly									
Yes	32.97±10.26	t=5.591	0.001	25.63±5.76	t=0.095	0.924	13.90±8.34	t=2.701	0.008
No	25.54±7.18			25.54±6.07			17.37±8.08		

F: ANOVA (one-way) test; t: Independent t-test; p<0.05; ProQOL: Professional Quality of Life Scale; SD: Standard deviation.

for "CF". Meanwhile, PES total mean score was reported as 42.97±9.61 (Table 4).

The relationship between the mean scores of ProQOL subscales and the total mean score of PES was examined.

Followingly, a statistically strong correlation was found between ProQOL "job satisfaction" subscale and PES (p<0.01). Furthermore, the correlation between ProQOL "burnout" subscale and PES was statistically weak and negative (p<0.01). Lastly, a weak negative correlation was identified between ProQOL "CF" subscale and PES (p<0.01) (Table 4).

As shown in Table 4, a statistically significant relationship was found between PES total mean scores and ProQOL "job satisfaction" subscale mean scores. Thus, it was inferred that the psychological empowerment level had a strong and positive impact on nurses' job satisfaction. Finally, a weak and negative correlation was identified between PES total mean scores and the remaining ProQOL sub-dimensions' mean scores.

DISCUSSION

This study aimed to determine the factors that affect the relationship between the quality of life and psychological empowerment levels of nurses. Participating nurses reported levels of job satisfaction, burnout, and CF as slightly above average, average, and below the average, respectively (Table 4). On the contrary, studies conducted with nurses working in different units and statuses, showed that nurses experience moderate to high level of CF, burnout and recent traumatic stress.[13,14] It is thought that the characteristics of the clinics where nurses work, individual experiences and personal characteristics may be effective in the emergence of this result.

Nurses' total mean score of PES participating in the study was found to be high (Table 4). In a study investigating the psychological empowerment of nurses in the case of Iran reported a moderate level result.[15] The study outcomes revealed that nurses find their work meaningful, feel competent, have a sense of control over their work and feel they have adequate influence to shape their organizational results.

TABLE 3: Distribution of psychological empowerment scale mean scores with respect to the nurses' sociodemographic characteristics.

Properties	Mean score (Mean±SD)	Statistical test	p value
Gender			
Female	43.58±9.71	t=1.507	0.136
Male	41.11±9.16		
Marital status			
Married	43.32±9.35	t=0.464	0.643
Single	42.64±9.89		
Educational status			
Medical vocational high school	43.27±9.06	F=1.167	0.324
Associate degree	37.37±10.33		
Bachelor's degree	43.55±9.74		
Postgraduate degree	41.65±9.85		
Monthly income			
2,600-3,500 TL	36.33±9.26	F=3.197	**0.043**
3,600-4,500 TL	43.26±8.61		
4,500 TL or above	43.72±10.57		
Clinic			
Intensive care	41.18±7.05	F= 1.441	0.239
Internal	43.36±9.99		
Surgical	44.08±10.92		
Clinical work experince			
1-6 months	37.44±7.60	F= 7.287	**0.001**
6-12 months	37.86±8.68		
1-5 years	44.17±8.05		
5-10 years	47.19±10.67		
10 years or more	44.81±11.51		
Time working in the profession			
1-6 months	35.66±6.97	F=7.857	**0.001**
6-12 months	33.66±5.57		
1-5 years	39.36±9.15		
5-10 years	44.97±8.59		
10 years or more	46.32±9.23		
Shift type			
Day	49.00±14.14	F=0.404	0.669
Night-day	42.92±9.39		
Night	42.42±14.35		
Number of monthly night-shifts			
Never	49.00±14.14	F=0.477	0.621
1-4 times	42.34±11.56		
5 times or more	43.05±8.99		
Status of choosing the profession willingly			
Yes	45.14±9.55	t=4.202	**0.001**
No	39.23±8.57		

F: ANOVA (one-way) test; t: Independent t-test; SD: Standard deviation.

	n	Minimum-Maximum	Mean±SD	Statistical test
TABLE 4: Relationship between the mean scores of professional quality of life scale subscales and the total score of psychological empowerment scale.				
ProQOL job satisfaction subscale	174	7-50	30.24±9.90	r=0.689*
PES	174	12-60	42.97±9.61	
ProQOL burnout subscale	174	15-40	25.60±5.86	r=-0.116*
PES	174		42.97±9.61	
ProQOL compassion fatigue subscale	174	2-37	15.17±8.39	r= -0.373*
PES	174	12-60	42.97±9.61	

*p<0.01; SD: Standard deviation; ProQOL: Professional Quality of Life Scale; PES: Psychological Empowerment Scale.

This study showed statistically significant differences between the nurses' socio-demographic variables and the applied scales. As such, a statistically significant difference was found between the income level of nurses and the total mean score of PES as well as the mean scores of ProQOL "burnout" and "CF" subscales. Expressly, nurses with higher income levels had lower mean scores of ProQOL "burnout" and "CF" subscales. On the other hand, PES's total mean score is reported as high. Employees experience personal burnout in the form of physical and mental health impairment.[16] Özgür, Gümüş, and Gürdağ enumerated a series of factors such as socio-economic status, affiliated clinical unit, number of patients cared, job position, occupational experience, weekly work hour, number of monthly shifts, the physical condition of the clinic as having an impact on the level of nurses' mental health symptoms.[2]

Nurses' who had medical vocational high school degree, ProQOL job satisfaction subscale mean score were higher than the other groups. In our study, the low job satisfaction level of nurses with a bachelor and postgraduate degree; may arise from professional expectations, roles and the characteristics of the working environment where roles and expectations are not appropriate. The concept of professional satisfaction is defined as the emotional responses of professionals who have knowledge specific to the central values and needs of their social systems and satisfaction with performing their profession.[17-19] It includes the sum total of professionals' beliefs and feelings about the profession.[16] It is affected by the intrinsic factors of recognition, the work itself or responsibility and the extrinsic factors of working conditions, company policy or salary, which influence job satisfaction.[20] Therefore, job satisfaction changes in relation to how much of the professional expectations of the professionals are met and the level of satisfaction this creates in the person. At this point, professional satisfaction appears as one of the important factors affecting the effectiveness and efficiency of organizations.

In the light of the data, nurses who affirmed choosing their profession willingly had higher ProQOL "job satisfaction" subscale mean scores and PES total mean scores, respectively. Subsequently, this outcome is in agreement with the finding of a statistically significant relationship between ProQOL "job satisfaction" subscale mean scores and PES total mean score. The results of this study are in parallel with the literature. As such, several studies that contextualize job satisfaction and burnout, emphasize the importance of optimizing working conditions to reduce factors responsible for burnout and increase job satisfaction.[21-23] However, another study showed that willingly choosing the profession or not did not affect the level of job satisfaction.[24]

In a study on the nurses, psychological empowerment as a total and its dimensions were highly significantly correlated with job satisfaction and its dimensions.[25] Additionally, nurses' "clinical work experience" and "occupational experience" variables demonstrated a significant difference with respect to ProQOL "job satisfaction", "burnout" and "CF" subscales' mean scores and PES total mean score, respectively. Accordingly, it was noted that nurses with higher "clinical work experience" and "occupational experience" had higher levels of "job satisfaction" and exhibited lower levels of "burnout" and "CF". In

the emergency room nurses of Hunsaker et al. and Mashego et al., in the nurses working in the delivery room; in the study conducted by Yu et al., no relationship was found between CF and working time and working time in the current unit with oncology nurses.[6,26,27]

On the other hand, PES's total mean score is reported as high. This result indicates that longer clinical and occupational experiences offer a great advantage for a nurse. Apparently, challenges that the junior nurses face in the first years of their professional endeavor such as moral and material achievements, lack of experience, lack of necessary knowledge and skills, as well as feelings of disappointment relating to ill-adapted standards or work environment might be articulated as the source of these results.[28]

The correlation between the nurses' "number of monthly night-shifts" variable and ProQOL's "CF" subscale presented a statistically significant difference. Thus, the number of night shifts versus ProQOL's "CF" subscale mean score presented a direct relationship. As an ancillary explanation, given the fact that there are always a few number of nurses taking night-shifts compared to day-shifts, caring in an excess number of patients and undertaking other workloads could be overwhelming for some nurses. Furthermore, interaction with more than enough patients requires nurses to exercise more empathy which may lead them to develop "CF". Relevantly, Tarhan and Dalar asserted that nurses who took 51-100 shifts per annum were 4.5 times more susceptible to mental health problems.[29] In fact, further studies on the matter revealed that characteristics pertinent to work and work environment had reflections on nurses' out-of-work life. For instance, routine overworking can potentially destroy the equilibrium between work and after-work life with a dire consequence of reduced spare time for family and friends.

Meanwhile, a study investigating nurses expressed that factors such as choosing the profession willingly, clinical work, and occupational experience influenced their quality of life.[30] In another study with trauma nurses, Hinderer, VonRueden, Friedmann, McQuillan, Gilmore and Kramer enumerated a series

of factors as sources of burnout and CF, namely: clinical work experience, direct caring time spend with the patient and shift schedule.[31] In a systematic study about ProQOL contemplating intensive care units (ICUs), Van Mol, Kompanje, Benoit, Bakker and Nijkamp, exerted that several variables were associated with burnout and CF levels such as age, occupational experience, clinical work experience, applied coping skills, team relationship, received training, shift status, weekly working hour, and patient's condition.[32] Consequently, a study by Kim, Han, Kwak and Kim found that occupational experience improved nurses' quality of life.[5]

In terms of affiliated clinical units, nurses working in the ICU had higher mean scores in "burnout" and "CF" subscales. In support of this outcome, Alan and Yıldırım stated that nurses working extended hours in risky units such as emergency units, ICUs, and operating rooms developed burnout syndrome and consecutively a low quality of life.[28] ICUs are defined as care centers where there is a large number of life-saving technological tools used to provide optimum benefits to the life-threatened individuals and in which adoption of a multidisciplinary team approach is required.[33] In ICUs, any sort of nursing intervention is of great importance due to high rates of morbidity and mortality cases as well as the need for the intensive application of interventional procedures. Due to the physical and professional requirements of ICUs, nurses are quite often required to keep close contact with their patients during their health journey along which they share the patients' sufferings, pains, and traumatic experiences. This collaboration with constant exposure to therapeutic interaction, internalization of the patient's condition, excessive and erroneous empathic responses in the clinic, generates feelings of self-blame, frustration, and indecisiveness.[34] Similarly, Wentzel and Brysiewicz stated that nurses lost their ability to furnish effective, unbiased, and unprejudiced care after internalizing the condition and pain of patients.[35] At this point, all these experiences transform into burnout and CF.

As a result, reducing the scores of burnout and job dissatisfaction and increasing the psychological empowerment of nurses will bring benefits such as better-quality care.

CONCLUSION

As a result of this study, it was discerned that working conditions had implications on the quality of life and psychological empowerment levels of the nurses. Moreover, job satisfaction was significantly affected by nurses' psychological empowerment levels. Thus, proper consultancy and interventions should be set up for the nurses to increase their perception of empowerment and the quality of life while the charge nurses should pay close attention to effective variables such as monthly income, education level, affiliated clinic type, shift type, and monthly night-shift frequency. Nursing managers should pay more attention to individual differences in nursing-care workers linked with nursing burnout, job satisfaction and empowerment elements.

It is crucial to plan effective interventions like psychodrama based psychological empowering program, psychological counselling, mentor support, peer support program to reduce the level of burnout and CF.

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