

Professional Quality of Life and its Relation with Nurses' Work Alienation at Main Mansoura University Hospital



¹ Nashwa Elsayed Hussein, ² Nehad Saad El-wkeel, ³ Amira Abd Elmenem Ibrahim

¹ Nursing Specialist-Faculty of Dentist, Nursing Faculty, Mansoura University.

² Mansoura University's Faculty of Nursing, Assistant Professor of Nursing Administration.

³ Mansoura University's Faculty of Nursing, Assistant Professor of Nursing Administration.

ABSTRACT

Background: Professional quality of life and work alienation among nurses is a critical issue within the healthcare sector. Addressing the roots of alienation is essential for fostering a more supportive work environment, ensuring that nurses can thrive both professionally and personally. **Aim:** To assess the professional quality of life and its relation with nurses' work alienation at Main Mansoura University Hospital. **Method:** Descriptive correlational design was utilized, the data was collected from convenience of all available (201) nurses who work at inpatient units at Main Mansoura University Hospital, two tools were used for data collection namely; Professional Quality of Life Scale and Workplace Alienation Questionnaire. **Results:** The majority of studied nurses perceived moderate level of total professional quality of life and total work alienation. In addition, there was statistically significant negative correlation between total professional quality of life and total work alienation. **Conclusion:** The Improving professional quality of life decrease nurses' work alienation. **Recommendations:** Offering career advancement opportunities, such as promotions and leadership roles, to keep nurses motivated. Enhancing employment satisfaction and fostering a healthier, more productive work to reduce work alienation.

Keywords: Work Alienation, Quality of Life

Introduction:

The nursing profession is pivotal to the healthcare system, yet it is fraught with challenges that can significantly impact on the professional quality of life (ProQOL) of practitioners. Nurses' professional quality of life is a vital component of the healthcare system that warrants attention from both healthcare administrators and policy makers. The ProQOL of nurses is a crucial aspect of healthcare that encompasses the balance between their personal and professional well-being (Todaro-Franceschi, 2024).

Several factors contribute to nurses' ProQOL including workplace support, interpersonal relationships among staff, and the availability of resources for self-care and professional development. Institutions that prioritize a supportive work environment, implement wellness programs, and promote open communication are more likely to enhance nurses' ProQOL (Xu et al., 2023). Additionally, fostering a culture of recognition and appreciation can significantly bolster nurses' morale, thereby mitigating the effects of compassion fatigue (Kiran et al., 2023).

Professional quality of life is often divided into three dimensions; compassion satisfaction, burnout and secondary traumatic stress.

Compassion satisfaction refers to the pleasure derived from the ability to do one's work well and make a positive impact on patients' lives, while compassion fatigue emerges from the chronic stress associated with caring for others, leading to emotional exhaustion and a sense of helplessness. Burnout is associated with very high workloads and unsupportive work environments, and is characterized by exhaustion, frustration, anger, and depression.

Secondary traumatic stress is described as the detrimental effects of dread and trauma associated to one's job, which are marked by trouble sleeping, intrusive images, and avoiding reminders of one's past experiences. (Kanyanta, Makukula, & Wahila, 2023).

The professional quality of life experienced by nurses directly influences not only their own mental and physical health but also the quality of patient care. High levels of compassion satisfaction are associated with increased job satisfaction, greater resilience, and lower turnover rates among nursing staff. Conversely, elevated levels of compassion fatigue can lead to burnout, decreased productivity, and detrimental effects on patient safety and care quality (Shdaifat, Al-Shdayfat, & Al-Ansari, 2023).

Enhancing ProQOL necessitates proactive measures from both managers and nurses. Organizations can implement strategies such as providing mental health resources, fostering supportive workplace cultures, and promoting work-life balance initiatives. By nurturing an environment that prioritizes nurses' well-being, organizations can mitigate the adverse effects of stress and burnout, thereby enhancing job satisfaction and productivity (O'Connor, Prebble, & Waterworth, 2024).

Nurses can cultivate their ProQOL through self-care practices, such as setting boundaries, engaging in regular physical activity, and seeking professional development opportunities. By recognizing the significance of their own needs and aspirations, professionals can achieve a more fulfilling and sustainable career (Juárez & Becton, 2024).

Professional quality of life and work alienation among nurses is a critical issue within the healthcare sector. Addressing the roots of alienation is essential for fostering a more supportive work environment, ensuring that nurses can thrive both professionally and personally. A holistic approach to nurse well-being will ultimately benefit healthcare systems by retaining passionate, engaged practitioners dedicated to delivering high-quality care (Alfuqaha et al., 2023).

The process of people being estranged from their workplaces is known as alienation. People who feel worthless, helpless, and purposeless at work experience work alienation. Nurses who experience job alienation may find it difficult to meet their social requirements. Work alienation refers to a psychological state wherein individuals feel disconnected from their work, its goals, and its values (Alothaim, 2023). It is a phenomenon characterized by a sense of estrangement from one's work (Nawab & Owais, 2024).

Also, it refers to a psychological state wherein individuals feel disconnected from their work, its goals, and its values (Alvi, Ilyas, Tariq, Qammar, & Wang 2024). Alienation problems, especially depression and feelings of worthlessness, are common in workplaces. Alienation is a situation that causes both institutional and personal negative. Alienation within the organization reduces the motivation of the nurses, causes them to move away from the work psychologically and reduces the participation in the work (Reinsberg et al., 2023).

Work alienation is evaluated by three dimensions ; powerlessness , meaninglessness and self-estrangement .The nurses' sense of inadequacy stems from their disassociation with the product they generate and their perceived inefficiency. inability to regulate labor conditions and organizational policies. This powerlessness may result in burnout and erosion of professional identity, as nurses grapple with the limitations imposed on their autonomy (Maxhakana & Sithole, 2024).

A depressed state in which people are unable to carry out organizational tasks or making independent decisions is known as powerlessness. When personal responsibilities and corporate objectives clash, meaninglessness results. Nurses don't know anything about work or other issues; they only know what they do. Also it results in things like inadequate job dedication, staff sadness, absenteeism, low productivity, aggressiveness toward people and groups, and exhaustion. (Martela, 2023) . Self-estrangement occurs when nurses disconnect from their own identities in their professional roles. The continuous exposure to patient suffering and the emotional toll of caring can lead nurses to suppress their feelings, resulting in a loss of personal identity (Chen et al., 2024).

One of the primary consequences of work alienation among nurses is reduced job satisfaction. Nurses who experience feelings of detachment from their roles may find it increasingly difficult to derive meaning from their work. This dissatisfaction not only affects their individual well-being but can also have ripple effects on patient care, as disengaged nurses may be less attentive and empathetic toward patients. Consequently, the quality of care provided can suffer, leading to negative outcomes for patients and healthcare institutions alike (Salehian, Goli, & Yazdimoghaddam, 2023).

Nurses are already operating in high-pressure environments, and when they feel alienated, the emotional strain can intensify. The chronic stress associated with work alienation can lead to physical and psychological health issues, further compounding the challenges faced by nurses. Burnout, characterized by emotional exhaustion and depersonalization, can result in high turnover rates within the organization (Johnson, 2023).

Work alienation can diminish the sense of community and teamwork essential in nursing. Effective healthcare delivery relies on collaboration among healthcare professionals. When nurses feel disconnected from their work or colleagues, it can

hinder communication and cooperation, leading to fragmented care and a decline in overall team performance (Kaundinya, 2024).

Healthcare institutions must prioritize supportive measures that foster engagement and recognition for nursing staff to mitigate work alienation and enhance professional quality of life. Implementing mentorship programs, promoting work-life balance, and encouraging collaborative practices can help restore a sense of purpose and connection among nurses (Maben et al., 2023). By investing in the well-being of their workforce, healthcare organizations not only improve nurses' ProQOL but also enhance patient outcomes and satisfaction (Tang, Liu, Loi, Chow, & Jiang, 2024).

2.1. Aim of the study

This study aims to investigate the professional quality of life and its relation with nurses' work alienation at Main Mansoura University Hospital.

2.2. Research Questions

Q1. What is the level of professional quality of life among nurses' at Main Mansoura University Hospital?

Q2. What is the level of work alienation among nurses' at Main Mansoura University Hospital?

Q3. Is there a relationship between the professional quality of life and nurses' work alienation at Main Mansoura University Hospital?

2. Method

3.1. Design

A descriptive **correlational** study approach was used to carry out this investigation.

3.2. Setting

Every department of Main Mansoura University Hospital, which provides a range of medical services in the Delta Region, was used for the study. With 1860 beds, the main Mansoura University Hospital has numerous departments, including (surgical units, gynecological and obstetric units, neurological units, medical units, cardio thoracic surgical units, rehabilitation units, neonatal units, and critical units). In addition to, many units attached to the main building such as cardio thoracic surgery building, radiological departments building, knee joint building, burns building and outpatient clinics.

3.3. Participants

A convenience sample of all participant nurses (201) at previous mentioned setting who are available during the time of data collection, willing

to participate in the study and having more than one -year experience were included in the current study.

3.4. Tool of Data Collection

Two tools were used for data collection namely, Professional Quality of Life Scale and Workplace Alienation Questionnaire.

Tool I . Professional Quality of Life Scale

It is composed of two sections

Part I. Personal traits; it was mentioned the personal attributes of the nurses under study include age, gender, marital status, years of experience, and educational background.

Part II. Professional Quality of Life Scale

This measure, which was created by Stamm (2009), was intended to evaluate nurses' professional quality of life. There were thirty measures in total, categorized into three dimensions: secondary traumatic stress (STS), burnout rate (BO), and compassion satisfaction (CS). Each of the subscales has ten items. With denoting never and 5 denoting frequently, the replies were scored on a five-point Likert scale.

Scoring system

Total score professional quality of life scale was divided into the following three levels according to the 50% cutoff point:

- Value at low level <50%
- .50% to 75% is a moderate level.
- Elevated level >75%

Tool II. Workplace Alienation Questionnaire

This scale was adopted from Mottaz (1981) created the questionnaire to gauge nurses' perceptions of occupational alienation. It included 21 questions that were divided into three categories: self-estrangement, meaninglessness, and helplessness. There are seven objects in each dimension .A five-point Likert scale, with 1 denoting "strongly disagree" and 5 denoting "strongly agree," was used to measure the replies.

Scoring system

The system of scoring The three levels of workplace alienation were separated according to the 50% cutoff criterion as follows:

- Lowest value <50%
- Level of moderation: 50%–75%
- Elevated level > 75%

3.5. Reliability and Validity

The study's face and content validity were examined by the researcher from Mansoura University's Faculty of Nursing academic staff in

conjunction with five subject-matter experts (four assistant professors and one professor). The researchers then translated the tool into Arabic and made the necessary modifications, such as paraphrasing and rewording certain sentences, to make it clearer, more applicable, easier to understand, and easier to implement. Reliability testing was done and judged by how well the items that reflect the same construct yield similar results by using Cronbach alpha test.

3.6. Pilot Study

Ten percent of the twenty nurses participated in the pilot study, which was designed to examine the tools' usability, clarity, and filling time. To reduce the total number of study participants, all nurses who took part in the pilot trial were simply selected to be excluded. Based on their replies, the necessary changes were made.

3.7. Field Work

The data gathering period was three months, from the beginning of March to the end of May 2024. Data was collected by using self-administered questionnaires. The questionnaires sheet (I - II) were given out to the available staff nurses during working hours in morning and afternoon at the end of shift. The researcher spent two to three days a week in the aforementioned setting. The researcher introduced herself, explained the aim of the study, how to fill the tools and obtained the staff nurses' acceptance to participate in the study after assuring the confidentiality of data. For roughly 25 to 30 minutes, nurses have completed the questionnaires. The number of collected questionnaire sheets per day ranged from 5-10 sheets. Staff nurses were permitted to ask for any interpretation and explanation.

3.8. Ethical Considerations

Ethical approval was given by the Mansoura University Faculty of Nursing's Research Ethics Committee (Ref No:366) . Authorization to carry out the study was explicitly given by the capable hospital administration. Nurses who consented to participate signed an informed consent form after being educated about the study's nature and goal. Each participant was informed that participation in the study was entirely voluntary and that they might withdraw at any time. All participants were

given guarantees on the confidentiality of the data collected and the privacy of the study sample at every stage of the investigation.

3.9. Statistical Analysis

Statistical Package for the Social Sciences (SPSS) for Windows version 26 was used to arrange, tabulate, and statistically analyze the gathered data (SPSS, Chicago, IL). The mean \pm standard deviation (SD) was used to express continuous data that had a normal distribution. Numbers and percentages were used to represent categorical data. To compare variables using categorical data, the chi-square test (or Fisher's exact test, if applicable) was employed. Two variables with continuous data were tested for relationships using the correlation coefficient test. It calculated the reliability (internal consistency) test for the study's questionnaires. Statistical significance was defined as $p < 0.05$.

4. Results

Table 1 lists the number and proportion of personal traits of the staff nurses under study. With a mean \pm SD of 25.38 ± 3.58 , 43.8% of the nurses in the study were between the ages of 20 and 25. In terms of gender, 67% of them were female, and 50.7% of them were married. With a mean \pm SD 6.90 ± 2.49 years of experience, less than half of them (40.3%) had range (1–5) years of experience, while the majority (84%) had a technical institute of nursing.

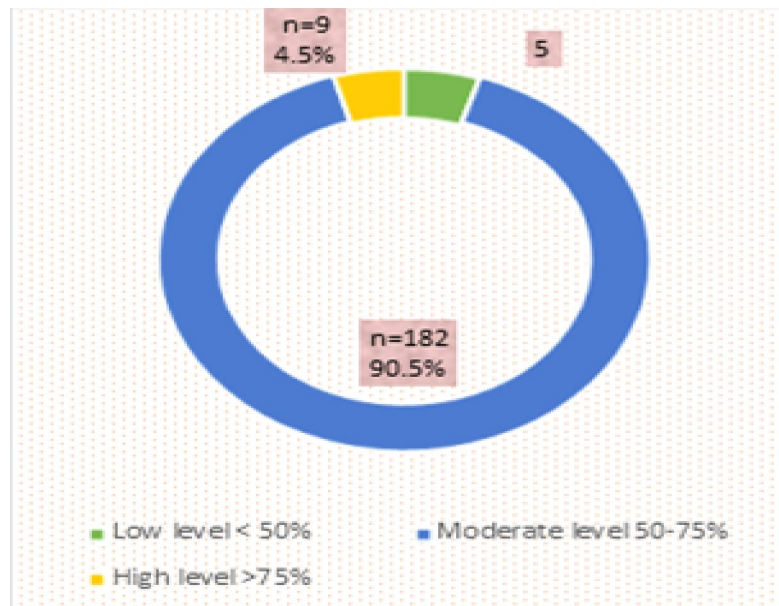
Figure 1 shows total level of professional quality of life among studied nurses. This figure revealed that majority of studied nurses (90.5%) had moderate level of total professional quality of life. While only (4.5%) had high level of it.

Figure 2 illustrates the overall degree of occupational alienation experienced by the nurses under study. According to this data, the majority of nurses (90.5%) in the study had a moderate level of workplace alienation, whilst only 4% experienced a low level.

Figure 3 demonstrates the connection between the investigated nurses' overall workplace alienation and professional quality of life. Total workplace alienation and total professional quality of life were negatively correlated in a highly statistically significant way ($r = -0.297$).

Table 1. Personal Characteristics of the Studied Nurses (n=201)

Personal characteristics		
Age years		
. 20 to 25 years old	88	43.8
. 26 to 30 years old	55	27.4
. > 30 years old	58	28.8
Average \pm SD	25.38 \pm 3.58	
Gender		
. men	65	32.3
. woman	136	67.7
Marital status		
. Single	80	39.8
. Married	102	50.7
. Separated	19	9.5
Educational qualification		
. nursing degree from secondary school	18	9.0
. Degree from a technical institute of nursing .	169	84.0
. A bachelor's degree	14	7.0
Experience (Years)		
. 1 to 5 years	81	40.3
. 5 to 10 years	70	34.8
. >10 years	50	24.9
Mean \pm SD	6.90 \pm 2.49	


Figure 1. Total Level of Professional Quality of Life among Studied Nurses (n=201)

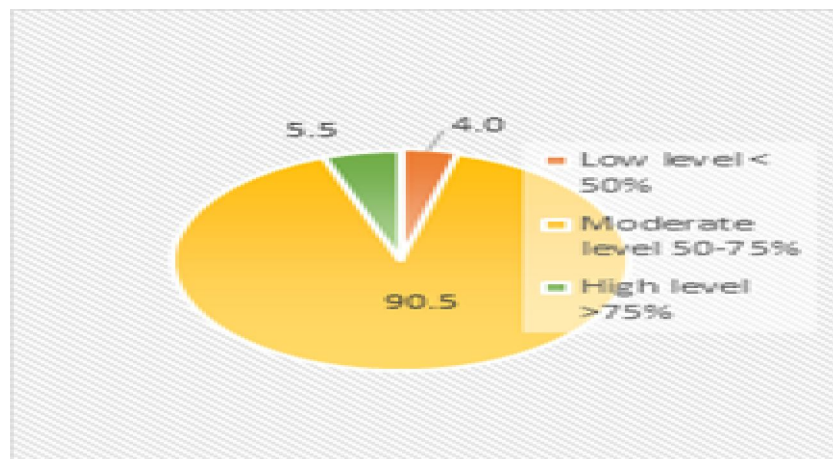


Figure 2. Total Level of Workplace Alienation among the Studied Nurses (n=201)

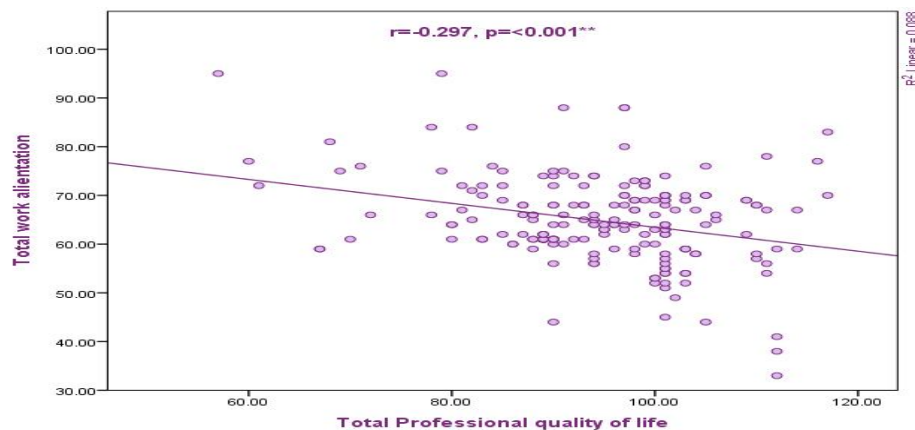


Figure 3. Relation between Total Professional Quality of Life and Total Workplace Alienation among Studied Nurses

5. Discussion

The results discoveries revealed that majority of studied nurses had moderate level of total professional quality of life. These results may due to positive relationships with colleagues and supervisors can create a supportive atmosphere, reducing stress and enhancing job satisfaction. Nurses who use effective coping strategies, such as mindfulness or peer support, may experience lower levels of stress.

At the same line with the current findings , **Ruiz-Fernández, Pérez-García, and Ortega-Galán (2020)** reported that most of nurses overall moderate level of professional quality of life as they had effective coping strategies that allow them to manage stress better, which reflected that studied nurses had a balance between job demands and support systems.

Also, **Chen et al. (2021)** who exploring the relationships among professional quality of life, personal quality of life and resignation in the nursing profession, indicated that nurses perceived

a moderate level of professional quality of life as they often found fulfillment in patient care and making a difference in patients' lives. As well ,**Çelmeçe and Menekay (2020)** who studied the effect of stress, anxiety and burnout levels of healthcare professionals caring for COVID-19 patients on their quality of life found that most of the participants nurses had average level of professional quality of life.

On the other side , **Dilmaghani, Armoon, and Moghaddam (2022)** indicated that nurses experience high level of ProQOL due to high workloads and the risk of burnout, leading to emotional exhaustion and reduced personal accomplishment. Also, **Balakhdar and Alharbi (2023)** shown that the emotional demands of nursing contribute to moderate levels of ProQOL, as managing emotions while providing care can be challenging. Further more, the results of **Javanmardnejad et al. (2021)** on their study about quality of working life, and job satisfaction among nurses working in emergency departments in Iran, indicated that many nurses reported a strong sense

of fulfillment in their roles, particularly in making a positive impact on patient care, which contributed to high level of their overall professional quality of life.

In addition to, **Permarupan, Al Mamun, Samy, Saufi, and Hayat (2020)** who study about predicting nurses' burnout through quality of work life and psychological empowerment" reported that availability of adequate resources, including mental health support and professional development opportunities, helps nurses feel empowered and valued, leading to high level of professional quality of life. Also, **Babapour, Gahassab-Mozaffari, and Fathnezhad-Kazemi (2022)** assured that nurses reported that they had low level of professional quality of life as they often faced excessive workloads and long shifts, leading to physical and emotional fatigue.

The current findings showed that majority of studied nurses had moderate level of total workplace alienation. These findings may linked to excessive workloads and time pressures lead to feelings of detachment and alienation from the workplace. As well as, limited decision-making power can result in a sense of helplessness and disconnection from their roles.

On agreement with, **Mohamed, Abdeen, and Attia (2024)** reported that studied nurses perceived a moderate level of workplace alienation reflected feelings of disconnection from the organizational mission, a lack of engagement with colleagues, or insufficient support from management. Nurses feel their contributions are undervalued, leading to disengagement.

As well as, **Bhatnagar and Aggarwal (2020)** assured that a moderate level of work alienation among nurses matched with limited interaction and collaboration among team members. This created an environment where nurses feel isolated, impacting their ability to work effectively as a team and support one another. Furthermore, **Xia, Wang, Li, He, and Wang (2022)** reported that nurses feeling disconnected from the organizational mission struggled to align their personal values with the goals of the healthcare institution. This disconnect lead to diminished motivation and a sense of purpose in their roles and they perceived a moderate level of workplace alienation.

On the other hand , **Zaki, AKhaled, and Hasanin (2023)** who studied organizational cynicism and work alienation among nurses and its relation to organizational loyalty reported that high levels of workplace alienation among nurses

suggest significant disconnection from their work environment, colleagues, and the organizational mission. Adding to, **Muz and Erdoğan Yüce (2021)** expressed that nurses experienced high levels of alienation, they were less likely to engage with their peers. This lack of connection hindered teamwork and collaboration, affecting overall unit cohesion and morale. Also, **Byrne et al. (2023)** reported that nurses feel highly alienated and struggled to align their personal values with the goals of the organization. This detachment diminished their sense of purpose and commitment to providing high-quality patient care.

Total workplace alienation and total professional quality of life had a highly statistically significant negative relationship. These findings may due to a negative or unsupportive work environment can exacerbate feelings of alienation, leading to a downward spiral in professional quality of life. Nurses who feel alienated may struggle to cope with stress effectively, leading to increased feelings of burnout and a decline in their overall quality of life.

Parallel to this study, the results of **Bibi and Aslam (2024)** research indicated that work alienation negatively influences key aspects of professional life, reducing overall job satisfaction and potentially leading to burnout. Like wise, **Shdaifat, Al-Shdayfat, and Al-Ansari (2023)** reported a significant negative association was found between professional quality of life and work alienation elevated. Also, **Eskin Bacaksiz, Alan, Taskiran Eskici, and Gumus (2020)** reported about the negative correlation between professional quality of life and total workplace alienation was marked as highly significant.

Besides, **Shdaifat, Al-Shdayfat, and Al-Ansari (2023)** show that higher levels of workplace alienation correlate with increased burnout and emotional exhaustion among nurses, leading to high ProQOL. Also, **Cui et al. (2022)** indicated that nurses experiencing higher workplace alienation report high job satisfaction, which directly affects their overall quality of life. As well as, **Dewidar, Gado, and Gemeay (2022)** assured that that a lack of social support at work contributed to feelings of alienation, further diminishing ProQOL. As well supportive environments were associated with higher ProQOL and lower alienation.

On the other hand. **Gümüş., Alan, Eskici, and Bacaksız (2021)** indicated the absence of a significant correlation between to ProQoL and workplace alienation. Too, **Liu, Zhang, and Feng (2022)** the study highlighted that the total

professional quality of life and work alienation levels of healthcare professionals were not correlated without a clear direct impact of one on the other.

Also, **Cambria (2025)** indicated that nurses with effective coping strategies reported higher ProQOL despite experiencing workplace alienation, suggesting that individual resilience can mitigate negative impacts. As well, **Shdaifat, Al-Shdayfat , and Al-Ansari (2023)** revealed that nurses in certain specialties (such as., critical care vs. community health) experienced varying levels of alienation and ProQOL, indicating that the nature of the work can influence these outcomes. Adding to, **Vallone, Cattaneo Della Volta , and Zurlo (2024)** reported that findings differed based on cultural or organizational contexts. Nurses in highly collaborative cultures experienced less alienation and reported higher ProQOL, contrasting with those in more hierarchical or competitive environments.

6. Conclusion

According to the study's findings, the majority of nurses had a moderate level of overall workplace alienation and professional quality of life. Professional quality of life and total workplace alienation at Main Mansoura University Hospital were negatively correlated in a highly statistically significant way. Nurses' workplace alienation is reduced when their professional quality of life is improved.

7. Recommendations

Recommendations for management reducing workload by providing adequate staffing levels and fair workload distribution to prevent burnout and stress. Offering career advancement opportunities, such as promotions and leadership roles, to keep nurses motivated. Enhancing employment satisfaction and fostering a healthier, more productive workplace to lessen work alienation. Recommendations for nurses Building strong relationships with colleagues through peer support groups and team collaboration can reduce feelings of alienation and increase job satisfaction. Communicating nurses actively with their needs and challenges to management and participate in discussions about improving workplace conditions.

Furthermore study:

- The impact of workload, autonomy, leadership, and organizational support on both professional quality of life and alienation.
- Burnout and Work Alienation: How emotional exhaustion and depersonalization contribute to nurses feeling disconnected from their work.

- Compassion Satisfaction as a Protective Factor: Can a high level of compassion satisfaction reduce feelings of alienation.

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