

Professional Quality of Life and Its Relationship with Work Alienation: Oncology Nurses' Perspective.

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Abstract

Background: Professional quality of life is crucial in nursing profession, and an intrinsically motivating factor encourages staff nurses to increase their satisfaction, and decrease work alienation by assigning them to positions suitable to their values and beliefs. **Aim:** To investigate the relationship between Professional quality of life and work alienation: oncology nurses' perspective at Damanhour Oncology Center. **Design:** A descriptive correlational research design was utilized to conduct this study. **Setting:** This study was conducted at all in-patient care units at Damanhour Oncology Center. **Subjects:** Convenience sampling technique, all staff nurses (n=230) who were working in the previously selected settings, provide direct and indirect care, available during the time of data collection, also, and willing to participate in this study. They were divided as follows; professional nurses (n =30), technical nurses (n= 200). **Tools:** two tools were used in order to conduct this study. Tool one: "professional quality of life questionnaire". Tool two: "work alienation questionnaire " . **Results:** the majority of oncology nurses perceived low level of the overall PQOL, while the overall level of work alienation was high. **Conclusion:** The finding of this study concluded that there was a high statistically significant strong negative correlation between the overall of oncology nurses' perception of professional quality of life and the overall work alienation as perceived by the oncology nurses ($r = -0.640$, $p < 0.001$). **Recommendations:** The executives need to identify the factors that causing them to be alienated from their work. In order to improve the PQoL of healthcare professionals, and factors that can help working conditions to be improved by applying an effective system of enhancing working conditions to enable greater autonomy among nurses and build atmosphere of confidence to improve their PQoL through many activities as teamwork, executive support, social activities at work, and the high-quality relationships between managers and staff nurses. In addition, high-quality relationships between managers and staff, teamwork, and encourage teamwork, conflict resolution and group dynamics to promote the exchange of thoughts and attitudes among nurses. Therefore, areas of training that will provide health professionals with an increase in their PQoL should be determined. Thus, healthcare managers can improve the PQoL by reduce work alienation by giving employees "positions" suitable to their values and belief.

Keywords: Professional quality of life, Work alienation, Oncology nurses.

Introduction

The fact that the most influential factor that makes an organization successful or unsuccessful is the human element cannot be denied in today's modern management styles. Work has vital functions in human life such as Proper use of time, directing life energy to beneficial purposes, and

maintaining mental health due to the resulting satisfaction (Öge, 2000).

Human beings spend a majority of their time in work related environments and their productivity increases in proportion to their satisfaction. Work is not only an indispensable responsibility for human beings to support themselves financially; it also has a quality that makes human beings

social and independent. Although nurses have been trained to provide patient care and improve their patients quality of life, but their own needs and their own QOWL has been largely ignored (Hsu & Kernohan, 2006; Mohammadi et al., 2011).

In addition, oncology nursing is one area that has been particularly affected by the nursing shortage (Buerhaus et al., 2001). Which significantly contributes to the job dissatisfaction, stress, and burnout in oncology nurses, and increased intent to leave the profession (Epp, 2012).

Quality of work life is a comprehensive, pervasive program critical to increasing professional employee satisfaction, attracting and retaining employees (Brooks & Anderson, 2005). Moreover, the working environment and working conditions directly affect the quality of employees' working life. Due to the nature of healthcare services (being both personalized, variable, complex and often urgent), changes in organizational working conditions may cause employees to experience significant stress, negatively affecting the quality of their working life and increasing their Alienation from work (Yilmaz et al., 2018).

Stamm (2010), identified three dimensions of ProQOL, namely: Compassion Satisfaction (CS) "is essentially "the good stuff" or the positive aspects of helping"; Compassion Fatigue (CF) "is the bad stuff" or the negative aspects of helping; and Burnout which associated with physical problems. High ProQOL can increase the satisfaction of nurses with their work and affect their competence, and interest in work, their contacts with other nurses and managers, and mitigate risks associated with workplace such as stress and fatigue, and other specific factors as Compassion Fatigue (CF) and Burnout. According to Amarat et al., (2019), Professional Quality of Life (ProQOL) is defined as "a condition of psychological separation from one's image and social relations inside and outside the workplace". It is concept varies from

person to person, and depends on the ability of each person to deal with a situation.

Therefore, the satisfaction of oncology nurses working under intense stress with excessive workload and facing many problems may not be easily achieved. On the contrary, interpersonal conflicts in the work environment, inability to meet patients' expectations, the lack of autonomy, and frequent shifts in roles can have negative effects on both patient care and nurse's behavior, and lead to separation of nurses from their working (Wazqar, 2019).

Oncology nurses are more stressful than general nursing, due to the burden that interactions with cancer patients and families suffering causes (Meadors & Lamson 2008). Therefore, oncology nurses are the professionals who have most contact with patients and family members when dealing with a cancer diagnosis (Chang et al., 2016). The multifaceted role requirements of oncology nurses increase their responsibilities and acts as an additional contributor for the development of negatively effect on their quality of life (Newman et al., 2016).

In the light of increasing competitiveness as the number of healthcare organizations, increase day by day. The increase in the level of competition necessitates the obligation to perform better than competitors and to increase the quality of care. Healthcare organizations need to benefit from the human factor at the highest level. Providing nurses satisfaction is underlined as a way of doing this, by improving the environment and conditions offered to the nurses, In order for healthcare organizations to be successful, they need to benefit from the human factor at the highest-level to the nurses, and increase their satisfaction, and decrease work alienation by assigning them to positions suitable to their values and beliefs (Rivers & Glover, 2008).

Work Alienation (WA) is defined by Kozhina (2020), as: "a complex negative

mental state associated with the destruction of interpersonal communications, expressed in the perception by employees of powerlessness and loss of meaning concerning their activity, working environment, and social environment; loss of self-identification in the role of an organizational nurse". Violation and errors of interaction and communication are exist. Work alienation has three dimensions namely: powerlessness" is a nurse's lack of control over events that take place in their life"; self-estrangement "is the effect of isolation and loneliness culminates, where nurses feel unable to tackle or face their sense of apartness"; and meaninglessness refers to the nurses feeling that they lack a guide or a director for their behavior and belief (Sehrawat, 2016).

Work alienation is associated with many negative consequences, such as absenteeism, health problems, anti-productivity behavior, decreased work and life satisfaction, decreased organizational commitment delayed in organizational goals. Work alienation arising from social and emotional loneliness and work stress affects performance among nurses in health care organizations. In addition, work alienation leads to decreased job engagement, low productivity, job dissatisfaction, and negatively affect staff nurses performance. (Santas et al., 2016).

Significance of the study

Most of the oncology nurses may have no complete understanding of the nature of the situations they face in the work place, the value of others' opinions, and the forces that they must be proficient in, also they may be unable to view topics from an abroad perspective nor make the right decisions in complicated problems. There are various studies discussed these variables ProQOL and Work alienation, a study was conducted in Turkey by (Gümüş et al., 2021), to determine the levels of professional quality of life and work alienation of healthcare professionals and revealed that the professional quality of life and work alienation levels of the healthcare

professionals were slightly below the average and there was a very weak and negative relationship between them. Another study conducted in Spain by (Fernández et al., 2020), to analyze the quality of life of nursing professionals and its relationship with socio-demographic variables and the work context and showed that certain socio-demographic and work-related characteristics determine the presence of compassion fatigue, compassion satisfaction, and burnout. Moreover, a study was conducted in Iran by (Özer et al., 2017), to examine the impact of work alienation on organizational health and concluded that a negative correlation between work alienation and organizational health. Therefore, this study aims to investigate the relationship between Professional quality of life and work alienation: oncology nurses' perspective at Damanshour Oncology Center.

Aims of the Study

This study aimed to investigate the relationship between Professional quality of life and work alienation: oncology nurses' perspective at Damanshour Oncology Center.

Research question

What is the relationship between professional quality of life and work alienation: oncology nurses' perspective at Damanshour Oncology Center?

Materials and Method

Design: A descriptive correlational research design was utilized to conduct this study

Setting: This study was conducted in all units at Damanshour Oncology Center, which is affiliated to General Secretary of Specialized Medical Centers with bed capacity 100 beds. It includes 17 units: Intensive and emergency care unit (n=3); operation room (n=2); oncology unit (n=1); surgical unit (n=1); out-patient clinics (n=6); chemical therapy units (n=2); sterilization unit and binoculars unit (n=2).

Subjects: Convenience sampling technique, all staff nurses (n=230) who were working

in the previously selected settings, provide direct and indirect care, available during the time of data collection, also, and willing to participate in this study. They were divided as follows; professional nurses (n =30), technical nurses (n= 200).

Tools: Two tools were used to conduct this study.

Tool (I): Professional Quality of Life Questionnaire (ProQOL).

It was developed by **Stamm (2010)** and it was adopted by **Kolthoff (2017)**. It was used to assess oncology nurses' perception toward professional quality of life. It consists of 30 items under main three dimensions namely: compassion satisfaction, compassion fatigue, and burnout. Each dimension consists of ten items. Responses were measured on a 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. Also, the overall score was ranged from 30 to 150 and mean percent score of low ProQOL of oncology nurses less than 33.3% , moderate from 33.3% to 66.6% ,and high level of ProQOL more than 66.6% which indicated a higher level of ProQOL of oncology nurses.

Tool (II): Work Alienation Questionnaire.

The scale has been adapted by **Sayü (2014)** based on the scale developed by **Mottaz (1981)**. It was used to assess oncology nurses' perception toward work alienation. It consists of 21 items under main, three dimensions namely: powerlessness, self-estrangement, and meaninglessness. Each dimension consists of seven items. Responses were measured on a 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. Also, the overall score was ranged from 21 to 105 and mean percent score of low work alienation of oncology nurses less than 33.3% , moderate from 33.3% to 66.6% ,and high level of work alienation more than 66.6% which indicated a higher level of work alienation of oncology nurses. In addition, nurses' demographic and work related characteristics data sheet was developed by the researcher to collect data from nurses'

such as gender, age, educational qualification, marital status, number of working hours, shifts, years of experience as a nurse, and years of experience in current unit.

Methods:

1. An official permission was obtained from the Dean of Faculty of Nursing, Damanhour University, and the responsible authorities of the study settings at Damanhour Oncology Center, after an explanation of the purpose of the study.
2. The two tools were translated into Arabic, and back-to-back translation was done by the researcher and were submitted into both Arabic and English languages to a jury of five experts in the field of the study, who were divided into one professor, one assistant professor, and three lecturers to test its content, face validity and translation (Appendix IV). Accordingly, the necessary modifications were done based on their opinions.
3. The two tools were tested for their reliability by using Cronbach's alpha correlation coefficient test to measure the internal consistency of items. The two tools were proved to be reliable where $r=0.887$ for tool I (ProQOL) and $r=0.934$ for tool II (WA) at a statistical significance level ≤ 0.05 .
4. A pilot study was carried out on 10% of staff nurses (n=23), who were excluded from the study subjects; to check and ensure the clarity of items, identify obstacles and problems that may be encountered during data collection, and the necessary modifications were done.

Data collection:

- Data collection for this study was conducted by the researcher through :

The distribution of self-administered questionnaires after explaining the aim of the study at the work settings and after obtaining informed consent from the study subjects. Each nurse took about 15-20 minutes to fill these tools. The

data collected over three shifts. Data collection took a period of one month starting from 1/11/2023 to 30/11/2023.

Ethical considerations:

- A research approval was obtained from the ethical research committee at the Faculty of Nursing-Damanhour University, prior to the start of the study.
- An informed consent was obtained from the study subjects after explanation of the aim of the study.
- Right to refuse to participate or withdraw from the research were assured during the study.
- Privacy and confidentiality of the collected data were maintained during implementation of the study.
- Anonymity regarding data collected was considered.

Statistical Analysis:

Suitable statistical analysis tests were used to identify significant relations and to answer the research question. After collecting data, they were revised, coded, transferred into the designed format, to be fed to the computer using statistical IBM SPSS (Statistical Package for the Social Sciences) software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percent. The Kolmogorov-Smirnov test was used to verify the normality of distribution. Quantitative data were described using range (minimum and maximum), mean, standard deviation(SD), and median. Significance of the obtained results was judged at the 5% level.

Categorical data were described in forms of frequencies, percent, and mean with SD. Cronbach's Alpha was done to assess the reliability of the Professional Quality of Life questionnaire and KEYS questionnaire to Work Alienation using Cronbach's Alpha correlation coefficient test. Chi-square test was done for categorical variables, to compare between different groups. Student T-Test is a parametric statistical test that used for

normally distributed quantitative variables, to compare between two studied categories. (ANOVA) is a parametric statistical test that used to compare the mean for two quantitative data of more than two independent groups that follow a normal distribution. Pearson coefficient was to measure the correlation between professional quality of life questionnaire and work alienation as perceived by the studied staff nurses. Linear regression was done to show the effect of demographic and work-related characteristics and professional quality of life (PQOL) on work alienation among oncology nurses.

Results

Table 1 Table 1 revealed that the majority of the oncology nurses (74.3%) were female. The mean percent score of oncology nurses' age was (33.91±9.03). Moreover, the majority of oncology nurses (45.2%) were in the age group ranging from 20 to less than 30 years old. In relation to, oncology nurses' educational level (53.9 %) of oncology nurses had diploma of Technical Nursing Institute. On other hand, about (10.8 %) of oncology nurses had bachelor degree of nursing science. According to marital status, (72.2 %) of oncology nurses were marrie. In addition to, this table illustrated that nearly one-half of the oncology nurses (49.6%) were working 12 hours per day, while (24.8%) were working more than 12 hours per day. According to working shifts of oncology nurses, (42.2%) were working in morning and evening shifts .Concerning, mean percent score of oncology nurses' years of experience in nursing career was (13.0±8.91). Moreover, the highest percentage of oncology nurses (29.1%) had more than 20 years of experience and the lowest percentage of oncology nurses (7.8%) had 10 to less than 15 years of experience.

According to mean percent score of oncology nurses' years of experience in the current working unit, (9.48±6.94), moreover, the highest percentage of oncology nurses (30.0%) had less than 5 years of experience

in the current working unit and the lowest percentage of oncology nurses (11.7%) had 20 or more years of experience in the current working unit.

Table 2 clarified that more than one-half of oncology nurses perceived low level of the overall PQOL (59.1%). Moreover, the overall PQOL got mean \pm SD scores (84.87 \pm 19.93), and mean percent \pm SD score (45.14 \pm 17.05). In addition, The PQOL had three main dimensions namely: compassion satisfaction, compassion fatigue and burnout clarified into table 2 as following:

This table also, illustrated that (76.5%) of oncology nurses perceived low level of compassion satisfaction. Moreover, the compassion satisfaction got mean \pm SD scores (20.86 \pm 10.34), and mean percent \pm SD scores (27.14 \pm 25.84). Additionally, slightly more than two-thirds of the oncology nurses (67.4%) perceived high level of compassion fatigue. Moreover, the compassion fatigue got mean \pm SD scores (39.44 \pm 8.15), and mean percent \pm SD score (20.36 \pm 73.60). Moreover, this table showed that more than half of oncology nurses (64.3%) perceived high level of burnout, which the burnout got mean \pm SD scores (38.73 \pm 8.87), and mean percent \pm SD scores (71.83 \pm 22.18).

Table 3 clarified that oncology nurses perceived' high level of the overall work alienation (70.9%). Moreover, the overall work alienation got mean percent \pm SD scores (68.58 \pm 26.95), which represented in its all dimensions in the following order namely: powerlessness, self-estrangement and meaninglessness. Where, (70.9%) of oncology nurses perceived high level of powerlessness, and got mean percent \pm SD scores, (69.55 \pm 28.83), while (77.0%) of oncology nurses perceived high level of self-estrangement and got mean percent \pm SD scores, (66.16 \pm 28.72), moreover, (68.7%) of them perceived high level of meaninglessness and got mean percent \pm SD scores, (67.17 \pm 27.53), respectively.

Table 4 showed that there was a high statistically significant strong negative correlation between the overall of oncology nurses' perception of professional quality of life and the overall work alienation as perceived by the oncology nurses ($r = -0.640$, $p < 0.001^{**}$).

Moreover, there was a statistically significant moderate positive correlation between compassion fatigue and the all dimension of work alienation namely; Powerlessness ($r = 0.462$, $p < 0.001^{**}$), Self-estrangement ($r = 0.510$, $p < 0.001^{**}$), and Meaninglessness ($r = 0.493$, $p < 0.001^{**}$). In addition, there was a statistically significant moderate positive correlation between burnout and the all dimension of work alienation namely; Powerlessness ($r = 0.482$, $p < 0.001^{**}$), Self-estrangement ($r = 0.534$, $p < 0.001^{**}$), and Meaninglessness ($r = 0.497$, $p < 0.001^{**}$). While, there was a statistically significant weak negative correlation between compassion satisfaction with all dimension of work alienation namely; Powerlessness ($r = -0.235$, $p < 0.001^{**}$), Self-estrangement ($r = -0.317$, $p < 0.001^{**}$), and Meaninglessness ($r = -0.250$, $p < 0.001^{**}$).

Discussion

A healthy working environment is considered a main human right and is a critical issue in healthcare. The working environment and working conditions directly affect the quality of life of nurses. Due to the nature of healthcare services. Hospital changes in working conditions can cause significant stress to employees and negatively affect the quality of their working life, which causes changes in the individual's psychological and physiological state and affects their normal performance (Yilmaz et al., 2018). The quality of life of nurses who deal with human life is particularly important because if they have better quality of life, they can provide more effective services (Layali et al., 2019). Furthermore, the overloaded workload and serious work events also caused a great psychological impact on nurses, who were prone to different degrees of psychological

problems, resulting in work alienation (**Jiang et al., 2023**).

The present study indicated that the oncology nurses perceived a low level of the overall PQOL (59.1%). This finding can be due to several factors as follows; work stress can affect nurses' caring behavior due to a variety of factors, both individual and organizational. These factors include abilities, skills, job design, and leadership style. Moreover, poor working conditions can include things like a lack of supplies and nurses, Long work hours, lack of sleep, a high-stress workplace, a lack of support, quantitative workload demands, disease acuity, emotional strain from caring for cancer patients, the use of antineoplastic drugs in cancer treatment, and inadequate safety precautions when preparing antineoplastic agents all have a negative impact not only on the patients being treated but also on nurses and other healthcare professionals during planning, administering, and following care initiatives. All of these disadvantages lead to an increase in job stress and accordingly PQOL in oncology nurses. This result is supported by (**Galanis et al., 2024**), who found that there was a low perception of professional quality of life among Greek nurses due to nurses' job stress, job burnout, musculoskeletal issues, severe sleep disturbances, depression, anxiety, decreased work capacity, social support, and control over work, as well as increased emotional stress. Moreover, **Yildirim & Ertem (2022)**, found that there was a low perception of PQOL among nurses this is because in the face of burnout and work circumstances, nurses may exhibit reluctance, anxiety, and insensitivity while providing care, and this instability results in detrimental changes to their moral and professional values which affect their quality of work life. In the same line, **Jang et al., (2016)**, who found that there was a low perception of PQOL among Korean nurses.

On the other hand, this result is contradicted with **Alharbi et al., (2020)**, who stated that Saurian nurses' level of professional quality of life was high. The

reasons of these findings' are the current number of Saudi nurses in the country is insufficient to meet the demands of the healthcare sector. As a result, Saudi hospitals recruit foreign nurses to fill the shortage. In order to attract international nurses, hospitals offer higher salaries and provide accommodation and transportation, which make nurses satisfied. Additionally, this result is different from **Cruz et al., (2020)**, revealed that the level of PQOL was high among the majority of the studied nurses.

Moreover, the present study showed that the highest percentage of low PQOL level as perceived by the oncology nurses was related to three dimensions of PQOL namely; low compassion satisfaction, high compassion fatigue and high burnout. This result could be justified by the assumption that continued exposure to patient death can lead oncology nurses to experience a deep sense of loss, which negatively affect oncology nurses' communication skills and ability to cope with stress.

This study also, illustrated that (76.5%) of oncology nurses perceived low level of compassion satisfaction. Additionally, slightly more than two-thirds of the oncology nurses (67.4%) perceived high level of compassion fatigue. Moreover, this result showed that more than half of oncology nurses (64.3%) perceived high level of burnout.

This result is supported by **Kelly et al.,(2021)**, showed that the nurses had low levels of compassion satisfaction, while the levels of compassion fatigue and burnout were high. Additionally, **Baek et al.,(2020)**, who revealed that the nurses had low levels of compassion satisfaction, while the levels of compassion fatigue and burnout were high in order to the impact of the pandemic and chronic illnesses on health systems has created particularly challenging working conditions.

Moreover, **Dikmen & Aydın (2016)**, showed that the nurses had low levels of compassion satisfaction, while the levels of compassion fatigue and burnout were high.

It arises from traumatic events, failure to set professional boundaries, and escalates with ineffective utilization of empathetic abilities. In the same line, **Şirin and Yurttaş (2015)**, who found that the nurses had low levels of compassion satisfaction, while the levels of compassion fatigue and burnout were high.

On the other hand, this result is contradicted with **Wang et al.,(2020)**, who revealed that the nurses had high levels of compassion satisfaction, while the levels of compassion fatigue and burnout were low because of the high salaries nurses were given to nurses, which made nurses feel satisfied with their jobs and helped them overcome working conditions. In this respect, **Borges et al., (2019)**, stated that the nurses had high levels of compassion satisfaction, while the levels of compassion fatigue and burnout were low in order to, in both the United States and Portugal, older emergency nurses experienced higher levels of compassion satisfaction and lower levels of compassion fatigue and burnout due to the strong ability of the older nurses to adapt to situations.

Additionally, this result is different from **Deriba et al., (2017)**, who reported that the nurses had high levels of compassion satisfaction, while the levels of compassion fatigue and burnout were low as a result of both salary and incentives were significant factors in predicting nurses' satisfaction. These additional benefits likely contributed to an increase in nurses' compassion satisfaction.

The present study clarified that oncology nurses perceived' high level of the overall work alienation (70.9%). This finding can be due to several factors as follows; Loneliness and exposure to workplace trauma are crucial factors in the work environment of oncology nurses. The negative impact of these experiences on nurses is evident in their increased likelihood of missing nursing care and decreased job performance and organizational commitment. Additionally, feelings of loneliness are linked to job burnout and turnover intention. The enrichment of work-to-family relationships

plays a significant role in connecting work alienation to work effort.

This result is supported by **Alfuqaha et al.,(2023)**, showed that the participating nurses perceived high levels of work alienation due to the COVID-19 pandemic, nurses frequently work overtime, experience separation from their families, and lack financial incentives, all of which can contribute to increased feelings of work alienation. Additionally, the studies of **(Guo et al.,2021; Ghezeli et al.,2020)**, stated that the participating nurses perceived high levels of work alienation in order to The COVID-19 pandemic led to an increase in feelings of work alienation among workers, which was linked to changes in work conditions such as reduced control over work and limited job mobility. Moreover, the result of the study of **Ertekin and Ozmen (2017)**, revealed that nurses have intense feelings of alienation and experience high levels of alienation.

On the other hand, this result is contradicted with **Ata (2024)**, who revealed that (90.93%) of nurses did not feel alienated at work because of the support of nursing supervisors for nurses. Moreover, this result is contradicted with **Zohourparvaz & Vagharseyyedin (2023)**, who reported that the nurses had moderate level of work alienation.

Additionally, this result is different from **Kagan et al.,(2017)**, who revealed that the nurses had high levels of job satisfaction, while the levels of work alienation were low. One of the factors contributing to the varied outcomes is the discrepancy in the sample used in this study compared to the others. This study only focused on nurses working in infection isolation rooms, rather than encompassing all nurses. The nurses working in the infection isolation room as a demand of their job may have caused this difference.

This study also, illustrated that oncology nurses perceived' high level of the overall work alienation, which represented in its all dimensions in the following order namely: powerlessness, self-estrangement

and meaninglessness. Where, (70.9%) of oncology nurses perceived high level of powerlessness, while (77.0%) of oncology, nurses perceived high level of self-estrangement and (68.7%) of them perceived high level of meaninglessness, due to extra workload, physiological deteriorations, higher burnout levels loneliness, lack of motivation, hopelessness, in addition to exposure to workplace trauma due to the difficulty of cancer cases and the high number of deaths in this field.

This result is supported by (Mohamed & Abou-Shaheen 2022; Alfuqaha et al., 2023), showed that the participating nurses perceived high levels of powerlessness, self-estrangement and meaninglessness. This could be rationalized by similarities in culture and healthcare needs between Jordan and Egypt. Additionally, Ku et al.,(2020), revealed that the participating nurses perceived high levels of powerlessness, self-estrangement and meaninglessness.

The present study indicated that there was a high statistically significant strong negative correlation between the overall of oncology nurses' perception of professional quality of life and the overall work alienation as perceived by the oncology nurses. In fact, nurses face many difficulties and obstacles that affect their PQOL, which increase their feeling of alienation and loss the meaning of work because of levels of emotional exhaustion and decreased professional achievement were significantly higher among oncology nurses, excessive workload, loss of organizational support, and job stress. Moreover, excessive competition and personal disturbances affect their emotions and mood changes, which negatively affects the quality of their work life and diminishes it.

Furthermore, this result is consistent with Gümüş et al.,(2021), who showed that there was a negative relationship between the professional quality of life and the work alienation. Additionally, the results of the study by Erdem (2014), conducted with teachers support a negative relationship between the professional quality of life and

the work alienation. Moreover, Italy et al.,(2022), showed that there was a negative relationship between the professional quality of life and the work alienation. Moreover, this result is inconsistent with Bacaksiz et al.,(2020), who detected that there was no significant correlation between the PQOL and the work alienation.

Conclusion

The finding of this study revealed that the overall level of professional quality of life (PQOL) as perceived by the oncology nurses was low, while the overall level of work alienation was high. In addition, the result of this study concluded that there was a high statistically significant strong negative correlation between the overall PQOL and the overall work alienation as perceived by oncology nurses.

Recommendations

Based on the findings of the current study, following recommendations are suggested:

A. The hospital administrators should:

- Apply an effective system of enhancing working conditions to enable greater autonomy among nurses and build atmosphere of confidence to improve their PQOL through many activities as teamwork, executive support, social activities at work, and the high-quality relationships between managers and colleagues.
- Identify the factors that have become popular in their own organizational culture that are responsible for reducing the PQOL of nurses and causing them to be alienated from their work, and should quickly take action against the possible work alienation and low PQOL of nurses.
- Reduce work alienation by giving employees "positions" align with their values and beliefs.

B. The first line nurse managers should:

- Determine oncology nurses' personal values; match them to the workplace values and promoting career development opportunities

to increase job satisfaction, and initiating programs for mental health support to reduce stress at work.

- Improve nurses' job satisfaction, stabilize the growth of the nursing team, lower the willingness of nurses to leave, and improve the quality of nursing services.
- Motivate nurses by providing psychological and spiritual support to those who make mistakes, enacting the no-blame culture, recognizing the diversity of values, beliefs, and thought processes to encourage them to improve their attitudes toward clinical practice in clinical areas.

C. The staff nurses should:

- Participate in teamwork instead of working alone.
- Respect others' values and beliefs and accept individual differences.
- Nurses need to be aware of their own symptoms of compassion fatigue, burnout, and any alienation from job and take appropriate action to address them.
- Create friendly, supportive, guidance and teamwork relationships with coworkers.

Table (1): Distribution of oncology nurses according to their demographic and work-related characteristics (n = 230).

Demographic and work related characteristics	No.	%
Gender		
Male	59	25.7
Female	171	74.3
Age		
20-<30	104	45.2
30-<40	56	24.4
40-<50	64	27.8
≥50	6	2.6
Mean ±SD	33.91±9.03	
Educational level		
Nurse Diploma	74	32.2
Diploma of Technical Nursing institute	124	53.9
Bachelor degree of nursing science	25	10.8
Postgraduate diploma	5	2.2
Master	2	0.9
Marital status		
Married	166	72.2
Single	56	24.3
Divorced	5	2.2
Widowed	3	1.3
Number of working hours		
6 hours	59	25.6
12 hours	114	49.6
>12 hours	57	24.8
Working Shifts		
Morning	72	31.3
Evening	9	3.9
Night	25	10.9
Morning and evening	97	42.2
Morning and night	23	10.0
Evening and night	4	1.7
Years of experience in nursing career		
<5	46	20.0
5 - <10	63	27.4
10 - <15	18	7.8
15 - <20	36	15.7
≥20	67	29.1
Mean ±SD	13.0±8.91	
Years of experience in current unit		
<5	69	30.0
5 - <10	61	26.5
10 - <15	35	15.3
15 - <20	38	16.5
≥20	27	11.7
Mean ±SD	9.48±6.94	

Table (2): Distribution of the oncology nurses according to their levels of perception of professional quality of life (PQOL) (n = 230).

PQOL dimensions	No.	%
Overall PQOL		
Low	136	59.1
Moderate	70	30.5
high	24	10.4
Total score		
Min. – Max.	65.0 – 125.0	
Mean ± SD	84.87 ± 19.93	
% score		
Min. – Max.	29.17 ± 79.17	
Mean ± SD	45.14 ± 17.05	
Compassion satisfaction levels		
Low		
Moderate	176	76.5
high	17	7.4
	37	16.1
Total score		
Min. – Max.	10.0 – 50.0	
Mean ± SD	20.86 ± 10.34	
% score		
Min. – Max.	0.0 – 100.0	
Mean ± SD	27.14 ± 25.84	
Compassion fatigue levels		
Low	10	4.3
Moderate	65	28.3
high	155	67.4
Total score		
Min. – Max.	10.0 – 50.0	
Mean ± SD	39.44 ± 8.15	
% score		
Min. – Max.	0.0 – 100.0	
Mean ± SD	73.60 ± 20.36	
Burnout levels		
Low	14	6.1
Moderate	68	29.6
high	148	64.3
Total score		
Min. – Max.	10.0 – 50.0	
Mean ± SD	38.73 ± 8.87	
% score		
Min. – Max.	0.0 – 100.0	
Mean ± SD	71.83 ± 22.18	

Table (3): Distribution of oncology nurses' perception according to their levels of work alienation (n = 230).

work alienation dimensions	No.	%
Overall work alienation		
Low	25	10.9
Moderate	42	18.2
High	163	70.9
Total score		
Min. – Max.	21.0 – 105.0	
Mean ± SD	77.93 ± 23.28	
% score		
Min. – Max.	0.0 – 100.0	
Mean ± SD	68.58 ± 26.95	
Powerlessness levels		
Low	26	11.3
Moderate	41	17.8
high	163	70.9
Total score		
Min. – Max.	7.0 – 35.0	
Mean ± SD	26.47 ± 8.07	
% score		
Min. – Max.	0.0 – 100.0	
Mean ± SD	69.55 ± 28.83	
Self-estrangement levels		
Low	32	13.9
Moderate	21	9.1
high	177	77.0
Total score		
Min. – Max.	7.0 – 35.0	
Mean ± SD	25.53 ± 8.04	
% score		
Min. – Max.	0.0 – 100.0	
Mean ± SD	66.16 ± 28.72	
Meaninglessness levels		
Low	28	12.2
Moderate	44	19.1
high	158	68.7
Total score		
Min. – Max.	7.0 – 35.0	
Mean ± SD	25.81 ± 7.71	
% score		
Min. – Max.	0.0 – 100.0	
Mean ± SD	67.17 ± 27.53	

Table (4): Correlation between oncology nurses' perception of professional quality of life (PQOL) and work alienation (n = 230).

Work Alienation		Professional Quality of Life (PQOL)			
		Compassion fatigue	Burnout	Compassion satisfaction	Overall PQOL
Powerlessness	r	0.462	0.482	-0.235	-0.620
	p	<0.001**	<0.001**	<0.001**	<0.001**
Self-estrangement	r	0.510	0.534	-0.317	-0.643
	p	<0.001**	<0.001**	<0.001**	<0.001**
Meaninglessness	r	0.493	0.497	-0.250	-0.630
	p	<0.001**	<0.001**	<0.001**	<0.001**
Overall work alienation questionnaire	r	0.495	0.508	-0.266	-0.640
	p	<0.001**	<0.001**	<0.001**	<0.001**

r: Pearson coefficient

Not statistically significant at $p > 0.05$

*: Statistically significant at $p \leq 0.05$

** : high statistically significant $p \leq 0.001$

r= Pearson coefficient value; weak from 0.0 to 0.25; moderate from > 0.25 to 0.5; strong from > 0.5 to 1.00.

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