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**Keywords:**

Caregiver role; Nurse; Quality of life, Paediatric unit.

**Anahtar Sözcükler:**

Bakım verici rol; Hemşire; Yaşam kalitesi; Pediatri üniteleri.

**The Relationship Between Quality of Life and Caregiver Roles of Nurses Working in Paediatric Units**

*Pediatric Ünitelerinde Çalışan Hemşirelerin Yaşam Kalitesi İle Bakım Verici Rollerini Arasındaki İlişki*

**Gönderilme Tarihi:** 19 Mart 2023

**Kabul Tarihi:** 24 Aralık 2025

**ABSTRACT**

**Objectives:** This study was conducted to examine the relationship between the quality of life of nurses working in pediatric units and their caregiver roles.

**Methods:** This study is methodological. The sample of the study consisted of 278 nurses working in the pediatric units of two state hospitals on the Asian side of Istanbul and six private hospitals affiliated with a foundation university on the European side. Data were collected using the "Professional Quality of Life Scale" and the "Attitude Scale Regarding Nurses' Caregiving Roles (ASNCR)". The sample was selected using random sampling. Data were collected face-to-face using structured interview techniques and questionnaires.

**Results:** It was determined that 93.9% of the pediatric nurses in the research group were female, 60% were between the ages of 18 and 25, and 59.4% worked in private hospitals. The average Professional Quality of Life Scale score for nurses was 66.93±13.03, and the average "ASNCR" score was 67.79±10.76. A significant relationship was found between nurses' Professional Quality of Life Scale burnout and satisfaction sub-dimensions and their "ASNCR" overall average score (p<0.05).

**Conclusion:** It was found that nurses working in pediatric units had a good level of caregiver roles, that their caregiver roles increased as their satisfaction levels increased, and that their caregiver roles increased as their burnout levels decreased. Based on these results, it was recommended that in-service training programs be expanded to improve nurses' working conditions and enhance the quality of care.

**ÖZ**

**Amaç:** Bu çalışma pediatri ünitelerinde çalışan hemşirelerin yaşam kalitesi ile bakım verici rollerini arasındaki ilişkinin incelenmesi amacıyla yapılmıştır.

**Yöntem:** Bu çalışma metodolojiktir. Araştırmanın örneklemini İstanbul Anadolu yakasındaki iki Devlet Hastanesi ile Avrupa Yakası'ndaki bir vakıf üniversitesine bağlı altı Özel Hastanenin pediatri ünitelerinde çalışan 278 hemşire oluşturmuştur. Veriler "Çalışanlar İçin Yaşam Kalitesi Ölçeği" ve "Hemşirelerin Bakım Verme Rollerine İlişkin Tutum Ölçeği" kullanılarak toplanmıştır. Örneklem tesadüfi örnekleme yöntemiyle seçilmiştir. Veriler yapılandırılmış görüşme tekniği ve anket kullanılarak yüz yüze toplanmıştır.

**Bulgular:** Araştırma grubunda yer alan pediatri hemşirelerinin %93.9'unun kadın, %60,9'unun 18-25 yaş aralığında, ve %59.4'ünün özel hastanede çalıştığı belirlenmiştir. Çalışanlar İçin Yaşam Kalitesi Ölçeği puan ortalaması 66.93±13.03, Hemşirelerin Bakım Verme Rollerine İlişkin Tutum Ölçeği puan ortalaması 67.79±10.76 bulunmuştur. Hemşirelerin Çalışanlar İçin Yaşam Kalitesi Ölçeği tükenmişlik ve tatmin alt boyutları ile Bakım Verme Rollerine İlişkin Tutum Ölçeği genel puan ortalaması arasında anlamlı ilişki tespit edilmiştir (p<0.05).

**Sonuç:** Pediatri ünitelerinde çalışan hemşirelerin bakım verici rollerinin iyi düzeyde olduğu, hemşirelerin tatmin düzeyleri arttıkça bakım verici rollerinin de arttığı, tükenmişlik düzeyleri azaldıkça hemşirelerin bakım verici rollerinin arttığı saptanmıştır. Bu sonuçlar doğrultusunda hemşirelerin çalışma koşullarının iyileştirilmesi ve bakım kalitesinin yükseltilmesi için hizmet içi eğitim programlarının yaygınlaştırılması önerilmiştir.

**How to cite:** Kul Karayılmaz, Y., Kökcü Doğan, A. (2026). The relationship between quality of life and caregiver roles of nurses working in paediatric units. *JEUNF*, 42(1), 37-48. DOI: 10.53490/egehemsire.1267705

**Kaynak gösterimi:** : Kul Karayılmaz, Y., Kökcü Doğan, A. (2026). Pediatri ünitelerinde çalışan hemşirelerin yaşam kalitesi ile bakım verici rollerini arasındaki ilişki. *EGEHFD*, 42(1), 37-48. DOI: 10.53490/egehemsire.1267705

## INTRODUCTION

Achieving social and psychological well-being, being happy and healthy is closely related to "quality of life." Quality of Life is defined as the work-life of a person or a community, environmental safety, and the health of individuals; it also includes life and job satisfaction and social relationships (Alan & Yıldırım, 2016; Çatak & Bahçecik, 2015). If a person cannot be happy and healthy, this leads the individual to burnout. Studies found that in the professions providing services directly to people, factors such as health, education, etc., cause depression and burnout (Argentero, Miglioretti, Angilletta, 2007; Gurses, Carayon, Wall, 2009). With burnout, compassion fatigue is observed in nurses and this situation causes medical errors and low patient satisfaction (Merk, 2018). In a study conducted in New Zealand, pediatric nurses had high personal accomplishment scores, but low levels of resilience and high levels of burnout (Waterworth, Grace, 2021). Inevitably, the quality of life of individuals working in these conditions will decrease. As a result, individuals will become unsatisfied with their work in their everyday work life. In the report announced by the International Labour Organization-ILO in Geneva in 2006, it was pointed out that adverse psychological problems were an increasing problem, especially in occupations dealing with humans, and they affected the quality of and the quality of life service provided (International Labour Office, 2007; Erenoğlu, Tambağ, Can and Kabağoğlu, 2019; Şahin Önal, Kılınç, Pehlivan Sütü and Mutluay, 2014).

A person's occupation and work environment affect their life to a great extent, both physically and mentally (Çatak & Bahçecik, 2015). Reasons include emergencies, working against time, caring for the terminally ill patient, sleep disturbance, seizures, different working styles, dealing with patient relatives, extended use of technology, occupational status, role ambiguity, and economic difficulties in human-related healthcare environments, which can bring irreversible consequences (Çatak & Bahçecik, 2015; Ruiz-Fernández, Pérez-García and Ortega-Galán, 2020; Moradi, Maghaminejad and Azizi-Fini, 2014; Kent, Hochard, & Hulbert-Williams, 2019).

Working under stress, exposure to heavy workloads, problems with leave of absence, and long working hours adversely affect nurses' quality of work life (Akyüz, 2015). These adverse working conditions increase nurses' desire to leave the organization, cause them to quit their job where they should focus on their work, and reduce the quality of the service provided (Erenoğlu et al., 2019). Such a decrease in the quality of life of working individuals causes them to continue in an unproductive vicious circle (Şahin et al., 2014). Nurses who feel healthy physically and mentally provide quality care services. For this reason, knowing the quality of life of nurses who represent an essential part of the healthcare team and providing the conditions for increasing the rate is a necessity rather than a choice (Yuksel, 2011; Çatak & Bahçecik, 2015).

Pediatric nurses, who are an important part of health care, need to be able to achieve the targeted activity and care, the quality of care should be increased, pediatric nurses should be provided with a qualified work life, their quality of life should be evaluated accurately and negative conditions should be improved. It is observed that there are not enough studies in Turkey on the quality of work-life of nurses who walk on a fine line in providing quality patient care (Şahin et al., 2014; Akyüz, 2015; Çatak & Bahçecik, 2015; Erenoğlu et al., 2019). Although there are similar studies (Cherven, Jordan, Hale, Wetzel, Travers & Smith, 2020; Karaarslan, Sevinç, Ergin & Balcı, 2023) in the literature, increasing studies investigating the relationship between attitudes and behaviors towards the caregiving role, which is an important part of the nursing profession, and quality of life, will contribute to evidence-based nursing practices in the literature. In this study, it was aimed to examine the attitudes of pediatric nurses regarding quality of life and caregiver roles.

This study aims to examine the relationship between the quality of life of nurses working in pediatric units and their caregiver roles.

## METHOD

### Research Design

It was a descriptive study to determine the relationship between the quality of life and caregiver roles of nurses working in pediatric units.

### Research Population and Sample

The population of the study consisted of 361 nurses working in pediatric units in 2 (two) State Hospitals on the Asian side of Istanbul and 6 (six) Private Hospitals on the European side, and the sample was composed of 278 nurses working in these units and volunteered to participate in the research. The sample size of the study was

determined to be at least 187 individuals with a 95% confidence interval and a 5% margin of error, and it was observed that the sufficient sample size was achieved. 83 nurses refused to participate in the study. The sample was selected by random sampling method.

#### **Inclusion criteria**

- 1- To be voluntary to participate in the study
- 2- To be at least 18 years old
3. To be at least high school graduate
4. To be working at least for 1 (one) year

#### **Exclusion criteria**

1. To be working as a nurse in a department different from pediatric unit

#### **Data Collection**

The study was conducted between December 2019 and March 2020 in two state hospitals in Istanbul and six private hospitals affiliated with a foundation university on the European Side. After explaining the purpose and duration of the study, data were collected from nurses who agreed to participate in the study. The data were collected face-to-face using a structured interview technique and a questionnaire. The questionnaire was completed in approximately 15-20 minutes.

#### **Data Collection Tools**

"Descriptive Information Form," " QOLS," and " ASNCR " were used as data collection tools.

**Descriptive Information Form:** The form consists of 8 questions prepared by the researchers (gender, age, education, institution of employment, professional experience, unit of employment, marital status, number of children).

**Professional Quality of Life Scale:** The " QOLS, "developed by Stamm in 2005 and adapted into Turkish by Yeşil et al. in 2010, consists of 30 items, and its Cronbach's Alpha reliability coefficient is 0.848. In order to use the scale in the study, written permission to use the scale was obtained from Yeşil Aslı, who conducted the Turkish validity and reliability study. After permission, the scale was administered to the nurses who agreed to participate in the study. The scale has three subscales. The first of the subscales is Job Satisfaction, indicating the satisfaction of the working person. Items 3, 6, 12, 16, 18, 20, 22, 24, 27, and 30 in the subscale measure job satisfaction. Cronbach's Alpha reliability coefficient of this subscale is 0.89. In our study, Cronbach's Alpha value of the job satisfaction subscale was 0.89. The second subscale, burnout, measures burnout due to the inability to overcome the problems that occur in work life. Items 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29 in the subscale measure burnout. Cronbach's Alpha reliability coefficient of the scale is 0.622. In our study, Cronbach's Alpha value of the burnout subscale was 0.66. The third subscale of the scale is Compassion Fatigue. This subscale measures the symptoms of intense stress in the work environment. It is recommended that working people who score high on this scale be referred to support. Items 2, 5, 7, 9, 11, 13, 14, 23, 25, and 28 in the scale measure compassion fatigue. Items 1, 4, 15, 17, and 29 of the scale are reverse-scored in the calculation of this subscale. The items in the scale are scored as "Rarely" (0)," Occasionally" (1), "Sometimes" (2), "Often" (3), and "Very often" (5). Cronbach's Alpha value of this subscale is 0.80. Our study found that the Alpha reliability value of compassion fatigue was 0.82 (Yeşil, Ergün, Amasyalı, Er, Olgun and Aker, 2010).

**Attitude scale for nurses in caregiving roles (ASNCR):** The scale, developed by Koçak, Albayrak, and Büyükkayacı Duman in 2014, consists of 16 items. Cronbach's Alpha reliability coefficient of the scale is 0.906. ASNCR has 3 (three) subscales. The first of the subscales is Nurses' Attitude Towards Meeting Self-care Needs and Counselling Role, and it shows the fulfillment of nurses' self-care needs and the role of counseling. Items 2, 6, 10, 11, 14, 15, and 16 in the scale measure nurses' self-care needs and counseling roles. Cronbach's Alpha reliability coefficient of this subscale is 0.84. Items 3, 5, 12, and 13 on the scale are related to Nurses' attitudes toward protecting the individual and respecting the rights of the Individual. This subscale measures nurses' ability to protect individuals and respect their rights. Cronbach's Alpha reliability coefficient of this subscale is 0.836.

The third subscale is Nurses' Attitude Towards the Roles in the Treatment Process. Items 1, 4, 7, 8, and 9 in the scale measure nurses' roles in the treatment process. Cronbach's Alpha reliability coefficient of this subscale is 0.75 (Koçak, Albayrak, and Büyük Kayacı Duman, 2014). In our study, the Cronbach's alpha value of the scale was found to be 0.93.

## Data Analysis

The data obtained in this research were analyzed using SPSS (Statistical Package for Social Sciences) for Windows 25.0 program. The number, percentage, mean, and standard deviation was used to evaluate the data. The conformity of the data to a normal distribution was assessed using the Kolmogorov-Smirnov test, and it was determined that the data do not follow a normal distribution. The Mann-Whitney U test was used to compare the means of two independent groups that did not show normal distribution characteristics and the Kruskal Wallis test compared quantitative data between more than two separate groups. The Mann-Whitney U test was used for binary comparisons to determine the differences after the Kruskal-Wallis test. The relationship between the two quantitative data was analyzed using Spearman's Correlation Analysis. Results were evaluated at a 95% confidence interval and a 5% significance level.

## Ethical Considerations

Approval was obtained from Istanbul Medipol University Non-Interventional Clinical Research Ethics Committee (Date: 18.07.2019, No: 10840098-604.01.01-E.32701) and permission was obtained from the Provincial Health Directorate and the chief physician of the private university hospital where the research was conducted. The study was conducted by adhering to the principles of "Volunteering," "Respect for Autonomy," and "Privacy, and Confidentiality."

## RESULTS

It was determined that 93.9% of the pediatric nurses in the study group were female, 60% were between the ages of 18-25, 66.9% had a bachelor's degree, 59.4% worked in a private hospital, 63.3% had 1-3 years of professional experience, 44.6% worked in the intensive care unit, and 78.8% were single (Table 1).

**Table 1. Descriptive Characteristics of Nurses Working in Paediatrics Units (n=278)**

Descriptive characteristics	Groups	n	%
Age group	<b>18-25</b>	<b>169</b>	<b>60.8</b>
	26-35	91	32.7
	36 and over	18	6.5
Gender	Male	17	6.1
	<b>Female</b>	<b>261</b>	<b>93.9</b>
Education status	High school	40	14.4
	Associate degree	32	11.5
	<b>Bachelor's degree</b>	<b>186</b>	<b>66.9</b>
	Master's degree	20	7.2
Institution	State hospital	113	40.6
	<b>Private hospital</b>	<b>165</b>	<b>59.4</b>
Professional experience	<b>1-3 years</b>	<b>176</b>	<b>63.3</b>
	4-10 years	72	25.9
	11-15 years	15	5.4
	16 years and over	15	5.4
Unit	Service	65	23.4
	Emergency	50	18.0
	<b>Intensive care</b>	<b>124</b>	<b>44.6</b>
	Other	39	14.0
Marital status	Married	59	21.2
	<b>Single</b>	<b>219</b>	<b>78.8</b>

The QOLS mean score of the nurses participating in the study was 66.93±13.03. When the subscale mean scores were examined, satisfaction was 32.58 ± 9.28, burnout was 19.10±6.56, and compassion fatigue was 15.25±7.91. ASNCR total mean score was found as 67.79 ±10.76 while subscale mean scores were 29.64±4.84 for self-care, 17.22±2.90 for protection, and 20.92±3.43 for treatment (Table 2).

**Table 2. Mean Scores of Professional Quality of Life and Caregiver Roles Of Nurses (n=278)**

Scale	Subscales	M±SD	Min.	Max.
QOLS	Satisfaction	32.58±9.28	5.00	50.00
	Burnout	19.10± 6.5	6.00	41.00
	CF.	15.25±7.9	.00	50.00
	<b>Overall</b>	<b>66.93±13.03</b>	<b>24.00</b>	<b>125.00</b>
ASNCR	Self-care	29.64±4.84	7.00	35.00
	Protection	17.22±2.90	4.00	20.00
	Treatment	20.92±3.43	7.00	25.00
	<b>Overall</b>	<b>67.79±10.76</b>	<b>19.00</b>	<b>80.00</b>

A significant relationship was found between burnout and satisfaction subscales of the " QOLS " and "ASNCR" total mean score, Self-Care, Protection, and Treatment subscales (p<0.05) (Table 3).

**Table 3. Findings Related to the Comparison of Nurses' Quality of Life and Caregiver Roles**

		Self-care	Protection	Treatment	SNCR	Satisfaction	Burnout	CF.
<b>Protection</b>	r*	.872						
	p	<b>.000</b>						
<b>Treatment</b>	r*	.874	.849					
	p	<b>.000</b>	<b>.000</b>					
<b>ASNCR</b>	r*	.971	.928	.948				
	p	<b>.000</b>	<b>.000</b>	<b>.000</b>				
<b>Satisfaction</b>	r*	.407	.404	.391	.419			
	P	<b>.000</b>	<b>.000</b>	<b>.000</b>	<b>.000</b>			
<b>Burnout</b>	r*	-.206	-.231	-.226	-.221	-.529		
	p	<b>.001</b>	<b>.000</b>	<b>.000</b>	<b>.000</b>	<b>.000</b>		
<b>Compassion Fatigue</b>	r*	-.083	-.090	-.102	-.083	.112	.491	
	p	.168	.133	.091	.166	.062	<b>.000</b>	
<b>QOLS Total</b>	r*	.099	.079	.054	.094	.346	.427	.788
	p	.100	.190	.370	.119	<b>.000</b>	<b>.000</b>	<b>.000</b>

\* Spearman's Correlation Analysis

A significant correlation was found between the age of the nurses in the sample group. The Satisfaction and Burnout Subscales of the Professional Quality of Life Scale (p<0.05). Satisfaction subscale scores of the nurses in the 18-25 age group (33.86±8.81) and the burnout subscale scores of the nurses in the 26-35 age group (20.75±6.79) were found to be higher than the other groups (Table 4).

A significant relationship was found between the education levels of the nurses participating in the study and the Satisfaction Subscale of the QOLS (p<0.05). The satisfaction scores of the high school graduate nurses (36.73±6.73) were higher than the other groups (Table 4).

A significant correlation was found between the institution nurses work for and the Satisfaction Subscale of the QOLS (p<0.05). The satisfaction scores of the nurses working in private hospitals (34.28±8.42) were found to be higher than those working in state hospitals (Table 4).

A significant relationship was found between nurses' marital status and Satisfaction, Burnout, and Compassion Fatigue Subscales of QOLS (p< 0.05). Satisfaction subscale scores of single nurses (33.26±9.09) were

found to be higher than those of married nurses and burnout (20.63±5.98). Compassion fatigue (16.90±6.52) subscale scores of married nurses were higher than those of single nurses (Table 4).

**Table 4. Comparison of Nurses' Descriptive Characteristics and Quality of Life Scores (n=278)**

Descriptive Characteristics.		Satisfaction	Burnout	CF,*	QLS**
<b>Gender</b>	Male	33.00±7.04	18.47±7.33	18.12±9.35	69.59±14.53
	Female	32.56±9.42	19.14±6.52	5.06±7.80	66.75±12.94
	Z	-.041	-.362	-1.240	-.545
	p	.968	.718	.215	.586
<b>Age</b>	18-25 years	33.86±8.81 a>b	18.42±6.43 a<b	15.62±7.94	67.9±13.69
	26-35 years	30.08±10.02	20.75±6.79	14.78±7.93	65.6±11.73
	36 years and over	33.28±7.43	17.11±4.99	14.11±7.76	64.5±12.63
	χ <sup>2</sup>	9.473	9.120	.837	3.801
	p	<b>.009</b>	<b>.010</b>	.658	.149
	<b>Education status</b>	High school	36.73±6.73	18.65±6.84	5.68±6.84
Associate degree		30.69±9.17 a>b	20.53±7.48	14.56±9.3	65.78±15.62
Bachelor's degree		32.18±9.79 a>c	18.97±6.37	15.34±7.88	66.49±12.79
Master's degree		31.05±6.79 a>d	18.9±6.3	14.6±8.32	64.55±12.86
χ <sup>2</sup>		10.930	1.212	1.816	6.016
p		<b>.012</b>	.750	.611	.111
<b>Institution</b>	State hospital	30.11±9.94	19.22±6.5	4.82±7.13	64.15±11.9
	Private hospital	34.28±8.42	19.01±6.62	15.54±8.42	68.83±13.45
	Z	-3.679	-.131	-.586	-2.554
	p	<b>.000</b>	.896	.558	<b>.011</b>
<b>Professional experience</b>	1-3 years	33.42±9.46	18.56±6.39	14.99±8.02	66.97±13.31
	4-10 years	30.54±8.59	20.42±7.13	16.53±7.64	67.49±12.4
	11-15 years	31.80±11.23	21.27±5.56	13.20±7.25	66.27±13.35
	16 years and over	33.33±7.34	16.93±5.39	14.20±8.50	64.47±13.29
	χ <sup>2</sup>	6.077	7.097	4.204	.848
	p	.108	.069	.240	.838
<b>Marital status</b>	Married	30.08±9.61	20.63±5.98	16.90±6.52	67.61±11.47
	Single	33.26±9.09	18.68±6.66	14.80±8.21	66.74±13.44
	Z	-2.342	-2.195	-2.277	-.645
	p	.019	.028	<b>.023</b>	.519

A significant correlation was found between the education level of the nurses in the sample group and the Self-Care and Protection Subscales of ASNCR and ASNCR total scores ( $p<0.05$ ). High school graduate nurses' self-care subscale score (30.78±3.84) protection subscale score (17.88±2.17), and ASNCR total mean scores (70.15±8.52) were found to be higher than the other groups (Table 5).

A significant difference was found between the institution nurses work for and the Self-Care, Protection, and Treatment subscales of ASNCR and ASNCR total scores ( $p<0.05$ ). Nurses working in private hospitals had higher self-care (30.3±4.52), protection (17.71±2.71), treatment (21.38±3.3) subscale scores, and ASNCR scores (69.39±10, 12) than the other groups (Table 5).

There was a significant relationship between the professional experience of nurses and the Treatment subscale of ASNCR ( $p<0.05$ ). Treatment subscale mean scores of the nurses who had 1-3 years of professional experience (21.34±3.19) were found to be higher than the other groups (Table 5).

A statistically significant difference was found between the marital status of the nurses and the Self-Care and Treatment subscales of ASNCR and ASNCR total mean scores ( $p < 0.05$ ). It was found that single nurses' self-care subscale score ( $29.93 \pm 4.87$ ) protection subscale score ( $17.35 \pm 2.94$ ), and treatment subscale score ( $21.11 \pm 3.43$ ) were higher than married nurses (Table 5).

**Table 5. Comparison of Nurses' Descriptive Characteristics and Caregiver Roles (n=278)**

Descriptive Characteristics.		Self-care	Protection	Protection	ASNCR
Gender	Male	27.88±6.57	16.18±3.88	20.59±4.14	64.65±14.25
	Female	29.76±4.7	17.29±2.83	20.95±3.39	67.99±10.49
	Z=	-1.303	-1.143	-.102	-.888
	P=	.193	.253	.919	.374
Age	18-25 years	29.88±5.10	17.34±2.97	21.11±3.40	68.33±11.08
	26-35 years	29.46±4.51	17.01±2.95	20.67±3.60	67.14±10.64
	36 years and over	28.39±3.73	17.11±1.91	20.44±2.79	65.94±7.96
	$\chi^2=$	4.003	2.203	2.265	3.289
Education status	P=	.135	.332	.322	.193
	High school	30.78±3.84(a>b)	17.88±2.17(a>b)	21.5±2.92	70.15±8.52
	Associate degree	27.09±5.48	15.91±3.39	19.75±3.45	62.75±11.78
	Bachelor's degree	29.76±4.88(c>b)	17.32±2.96	20.95±3.58	68.03±11
Institution	Master's degree	30.35±3.96	17.10±2.31	21.45±2.65	68.9±8.72
	$\chi^2=$	11.575	8.360	6.094	10.186
	p	<b>.009</b>	<b>.039</b>	.107	<b>.017</b>
	State hospital	28.68±5.14	16.5±3.04	20.27±3.53	65.45±11.26
Professional experience	Private hospital	30.3±4.52	17.71±2.71	21.38±3.3	69.39±10.12
	Z=	30.3±4.52	17.71±2.71	21.38±3.3	69.39±10.12
	p	<b>.003</b>	<b>.000</b>	<b>.003</b>	<b>.001</b>
	1-3 years	30.13±4.7	17.46±2.69	21.34±3.19(a>b)	68.93±10.18
Marital status	4-10 years	28.94±5.39	16.76±3.57	20.15±4.04	65.86±12.55
	11-15 years	28.6±4.36	16.67±2.44	20.4±3.07	65.67±9.6
	16 years and over	28.4±3.46	17.13±1.85	20.27±2.79	65.8±7.59
	$\chi^2=$	6.579	3.250	8.054	6.157
Marital status	p	.087	.355	<b>.045</b>	.104
	Married	28.58±4.58	16.73±2.75	20.24±3.39	65.54±10.31
	Single	29.93±4.87	17.35±2.94	21.11±3.43	68.39±10.82
	Z=	2.211	-1.812	-2.008	-2.067
	P=	<b>.027</b>	.070	<b>.045</b>	<b>.039</b>

## DISCUSSION

Work-life is in line with living conditions, and quality of life and quality of life at work can directly affect each other. The productivity and motivation of healthcare workers increase as the quality of life that affects work life is improved for the successful delivery of health services (Durmuş, Gerçe, and Çiftçi 2018; Köse, 2019). The quality of life total mean score of the nurses participating in the study was  $66.93 \pm 13.03$ . When the subscale mean scores were examined, it was established that the mean satisfaction score ( $32.58 \pm 9.28$ ) was high, the mean burnout score was moderate ( $19.10 \pm 6.56$ ), and the mean compassion fatigue score ( $15.25 \pm 7.91$ ) was low.

In the study of Köse (2019), who found similar results to our research, it was established that nurses had high job satisfaction levels ( $30.51 \pm 8.53$ ) while burnout ( $20.56 \pm 5.58$ ) and compassion fatigue ( $18.36 \pm 9.30$ ) mean scores were at a moderate level.

Working life is parallel to living conditions, and quality of life and quality of life at work can directly affect each other (Durmuş, Gerçe, & Çiftçi 2018). The daily practice of health professionals is a complex and interdependent collective work in which actions need to be integrated (Souza et al. 2020).

For the successful delivery of healthcare services, quality of life should be improved and the productivity and motivation of healthcare professionals should be increased (Köse, 2019). The quality of life total mean score of the nurses participating in the study was  $66.93 \pm 13.03$ . When the subscale mean scores were examined, it was established that the mean satisfaction score ( $32.58 \pm 9.28$ ) was high, the mean burnout score was moderate ( $19.10 \pm 6.56$ ), and the mean compassion fatigue score ( $15.25 \pm 7.91$ ) was low. In the study of Köse (2019), who found similar results to our research, it was established that nurses had high job satisfaction levels ( $30.51 \pm 8.53$ ) while burnout ( $20.56 \pm 5.58$ ) and compassion fatigue ( $18.36 \pm 9.30$ ) mean scores were at a moderate level. In our study, the mean ASNCR score of the nurses was  $67.79 \pm 10.76$ . The minimum score of the ASNCR was 19.00 and the maximum score was 80.00, which was above the average. In a study conducted with the DASNCR scale, the mean score of the nurses' attitude toward their caregiver roles was found to be  $60.74 \pm 9.06$  out of 100 (Dilmen Kalı, 2019). In a survey of the professional values and caregiver roles of nurses, the ASNCR total mean score was found to be  $62.41 \pm 9.22$  out of a minimum of 30.00 and a maximum of 80.00, and it was stated that the caregiver roles of nurses were at a reasonable level (Bakır & Su, 2022). In another study, it was found to be  $62.15 \pm 10$  out of 100 (Bulut, Aydın, Avcı, 2022). The findings obtained from these studies support our study.

A positive correlation was found between the "Attitude ASNCR" total mean score and "Satisfaction Subscale of Quality of Life Scale (SSQL)" and a negative correlation existed between the "Attitude Scale for Nurses in Caregiving Roles (ASNCR)" total mean score and "Burnout Subscale" ( $p = .000$ ). The importance nurses attach to the care-oriented nurse-patient interaction increases when the caregiver roles of nurses improve positively. They perceive themselves as competent while caring and find the care-oriented nurse-patient interaction applicable. Since the high perception of treatment and protection is associated with the importance given to holistic care, high-level care-oriented nurse-patient interactions are an expected result. Quality of life includes the physiological and psychological state, the mood of the individual, and their relationships within the family and society. It can be said that quality of life and the caregiver role of nursing are closely related, affects the patient in every aspect, and nursing care practices are multidimensional. The study by Demirci Aygün (2019) established that low job satisfaction was a risk factor for compassion fatigue and burnout. Demirci Aygün (2019) stated that since working and living conditions affect each other, it is essential to improve working conditions and ensure job satisfaction by adapting them to human needs to prevent traumatic stress symptoms and increase the quality of life of the person. Nurses working in pediatric clinics can perform nursing care better when they are satisfied with working conditions, training, wages, position, etc. As a result, they can feel more comfortable. Nurses who are confident at work get more satisfaction from their job, and thus they can increase their quality of work life (Demirci Aygün, 2019).

Professional quality of life is extremely important as it directly affects the well-being and job satisfaction of healthcare professionals, including pediatric nurses, high levels of ProQOL can lead to increased compassion satisfaction, positive emotions and motivation in the work environment, resulting in effective and compassionate care for pediatric patients (Balakhdar & Alharbi, 2023).

Kılıç and İnci (2018) study on the Investigation of Traumatic Stress Symptoms, Occupational Satisfaction, Burnout, and Compassion Fatigue in Nurses Working at State Hospitals revealed that increasing education level, unit, and some socio-demographic characteristics are effective in the formation of compassion fatigue. An overly self-sacrificing and overly empathetic approach can effectively form compassion fatigue in nurses (Kılıç & İnci, 2018). Kılıç and İnci (2018) stated that compassion fatigue causes nurses to feel worn out and lose their determination and faith in working. A study stated that nurses' job satisfaction, burnout, and compassion fatigue levels might affect their quality of life (Çolak and Buldukoğlu, 2021). Çolak and Buldukoğlu (2021) revealed that nurses developed strategies such as leaving the organization, quitting nursing, changing departments, switching from full-time to part-time working hours, changing shifts, and limiting the number of days worked as coping strategies. In a study on Nursing Job Satisfaction and Burnout Levels and the Evaluation of Nursing Care Quality, it was found that nurses' burnout levels decreased as their care behaviors increased, and, parallel to our study, the level of burnout was affected by care behaviors (Hezer, 2019).

A significant difference was found between the age groups of the nurses participating in the study and the satisfaction and burnout subscale scores of QLS ( $p < .05$ ). The satisfaction subscale means the score of nurses in the 18-25 age group was higher than the other groups.

This result suggests that young nurses have lower expectations because they have low education levels and are single; therefore, their satisfaction levels increase and the burnout rate decreases. Denk and Koçkar's study (2018)

showed that nurses aged 40 and older had higher job satisfaction averages. Our study determined that nurses' burnout subscale mean score in the 26-35 age group was significantly higher than in the other groups. Denk and Koçkar (2018) also found that the burnout subscale mean scores of nurses in the 30-34 age group were significantly higher than the other groups, which was associated with professional experience. It was determined that the QLS satisfaction mean score of the high school graduate nurses in the sample group was significantly higher ( $p = .012$ ) than in the other groups.

This situation shows that as the education level of the nurses increases, their expectations increase, and they need to meet a sufficient level of satisfaction. As a result, the quality of nursing care decreases. Contrary to our research, in the study conducted using the QOLS, Denk and Koçkar (2018) compared the job satisfaction mean scores of the nurses participating in the study according to their education level and found that the job satisfaction levels of the nurses with Master's Degree were higher than the other groups. However, Denk and Koçkar (2018) stated that people with a high level of education consider events more comprehensively than others, examine events in all aspects, strengthen their decision-making and increase their responsibilities. These may increase burnout. Another study, on the other hand, another study stated that Emotional Exhaustion is experienced more in nurses with undergraduate and graduate degrees than in nurses who graduated from health vocational high school (Gülbayrak & Mavili Aktaş, 2020). This study a significant difference was found between the institution where the nurses participating in the study worked and their QLS and satisfaction subscale scores ( $p < 0.05$ ). It was determined that the mean score of nurses working in private hospitals was significantly higher than the mean score of nurses working in state hospitals ( $p = .019$ ). In the study of Karabey (2020), it was found that the answers of the nurses working in private hospitals for the job satisfaction scale were satisfactory. On the contrary, in the study on quality of life and work alienation of nurses working in state hospitals, Köse found that nurses' level of job satisfaction, one of the subscales of quality of life, was high. In our study, it is believed that QLS overall mean score was higher in private hospitals since most of the questionnaires were applied to nurses working in pediatric clinics of a private hospital. In addition, professional satisfaction was higher due to the small number of patients cared for in a private hospital, and there were more financial opportunities in terms of working condition.

A significant relationship was found between nurses' marital status and Satisfaction, Burnout, and Compassion Fatigue Subscales of the QOLS ( $p < 0.05$ ). The satisfaction subscale mean scores of single nurses were found to be significantly higher than the mean scores of married nurses. This may be because married nurses have a less idealistic approach to the profession than single nurses. They can focus on their job less due to the housework, childcare, family, kinship responsibilities, etc., they perform in the community. On the contrary, Denk (2018) and Köse (2019) found that married individuals had higher job satisfaction levels. The burnout level and the compassion fatigue mean scores of the married nurses participating in the study were significantly higher than the mean score of the single nurses. This may be because married nurses working in pediatric units have more responsibility in their private and social lives and financial situations. Because these responsibilities, when combined with the stress in the workplace, cause burnout. Contrary to our study, Denk (2018), Temel, Yildiz, and Eti Aslan (2020) found in their studies that the burnout levels of married nurses were lower than those of single nurses as the social support mechanisms of married individuals were stronger. The need to fulfill their domestic responsibilities led nurses to lead a more regular life.

A significant correlation was found between the education levels of the nurses participating in the study and self-care, protection subscales of the Attitude Scale for Nurses in Caregiving Roles, and scale total scores ( $p < .05$ ). The mean scores of the high school graduate nurses were higher than the other groups. The study of Torun and Çavuşoğlu (2018) stated that as nurses' level of education increased, their patients started to receive care with a humanistic approach. However, Torun and Çavuşoğlu (2018) also indicated that nurses with advanced education levels also increase wage expectations. The quality of care may decrease if these unmet expectations affect job satisfaction. In addition, They did not find a significant relationship between the education levels of the nurses and the job satisfaction scores. They stated that this was because the education level of the nurses made no difference in the work nurses would do in the clinic, and they did the same job (Torun & Çavuşoğlu, 2018).

A significant relationship was found between the institution where the nurses in the study group worked and self-care, protection, treatment subscales, and ASNCR total scores ( $p < .05$ ). It was established that the mean scores of nurses working in private hospitals were higher than the mean score of nurses working in state hospitals. Healthcare professionals working in private hospitals care for fewer patients, which may enable them to fulfill their responsibilities better during working hours and may affect the level of treatment given. In the study by Dilmen Kalı (2019) conducted with the same scale in a state hospital, it was reported that long working hours increased nurses' stress levels, decreased work efficiency, and caused a lack of attention and deficiencies in the care applied to patients.

The nurse could not be reached when necessary, and the caregiver role of nurses was adversely affected while the feeling of trust decreased. Özdemir and Özdemir (2021), on the other hand, examined the recruitment of healthcare professionals in the private sector and stated that 78.7% of the healthcare professionals had decreased productivity levels because they had to choose private hospitals as they could not find a job in state hospitals.

This study the difference between nurses' professional experience and treatment subscale scores of ASNCR was found to be statistically significant ( $p<0.05$ ). It was determined that the mean scores of the nurses working for 1-3 years were high. In the study of Bakır and Su (2022) conducted with the same scale, it was believed that the reason for nurses' high subscale scores in caregiving was that most were newly graduated nurses. They also stated that job satisfaction decreases as the work years increase.

A statistically significant difference was found between the marital status of the nurses in the sample group and ASNCR total scores, self-care, and treatment subscale scores ( $p<0.05$ ). In this study, the mean score of married nurses was found to be lower than single nurses. This situation shows that single nurses can focus better on nursing care and treatment because of the low intensity of their private lives. In the study by Şanal (2020) conducted on the impact of the professional values of pediatric nurses on caring behaviors, it was stated that single nurses who did not have children behaved more professionally in nursing care because they were younger and idealistic.

### Limitations

The study is limited to 278 nurses who volunteered to participate in the research and who worked in the pediatric units of two state hospitals located on the Asian side of Istanbul and six Private University Hospitals situated on the European side. The data were based on personal information.

### CONCLUSION

A positive significant correlation was found between ASNCR total scores and quality of life sub-dimension satisfaction scores and a negative significant correlation was found between burnout sub-dimension scores ( $p<0.05$ ). As the satisfaction levels of the nurses increased, their caregiving roles increased, and as their burnout levels increased, their caregiving roles decreased. In addition, it was determined that QLS mean scores of the nurses working in a private hospital and ASNCR mean scores of the nurses who were graduated from high school, who worked in a private hospital, and who were single were found to be significantly higher than the other groups ( $p<0.05$ ). In the light of these results, it is recommended to conduct research with different sample groups to investigate the causes and risk factors of satisfaction, burnout and co-satisfaction fatigue of nurses and to develop solutions for this.

**Author Contributions:** Concept and design: Y.K., A.KD. Data collection: Y.K., A.KD., Data analysis and interpretation: Y.K., A.KD. Writing manuscript: Y.K., A.KD., Critical review: Y.K., A.KD.

**Conflict of Interest:** The authors have no conflicts of interest to declare.

**Funding:** The authors declared that this study has received no financial support

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