

Relationship Between Psychological Flexibility and Professional Quality of Life in Nurses Working in Psychiatric Clinic*

Psikiyatri Kliniğinde Çalışan Hemşirelerde Psikolojik Esneklik ve Profesyonel Yaşam Kalitesi Arasındaki İlişki*

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ABSTRACT

Introduction: This study aims to evaluate the association between psychological flexibility and the professional quality of life of nurses working in a mental clinic.

Methods: In an eastern Turkish mental health facility, 151 nurses participated in this descriptive and correlational study. Surveys prepared through Google Forms were shared with nurses using WhatsApp groups. The study used the "Personal Information Form", "Psychological Flexibility Scale" and "Professional Quality of Life Scale", to evaluate the psychological flexibility and quality of life of psychiatric nurses. The data was collected online and analyzed in the SPSS 26.0 program.

Results: Based on the results of the analysis, nurses' psychological flexibility levels were found to be above average, professional satisfaction levels were found to be below average, and burnout and empathy fatigue levels were found to be moderate. Psychological flexibility, occupational satisfaction, and empathy fatigue were found to be significantly positively correlated; however, burnout was not found to be significantly correlated. Psychological flexibility explained 20.3% of professional satisfaction and 7.8% of professional quality of life.

Conclusion: This study showed that the psychological flexibility of psychiatric nurses positively affected their professional quality of life. Implementation of psychosocial approaches based on acceptance and mindfulness strategies to increase the psychological flexibility of nurses and to improve professional satisfaction.

Keywords: Psychiatric nursing, Professional quality of life, Psychological flexibility, Empathy fatigue, Professional satisfaction

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ÖZET

Giriş: Bu çalışma, psikiyatri servislerinde hizmet veren hemşirelerin psikolojik esneklikleri ile profesyonel yaşam kaliteleri ilişkisini araştırmayı amaçlamaktadır.

Yöntem: Tanımlayıcı ve ilişkisel olan bu çalışma, Türkiye'nin doğusunda bir ruh sağlığı hastanesinde 151 hemşire ile yapılmıştır. Google formlar aracılığıyla hazırlanan anketler WhatsApp grupları kullanılarak servis hemşirelerine toplu olarak iletilmiştir. Araştırmada, psikiyatri hemşirelerinin psikolojik esneklik ve yaşam kalitelerini değerlendirmek amacıyla "Kişisel Bilgi Formu", "Psikolojik Esneklik Ölçeği" ve "Profesyonel Yaşam Kalitesi Ölçeği" kullanılmıştır. Veriler online olarak toplanmış ve SPSS 26.0 programında analiz edilmiştir.

Bulgular: Analiz sonucunda elde edilen bulgulara göre hemşirelerin psikolojik esneklik düzeyleri ortalamanın üstünde, mesleki tatmin düzeyleri ortalamanın altında, tükenmişlik ve eş duyum yorgunluğu düzeyleri ise orta düzeyde bulunmuştur. Psikolojik esneklik ile eş duyum yorgunluğu ve mesleki tatmin arasında anlamlı ilişki saptanmış, ancak tükenmişlik ile anlamlı ilişki bulunmamıştır. Psikolojik esneklik, mesleki tatminin %20.3'ünü, profesyonel yaşam kalitesinin %7.8'ini açıklamıştır.

Sonuç: Bu çalışma, psikiyatri hemşirelerinin psikolojik esnekliğinin profesyonel yaşam kalitelerini olumlu etkilediğini göstermiştir. Hemşirelerin psikolojik esnekliğini arttırmak için kabul ve farkındalık stratejilerine dayalı psikososyal yaklaşımların uygulanması ve mesleki tatminlerini arttırmak için kurumsal destek sağlanması önerilmektedir.

Anahtar Kelimeler: Psikiyatri hemşireliği, Profesyonel yaşam kalitesi, Psikolojik esneklik, Eş duyum yorgunluğu, Mesleki tatmin

1. Introduction

Nurses working in psychiatric clinics play important roles in solving the psycho-social problems of psychiatric patients and meeting their needs, which is a vital area (Jones and Lippmann, 2019). However, working in this field also creates many difficulties and sources of stress for nurses. Nurses working in psychiatric clinics generally experience burnout and stress due to reasons such as the large number of patients, intangible disease symptoms, and high needs and observation requirements (Arslan and Buldukoğlu, 2021; Durmaz et al., 2017; Kaya et al., 2019; Kayaoğlu and Aslanoğlu, 2021). In addition, since there are 0.0026 psychiatric nurses for every 100,000 people in Türkiye, the workload is quite high (Songur et al., 2017). This situation negatively affects nurses' work efficiency, motivation, and quality of life (Foster et al., 2019; López et al., 2019; O'Connor et al., 2018; Oğuzberk and Aydın, 2008). To identify and improve the professional quality of life for nurses working in psychiatric clinics, it is crucial to look at effective variables including the working environment, professional perspective, and individual aspects (Chachula, 2021; Çam and Engin, 2014; Kara and Düzgün, 2020; Konttila et al., 2020).

Psychological flexibility is one of the individual factors of nurses working in a psychiatric clinic. Psychological flexibility is the capacity of the individual to accept his/her inner experiences in the face of the events he/she experiences, to focus on the present without being stuck in the past and future, and to take action towards goals in line with his/her values (Donosa et al., 2020; Karakaş et al., 2017). Individuals with psychological flexibility are more resilient in challenging life conditions, experience fewer anxiety symptoms, and have a higher general mental well-being (Puolakanaho et al., 2020; Ramaci et al., 2019). Thus, psychological flexibility plays an important role in helping nurses cope with the stress and burnout they experience due to the working conditions and the variety of cases they encounter. Studies have shown that nurses' feeling better, and their motivation is related to psychological flexibility (Holmberg et al., 2020), and as the level of psychological flexibility decreases, emotional exhaustion increases (Toprak et al., 2020). Furthermore, the empathy process affects nurses working in psychiatric clinics psychologically and emotionally when they encounter distressing situations. This might result in empathy fatigue, one of the sub-dimensions of professional quality of life. (Karakaş et al., 2017; Paradis-Gagné et al., 2020). In this case, it is thought that psychological flexibility can help nurses cope with empathy fatigue.

There aren't many studies in the literature that specifically look at the connection between psychological flexibility and nurses'

professional quality of life. Research including nurses and other healthcare professionals has shown that psychological flexibility and professional quality of life are positively correlated (Hughes et al., 2017; Karakaş et al., 2017) and interventions that support psychological flexibility help reduce the risk of burnout in healthcare professionals (Paradis-Gagné et al., 2020; Toprak et al., 2017). However, the connection between psychological flexibility and the idea of professional quality of life has not yet been explored in research employing psychiatric nurses.

This study aims to evaluate the association between psychological flexibility and the professional quality of life of nurses working in a mental clinic.

2. Methods

2.1. Study Design and Participants

This study used a cross-sectional, descriptive research design. It was carried out with nurses employed at the mental clinic of the Elazığ Mental Health and Diseases Hospital in eastern Türkiye between July 2020 and August 2021. The formal sample size was not determined based on the exploratory nature of this study. Additionally, this study conformed to the principle that the number of observations in the analysis should be at least 10 times larger than each independent variable to provide an adequate sample size for the effect size estimate used in multiple regression (Stamm, 2005). In this regard, an attempt to reach out to all the nurses who were qualified for the study. However, 3 nurses, declined to take part in the study because they were not comfortable doing so. 151 nurses who worked in mental health clinics were involved in the study. The study's nursing participants were cooperative and communicative, with a minimum of one year of experience working in psychiatric facilities.

2.2. Data Collection

The COVID-19 pandemic prevented in-person interviews from getting data. The surveys prepared via Google Forms were delivered to the ward nurses collectively via their WhatsApp groups. Nurses who could not access the survey were contacted privately, the surveys were re-sent, and data was collected. Filling out the data collection tools took approximately 5-10 minutes for each participant.

2.3. Data Collection Instruments

The Personal Information Form, The Psychological Flexibility Scale (PFQ) and The Professional Quality of Life Scale (ProQOL) were administered.

Personal Information Form: This questionnaire was prepared in line with the literature by the researchers (Kaya et al., 2019; Kayaoğlu and Aslanoğlu, 2021; Oğuzberk and Aydın, 2008). 8 questions regarding the sociodemographic and professional traits of nurses including age, gender, marital status, professional education level, professional experience, position, monthly income, and working style are provided in the questionnaire.

The Professional Quality of Life Scale: Developed by Stamm BH (2005), ProQOL is a self-report assessment tool consisting of thirty items and three subscales, developed to evaluate professional quality of life. The scale has 3 sub-dimensions: (1) professional satisfaction, (2) burnout and (3) emotional fatigue (25). Each item is scored between 0 and 5. The score that can be obtained from the scale varies between 0 and 150. A high score on the first subscale indicates the level of satisfaction or satisfaction as a helper. A high score from the second subscale indicates a high level of burnout. A high score from the third subscale indicates a high level of stress. In 2010, Yeşil et al. developed the Turkish validity and reliability of the scale, determining a Cronbach α coefficient of 0.84 (Yeşil et al., 2010). In this study, the Alpha reliability value of the scale was determined as 0.75.

The Psychological Flexibility Scale: The scale was developed by Francis, Dawson and Golijani-Moghaddam (2016) and consists of 28 items. PFQ, which has five sub-dimensions: values, being in the moment, acceptance, conceptualized self and cognitive fusion, is scored between 1 and 7. The Turkish validity and reliability of the scale were conducted by Karakuş and Akbay in 2020 (Karakuş and Akbay, 2020). Each dimension can be evaluated separately by adding its items, or the total score can be obtained from the scale. The score that can be obtained from the scale varies between 28 and 196. As the score obtained from the scale items increases, the psychological flexibility of individuals also increases. In the validity and reliability study, the Cronbach Alpha internal consistency coefficient of the PFQ was calculated as .79, and in this study, this value was determined as .76.

2.4. Data Analysis

In the evaluation of the data, the data collected with Google Forms were first transferred to the Excel program. After that, the data were transferred to the Windows SPSS 26.0 (Statistical Package for

Social Sciences version 26.0) package application to perform the required statistical analyses. The Kolmogorov-Smirnov test was used to examine the normality of the distribution of the data. ANOVA, the independent groups t-test, the Pearson correlation test, the mean, number, and percentage distributions, as well as basic linear regression analysis, were employed. The variables that were found to be statistically significant as a result of this analysis were included in the regression analysis as control variables. This process was preceded by a bivariate analysis of the relationship between other attribute data and professional quality of life (Fox and Weisberg, 2018). The significance level was set at $p < 0.05$, and the results were analyzed at the 95% confidence range.

2.5. Ethical Considerations

Ethical approval was received from the Inonu University Health Sciences Non-Interventional Clinical Research Ethics Committee (Date: 28.07.2020, REF: 2020/998). In addition, institution permission was obtained from the Elazig Mental Health and Diseases Hospital (REF: E.483). After necessary explanations were made to the nurses who agreed to participate in the research about the purpose, duration, scope and application method of the research, written consent was obtained from those who agreed. Ethical principles including the principle of "Confidentiality and Protection of Confidentiality" were fulfilled by stating that the information obtained would be kept confidential, and the principle of "Respect for Autonomy" was fulfilled by recruiting those who wanted to participate in the research voluntarily. Since individual rights must be protected in the research, the Helsinki Declaration of Human Rights was adhered to during the study. In addition, written permission has been obtained for scale writers.

3. Results

There were statistically significant differences ($p < 0.05$) between the PFQ scores and the nurses' age, education level, marital status, and duration of work. Nurses who were 41 years old and over, had a bachelor's degree or more, were married, and had a service period of 10 years or more had higher PFQ scores (Table 1).

There were important variations in the ProQOL scores of nurses and their age, gender, duration of service, and professional position ($p < 0.05$). Burnout scores were higher in clinics whose age was 41 and over, who were women, whose service period was 10 years or more, and who worked in the clinic. Nurses with 1-5 years of service had higher fatigue scores. Satisfaction scores were higher for administrative nurses (Table 2).

Table 1. Comparison of PFQ Subscale Score Means According to Nurses' Socio-Demographic Characteristics

Socio-demographic characteristics	n	PFQ					
		Values	Being moment	Acceptance	Conceptualized self	Cognitive fusion	Total PFQ
		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Age							
20-30	77	53.61±5.17	37.4±3.65	13.89±4.25	13.58±3.36	10.36±2.53	122.50±12.15
31-40	43	55.46±4.58	36.1±3.69	13.27±4.04	14.34±3.81	12.04±2.45	125.46±9.62
41 and over	31	56.22±4.95	38.3±3.28	13.51±3.59	13.87±3.76	11.58±2.56	128.80±10.47
***^Test and p-value		F=3.827 p=0.024	F=3.698 p=0.027	F=0.336 p=0.715	F=0.629 p=0.535	F=4.697 p=0.011	F=4.069 p=0.019
Gender							
Female	105	54.14±4.91	37.13±3.79	13.23±3.87	13.50±3.55	11.04±2.51	124.32±11.44
Male	46	55.89±5.22	37.50±3.36	14.56±4.32	14.67±3.51	11.65±2.70	126.15±11.26
Test and p-value		t=-1.974 p=0.050	t=-0.566 p=0.573	t=-1.869 p=0.064	t=-1.866 p=0.064	t=-1.328 p=0.186	t=-0.908 p=0.365
Educational level							
Highschool/Associate degree	42	56.21±4.22	36.90±2.68	13.09±3.51	14.97±2.89	11.38±2.27	123.27±11.98
University	109	54.08±5.24	37.37±3.97	13.85±4.23	13.43±3.72	11.17±2.69	128.66±8.83
Test and p-value		t=2.356 p=0.094	t=-0.708 p=0.008	t=-1.031 p=0.197	t=2.420 p=0.052	t=0.440 p=0.238	t=-2.719 p=0.007
Marital status							
Single	59	53.79±5.56	37.94±4.02	14.13±4.30	13.61±3.58	10.71±3.09	124.32±11.44
Married	92	55.23±4.64	36.79±3.34	13.32±3.86	14.02±3.57	11.56±2.13	126.15±11.26
Test and p-value		t=-1.721 p=0.087	t=1.910 p=0.058	t=1.201 p=0.232	t=-0.690 p=0.492	t=-2.002 p=0.047	t=-0.908 p=0.365
Income level							
Low	64	54.90±5.08	37.37±2.88	13.14±3.62	13.62±3.61	11.34±2.53	124.58±10.85
Moderate	55	55.29±4.95	37.47±3.75	14.58±4.83	14.65±3.45	10.89±2.83	124.85±12.08
Good	32	53.15±5.02	36.59±4.77	13.03±3.06	12.96±3.49	11.23±2.58	126.05±11.38
Test and p-value		F=1.941 p=0.147	F=0.651 p=0.523	F=2.380 p=0.096	F=2.546 p=0.082	F=0.853 p=0.428	F=0.129 p=0.879
Working clinic							
Subacute clinics	44	54.63±5.89	37.77±3.68	13.79±3.93	13.38±3.64	11.54±2.82	124.00±12.40
Acute clinics-Treatment service	107	54.69±4.69	37.02±3.64	13.57±4.11	14.05±3.53	11.10±2.47	125.24±10.97
Test and p-value		t=-0.055 p=0.410	t=1.132 p=0.365	t=0.303 p=0.819	t=-1.034 p=0.775	t=0.906 p=0.333	t=-0.608 p=0.544
Service period (years)							
1-5 years	53	53.37±5.31	36.67±3.75	13.92±4.01	13.18±3.38	10.45±2.79	122.41±11.78
6-10 years	42	54.04±5.21	37.78±3.96	14.02±4.73	13.38±3.98	11.42±1.96	123.07±11.55
10 years and over	56	56.35±4.24	37.37±3.30	13.08±3.49	14.85±3.23	11.82±2.62	128.57±10.01
**Test and p-value		F=5.445 p=0.005	F=1.130 p=0.326	F=0.836 p=0.436	F=3.617 p=0.029	F=4.167 p=0.017	F=4.967 p=0.008
Working status							
Clinical nurse	117	54.52±5.00	37.69±3.19	13.87±4.05	13.52±3.63	10.88±2.63	123.37±10.98
Manager nurse	34	55.17±5.28	35.70±4.66	12.85±3.97	15.00±3.13	12.44±1.98	130.05±11.35
Test and p-value		t=-0.655 p=0.940	t=2.852 p=0.184	t=1.295 p=0.822	t=-2.137 p=0.335	t=-3.199 p=0.163	t=-3.098 p=0.002

PFQ: The Professional Quality of Life Scale, SD: Standard Deviation * independent t-test, ** ANOVA test, ^: post hoc analysis.

Table 2. Comparison of Socio-Demographic Characteristics and ProQOL Subscale Score Averages

Socio-demographic characteristics	n	Professional satisfaction Mean±SD	Burnout Mean±SD	Compassion fatigue Mean±SD
Age				
20-30	77	36.18±5.92	21.13±5.80	27.77±7.66
31-40	43	36.38±5.91	21.06±5.14	26.41±7.57
41 and over	31	39.06±7.38	16.25±6.17	18.48±7.28
**Test and p-value		F=2.400 p=0.094	F=8.891 p=0.001	F=17.137 p=0.001
Gender				
Female	105	36.56±5.85	20.46±5.77	26.54±7.32
Male	46	37.60±7.24	19.30±6.48	23.06±9.96
*Test and p-value		t=-0.939 p=0.349	t=1.090 p=0.278	t=2.395 p=0.018
Educational level				
Highschool/Associate degree	42	37.92±6.01	19.38±5.40	23.61±9.00
University	109	36.47±6.38	20.38±6.21	26.20±7.99
*Test and p-value		t=1.271 p=0.642	t=-0.923 p=0.439	t=-1.716 p=0.241
Marital status				
Married	59	36.83±5.69	20.75±6.04	26.72±8.70
Single	92	36.91±6.69	19.69±5.97	24.68±8.04
*Test and p-value		t=-0.078 p=0.938	t=1.057 p=0.292	t=-1.475 p=0.142
Income level				
Low	64	37.31±6.28	19.85±5.29	24.42±8.81
Moderate	55	37.16±6.28	19.20±6.68	25.45±7.25
Good	32	35.53±6.39	22.22±5.76	27.65±8.93
*Test and p-value		F=0.938 p=0.394	F=2.674 p=0.072	F=1.618 p=0.202
Working clinic				
Subacute clinics	44	36.97±6.14	19.88±6.08	26.38±7.49
Acute clinics-Treatment service	107	36.84±6.39	20.19±5.98	25.11±8.67
*Test and p-value		t=0.120 p=0.636	t=-0.289 p=0.801	t=0.852 p=0.177
Service period (years)				
1-5 years	53	37.11±5.45	21.61±5.69	28.88±8.10
6-10 years	42	34.42±6.38	20.64±6.33	25.09±6.65
10 years and over	56	38.50±6.51	18.30±5.65	22.55±8.64
**^Test and p-value		F=5.358 p=0.006	F=4.547 p=0.012	F=8.727 p=0.001
Working status				
Clinical nurse	117	35.83±6.14	20.25±5.68	25.28±7.75
Manager nurse	34	40.47±5.53	19.61±7.05	26.17±10.20
*Test and p-value		t=-3.953 p=0.569	t=0.539 p=0.038	t=-0.549 p=0.003

PFQ: The Professional Quality of Life Scale, SD: Standard Deviation * independent t-test, ** ANOVA test, ^: post hoc analysis.

Table 3. Distribution of Nurses' PFQ and The ProQOL Sub-Dimensions Mean Score

Psychological flexibility scale sub-dimensions	Lower and upper values of the original scale	Lower and upper values taken from the scale in this research	In this research, mean±sd of sub-dimensions points
Values	10-70	39-64	54.67±5.05
Being moment	7-49	23-46	37.24±3.65
Acceptance	5-35	5-26	13.64±4.04
Conceptualized self	3-21	3-21	13.86±3.57
Cognitive fusion	3-21	4-17	11.23±2.58
PFQ total points	28-196	96-151	124.88±11.38
ProQOL sub-dimensions			
Professional Satisfaction	10-50	21-50	36.88±6.30
Burnout	10-50	3-34	20.10±6.00
Compassion fatigue	10-50	7-45	25.48±8.34

PFQ: Psychological Flexibility Scale, ProQOL: Professional Quality of Life Scale, SD: Standard Deviation.

The average scores that nurses obtained on the sub-dimensions of the quality of life (ProQOL) and psychological flexibility (PFQ) scales, along with the Pearson correlation coefficients between them, are indicated in Table 3. Among the PFQ sub-dimensions, the scores were 54.67±5.05 in the values sub-dimension, 37.24±3.65 in the present sub-dimension, 13.64±4.04 in the acceptance sub-dimension, 13.86±3.57 in the contextual self sub-dimension, and 11.23±2.58 in the dissociation sub-dimension. Among the ProQOL sub-dimensions, 36.88±6.30 points were obtained in the professional satisfaction sub-dimension, 20.10±6.00 in the burnout sub-dimension, and 25.48±8.34 points in the sensory fatigue sub-dimension.

Table 4. Relationship Between PFQ subscales and ProQOL subscales in nurses

PFQ total and subdimensions	ProQOL Subdimensions		
	Professional satisfaction	Burnout	Compassion fatigue
Values	0.436** 0.001	-0.368** 0.001	-0.176* 0.031
Being moment	0.067 0.416	-0.397** 0.001	-0.588** 0.001
Acceptance	-.289** 0.001	0.026 0.753	-0.148 0.070
Conceptualized self	0.399** 0.001	-0.208* 0.011	0.027 0.739
Cognitive Fusion	0.432** 0.001	-0.272** 0.001	-0.012 0.886
Total PFQ	0.450** 0.001	-0.093 0.255	0.168* 0.039

* p<0.05, ** p<0.001, ***Spearman korelasyon analysis PFQ: Psychological Flexibility Scale ProQOL: Professional Quality of Life Scale

Table 4 showed a moderately strong positive association (r=0.69) between values and occupational satisfaction and a moderately strong positive link (r=0.61) between dissociation and total PFQ. Moderate (r=-0.54) negative significant relationships were determined between empathy fatigue and being moment. A weak (r=-0.22) negative significant relationship was found between professional satisfaction and acceptance, and a weak (r=0.37) positive significant relationship was found between conceptualized self. Weakly negative significant relationships were observed between burnout and values (r=-0.33), being in the moment (r=-0.43), conceptualized self (r=-0.17) and cognitive fusion (r=-0.26). A weak (r=0.16) positive significant relationship was determined between empathy fatigue and total PFQ. Other relationships were found to be meaningless.

The simple linear regression analysis results are given in Table 5. Psychological flexibility explained 20.3% of professional satisfaction (β=0.249, p <.001) and 7.8% of professional quality of life (β=0.326, p <.001).

Table 5. Simple Regression Analysis Results on the Relationship between Professional Quality of Life, Professional Satisfaction and Psychological Flexibility

	Variable	B	t	p	VIF	F	Modal (p)	Adjusted R ²	DW
Professional satisfaction	Psychological flexibility	5.764 0.249	1.135 6.152	0.258 0.001	1.000	37.843	0.001	0.203	1.774
	Psychological flexibility	41.752 0.326	3.618 3.541	0.001 0.001	1.000	12.540	0.001	0.078	1.408

PFQ: Psychological Flexibility Scale ProQOL: Professional Quality of Life Scale

4. Discussion

As a result of the research, it was determined that the psychological flexibility level of nurses was above average, their professional satisfaction and burnout levels, which are sub-dimensions of professional quality of life, were above and below average, and empathy fatigue was at medium level. Furthermore, it was shown that there was no significant correlation between psychological flexibility and burnout and that there was an important beneficial connection between psychological flexibility with both professional satisfaction and empathy fatigue. These findings were compared and discussed with similar studies in the literature.

In this study, it was determined that the psychological flexibility level was above the average (124.88±11.38). This result is similar to the finding obtained in a study on psychological flexibility in working women (Karakaş et al., 2017). However, in a study conducted with healthcare professionals working in hospitals, Ramaci and colleagues found that the level of psychological

flexibility was below average (Houghton et al., 2020). This difference indicates that workspace may be an important factor affecting psychological flexibility. In another study examining the psychological flexibility of nursing students, the low psychological flexibility levels of the participants drew attention and it was emphasized that this situation was affected by the dynamics of the epidemic (Gök, 2015). This finding supports that psychological flexibility is a feature that can change over time and may differ depending on environmental conditions.

One of the sub-dimensions of ProQOL, professional satisfaction, was found to be higher in our research than the average (36.88±6.30). This finding is consistent with the research that looked at the quality of life among mental health nurses (Cihan, 2020). In a study conducted with health professionals, Yeşil et al. obtained similar findings (Yeşil et al., 2010). In this study, it was observed that the burnout level, one of the sub-dimensions of

professional quality of life, was below the average (20.10 ± 6.00). This result is consistent with the finding shown by Coşkun et al. in their study on psychiatric nurses (Coşkun et al., 2015). Giles found that nurses did not experience burnout and voluntarily provided care for patients in a research involving nurses (Giles, 2011). One of the sub-dimensions of ProQOL, emotion fatigue was found to be at an average level in this study (25.48 ± 8.34). This result is similar to the finding obtained by Coşkun et al. in their study on psychiatric nurses (Coşkun et al., 2015). According to a study he conducted with healthcare professionals, Doman determined that healthcare professionals are not at risk of compassion fatigue (Doman, 2010). In this regard, it can be claimed that the data gathered from this investigation are supported by the results of the earlier study.

The results of this study showed a moderately strong positive correlation between nurses' psychological flexibility and their degree of professional satisfaction. It is seen that as the level of psychological flexibility increases, professional satisfaction increases. Moreover, according to the results of simple linear regression analysis, psychological flexibility explained 20.3% of professional satisfaction (Table 4). This finding shows that psychological flexibility is an important predictor of professional satisfaction. There isn't a single study examining the connection between psychological flexibility and satisfaction while working in the nursing field. However, in a study examining psychological flexibility in healthcare professionals, it was determined that increased psychological flexibility enabled healthcare professionals to adapt better to challenging working conditions (Karakaş et al., 2017), increased work commitment, and provided psychological relief in the profession (Hughes et al., 2017). It is thought that all these positive results will have an impact on professional satisfaction.

One of the sub-dimensions of ProQOL, burnout, was found to have not an important connection with the psychological flexibility degree in this study. In contrast to our findings, a study by Montaner et al. with medical professionals found that psychological rigidity the opposite of psychological flexibility and burnout were positively correlated (Montaner et al., 2021). The study also concluded that interventions supporting psychological flexibility may help lower the risk of burnout in healthcare professionals. (Mcateer and Gillanders, 2019). In an investigation involving oncology nurses, it was shown that high burnout was experienced by nurses with little psychological flexibility. (Pérez-Fuentes et al., 2019). Similarly, in a study conducted with psychology and nursing students, it was emphasized that there was an important relationship

between psychological flexibility and burnout levels and that interventions that increase psychological flexibility should be implemented as therapeutic targets to reduce the level of burnout in university students (Maben and Bridges, 2020). However, the reason why no relationship was found between psychological flexibility and burnout in this study may be that the burnout level of nurses is below average. In this case, studies with nurses with higher burnout levels are needed to see the burnout-reducing effect of psychological flexibility. In addition, the difference between previous studies and this research may be due to reasons such as the sample group not being nurses working in the same branch, including nurses from countries with different socio-economic structures, and health indicators not being the same between countries.

This study found that emotion fatigue increased in nurses in proportion to their psychological flexibility. Duarte et al. discovered, in contrast to our findings, that nurses with minimal emotional exhaustion had significant levels of psychological flexibility (Duarte et al., 2017). Our study's data was gathered during the COVID-19 pandemic. In the course of this, nurses who continued to work on the front lines, regardless of position, had increased working hours, shouldered the increased workload, and completed their shifts in a dangerous working environment (Cheung et al., 2020). Since they had to stay away from their families and relatives when necessary to reduce the risk of infection, emotional factors were added to the physical fatigue they experienced (Fox and Weisberg, 2018). All these factors have caused nurses to experience high stress and face serious risks in maintaining their mental health (Uslu, 2020). In this process where they were extremely worn out physically, emotionally, and mentally, their excessive energy expenditure paved the way for the risk of burnout and subsequent compassion fatigue (Pisa, 2020). The findings of our study are believed to deviate from the literature for these reasons.

4.1. Limitations

The limitations of this study include the selection of the sample group from a single hospital and the collection of data by self-reporting method psychological flexibility and professional quality of life. For this reason, it is thought that studies with larger sample groups from different hospitals and regions can provide more reliable results on this subject. Furthermore, incorporating additional factors that could influence psychological adaptability and professional quality of life into the study could yield a deeper understanding of this topic. The results of this study may help

researchers, educators, and nursing managers plan and carry out the required interventions to improve the psychological adaptability and professional quality of life of nurses working in psychiatric clinics.

5. Conclusion

The results of this study may help researchers, educators, and nursing managers plan and carry out the required interventions to improve the psychological adaptability and professional quality of life of nurses working in psychiatric clinics. As a result of the research, it was determined that the psychological flexibility level of nurses was above average, their professional satisfaction and burnout levels, which are sub-dimensions of ProQOL, were above and below average, and emotion fatigue was at medium level. Furthermore, it was shown that there was no significant correlation between psychological flexibility and burnout and that there was a substantial positive association between psychological flexibility and both emotional exhaustion and professional satisfaction. According to the results of simple linear regression analysis, psychological flexibility explained 20.3% of professional satisfaction and 7.8% of professional quality of life. Considering the positive relationship between psychological flexibility and professional satisfaction in the study, it may be suggested that nurses use interventions that enhance psychosocial flexibility. It can be recommended to implement psychosocial approaches that use Acceptance and Commitment Therapy to increase the psychological flexibility of nurses. Creating institutional programs and policies that will improve the professional quality of life and professional happiness of nurses employed in psychiatric clinics may also be beneficial. Programmes aimed at improving psychological flexibility in schools are believed to contribute to the continued academic success of individuals' psychological health. Furthermore, given the importance of psychological flexibility in the health sector, it is recommended to develop targeted intervention programs for these groups. It is recommended that individual or group practices be developed to share the results with healthcare institutions, generate awareness and increase their psychological flexibility.

Article Informations

Evaluation: Two External Reviewers / Double Blind

Ethical Consideration: Ethical approval was received from the Inonu University Health Sciences Non-Interventional Clinical Research Ethics Committee (Date: 28.07.2020, REF: 2020/998). In addition, institution permission was obtained from the Elazig Mental Health and Diseases Hospital (REF: E.483). After necessary

explanations were made to the nurses who agreed to participate in the research about the purpose, duration, scope and application method of the research, written consent was obtained from those who agreed. Ethical principles including the principle of "Confidentiality and Protection of Confidentiality" were fulfilled by stating that the information obtained would be kept confidential, and the principle of "Respect for Autonomy" was fulfilled by recruiting those who wanted to participate in the research voluntarily. Since individual rights must be protected in the research, the Helsinki Declaration of Human Rights was adhered to during the study. In addition, written permission has been obtained for scale writers.

*Derived from master thesis.

Similarity Screening: Done – iThenticate and intihal.net


Ethical Statement: health@artuklu.edu.tr

Authorship Contribution:

Research Design (CRediT 1):	LÜA (%40) - EY (%60)
Data Collection (CRediT 2)	LÜA
Research - Data Analysis - Verification (CRediT 3-4-6-11)	LÜA (%80) - EY (%20)
Writing the Article (CRediT 12-13)	LÜA (%80) - EY (%20)
Development and Revision of the Text (CRediT 14)	EY

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