Validity of ProQOL-5 Nepali Version: Burnout is Largely a Western Concept for Nepali Doctors

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Abstract

This study examined the validity and reliability of the Nepali version of ProQOL-5 (N-ProQOL-5). A survey design was applied, and 547 Nepali doctors responded. CFA results showed non-retention of burnout symptomology in the Nepali population due to poor factor loading. The symptomology of STS and CS were tested, and five items of each construct were retained. The fit indices scores through CFA of a bi-factor model of N-ProQOL-5 showed the best fit: SMRs, RMR, and RMSEA measured less than 0.08, and the scores for NFI, TLI, AGFI, and CFI were above .90. The reliability coefficients of STS and CS subscales of N-ProQOL-5 were 0. 855 (p = 0.05), 0.852 (p = 0.05) respectively. Convergent and discriminant validity of STS and CS subscale of N-ProQOL-5 were established. The tool is valid and reliable to use in the Nepali population, however, the construct for Burnout was not relevant.
Keywords: ProQOL-5, Nepali Version, CFA, Burnout Medical Doctors

Introduction

The professional quality of life (ProQOL) scale, developed and tested by Dr. Beth Hudnall Stamm to measure the negative and positive aspects of trauma care in service providers, is widely used in the health and humanitarian sector (Stamm, 2010; Sodeke-Gregson et al., 2013). Despite its wider use and validation in many languages, the reliability and validity to use ProQOL-5 in the Nepali context has not yet been established. The author translated and contextualized the tool in the Nepali care providers' population in 2017 (Adhikari, 2020), however, the process of validation through a confirmatory factor analysis was not available. This study aims to present the validation process of N-ProQOL-5, with adequate statistical tests, for its further use in the health care professionals in Nepal.

Method

Study Design

A non-experimental, cross-sectional design was conducted to assess the ProQOL-5 among Nepali doctors. A mixed to the data collection process was applied; thus, online and paper and pen survey forms. The inclusion criteria were the registration of doctors in Nepal Medical Council, and exclusion criteria was discontinued medical practice through retirement, health or mental health issues, and other reasons such as family or personal issues.

Tools

N-ProQOL-5 consists of 30 items, referring 10 items each for Burnout (BO), Secondary Traumatic Stress (STS), and Compassion Satisfaction (CS). Each item's responses were asked in a Likert scale to rate as 1=Never, 2= Rarely, 3=Sometimes, 4=Often, and 5=Very Often. The cut-off scores for each sub-scale as per the manual, are below the 25th or above the 75th percentiles (Stamm, 2010). The researcher translated and adapted the N-ProQOL-5 into the Nepali language (Adhikari, 2020). In this study, the Pearson correlation for N-ProQOL-5 (n = 112) was analyzed. A significant negative correlation was found between Compassion Satisfaction (CS) and Burnout (BO) with a correlation coefficient of $r = -0.69$ and $p < 0.001$, as well as between CS and Secondary Traumatic Stress (STS), which had a correlation coefficient of $r = -0.20$ and $p < 0.038$. Conversely, a significant positive correlation was observed between BO and STS, with a correlation coefficient of $r = 0.61$ ($p < 0.001$). The overall reliability of the N-ProQOL-5 scale was deemed modest, with a Cronbach's alpha of $\alpha = 0.651$ (Adhikari, 2020). This scale was assessed reliability and validity through Confirmatory Factor Analysis (CFA), which had not been conducted previously.

Ethical Aspects of the study

This research followed the ethical approval from the Austrian Academy of Psychology (AAP) In Austria, and the Nepal Health Research Council (NHRC) in Nepal.

Data Analysis

The collected data was analyzed using the 25th version of SPSS and SPSS AMOS. The analysis involved several preliminary tests to ensure the validity of the data. These included assessments for normality, homogeneity of variances, and linearity. Additionally, multicollinearity and correlations among the variables were examined prior to conducting

further analyses. Descriptive statistics were computed and tested to summarize the data effectively. Distribution checks were performed using scatter plots, and for kurtosis and skewness, to confirm that the data followed a normal distribution. The assumptions underlying correlation analysis were evaluated through Pearson's product-moment correlation method. The results from these tests are detailed in the results section of the report.

Results

This paper details the confirmatory factor analysis and outcomes related to the ProQOL-5 Nepali version. The reliability coefficients for the subscales of the Nepali version of ProQOL-5 were evaluated and found to be as follows: 0.693 for Burnout (BO), 0.766 for Secondary Traumatic Stress (STS), and 0.861 for Compassion Satisfaction (CS) (Adhikari & Senft, 2022). The overall means and standard deviations were BO (M = 31.52, SD = 4.55), STS (M = 27.92, SD = 6.50), and CS (M = 54.03, SD = 8.38). The mean scores for burnout (BO) and secondary traumatic stress (STS) among Nepali doctors suggest that a significant proportion experience a moderate risk of both conditions, with BO scoring an average of 31.52 (SD = 4.55) and STS averaging 27.92 (SD = 6.50). Regarding career satisfaction, the Compassion Satisfaction (CS) measure indicates that scores of 22 or lower reflect low satisfaction levels, while scores of 42 or higher denote high satisfaction. The findings reveal that Nepali doctors report high levels of satisfaction in delivering compassionate care to their patients and caregivers, with an average CS score of 54.03 (SD = 8.38). Only a small percentage of doctors were at high risk for burnout (1.28%) and secondary traumatic stress (1.65%). Additionally, only 0.18% of doctors expressed dissatisfaction with their ability to provide compassionate care through their professional services.

Confirmatory Factor Analysis of N-ProQoL-5

CFA process and outcomes

Descriptive statistics were calculated before conducting CFA for the Nepali version of ProQOL-5 (N-ProQOL-5). Reliability scores for BO, STS, and CS were measured as 0.693, 0.766, and 0.861 respectively. The overall means and standard deviations were BO (M = 31.52, SD = 4.55), STS (M = 27.92, SD = 6.50) and CS (M = 54.03, SD = 8.38). Histograms, normal Q-Q plots, box plots, scatter plots, Mahalanobis' distances for the DVs and residuals were tested. The normality of the data was tested by evaluating the skewness and kurtosis of all the items of ProQOL-5. No serious deviations from normality were observed.

CFA for N-ProQOL-5 was run for the three-factor model suggested by the authors of ProQOL-5 and used in other studies (Duarte, 2017; Samson, Iecovich, & Shvartzman, 2016; Stamm, 2010). The three-factor model of PRoQOL-5 includes 10 items each for BO, STS, and CS. The details on the coding and items for each factor are presented below in Table 1.

Table 1.

Items and Coding of ProQOL-5

| Factor	Code	Item
Burnout	PROQOL_1	I am happy

	PROQOL_4	I feel connected to others
	PROQOL_8	I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help]
	PROQOL_10	I feel trapped by my job as a [helper]
	PROQOL_15	I have beliefs that sustain me
	PROQOL_17	I am the person I always wanted to be
	PROQOL_19	I feel worn out because of my work as a [helper]
	PROQOL_21	I feel overwhelmed because my case [work] load seems endless
	PROQOL_26	I feel "bogged down" by the system
	PROQOL_29	I am a very caring person
Secondary Traumatic Stress	PROQOL_2	I am preoccupied with more than one person I [help]
	PROQOL_5	I jump or am startled by unexpected sounds.
	PROQOL_7	I find it difficult to separate my personal life from my life as a [helper]
	PROQOL_9	I think that I might have been affected by the traumatic stress of those I [help]
	PROQOL_11	Because of my [helping], I have felt "on edge" about various things
	PROQOL_13	I feel depressed because of the traumatic experiences of the people I [help]
	PROQOL_14	I feel as though I am experiencing the trauma of someone I have [helped].
	PROQOL_23	I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
	PROQOL_25	As a result of my [helping], I have intrusive, frightening thoughts
	PROQOL_28	I can't recall important parts of my work with trauma victims.
Compassion Satisfaction	PROQOL_3	I get satisfaction from being able to [help] people.
	PROQOL_6	I jump or am startled by unexpected sounds.
	PROQOL_12	I like my work as a [helper]
	PROQOL_16	I am pleased with how I am able to keep up with [helping] techniques and protocols
	PROQOL_18	My work makes me feel satisfied
	PROQOL_20	I have happy thoughts and feelings about those I [help] and how I could help them.
	PROQOL_22	I believe I can make a difference through my work.
	PROQOL_24	I am proud of what I can do to [help].
	PROQOL_27	I have thoughts that I am a "success" as a [helper].
	PROQOL_30	I am happy that I chose to do this work.

CFA of N-ProQOL-5 was carried out. 465 distinct sample moments from a sample covariance matrix were identified. Of them, 96 parameters were found in the model, 36 fixed and 60 free to be estimated. The degree of freedom was 405 and the chi-square value was 4510.55. The model was over-identified, as the probability level of the data was non-significant. Large sample sizes influence the degree of freedom adequately; therefore, the proposed model can still be tested to observe the reliability of its results through fit indices.

While doing the analysis, the loading for one of the indicators in each measure was fixed to 1.0 so that the scale for latent variables could be generated automatically in AMOS. The initial measurement model of ProQOL-5 with three-factor combinations, BO, STS, and CO, for CFA is presented below (Figure 1).

Figure 1.

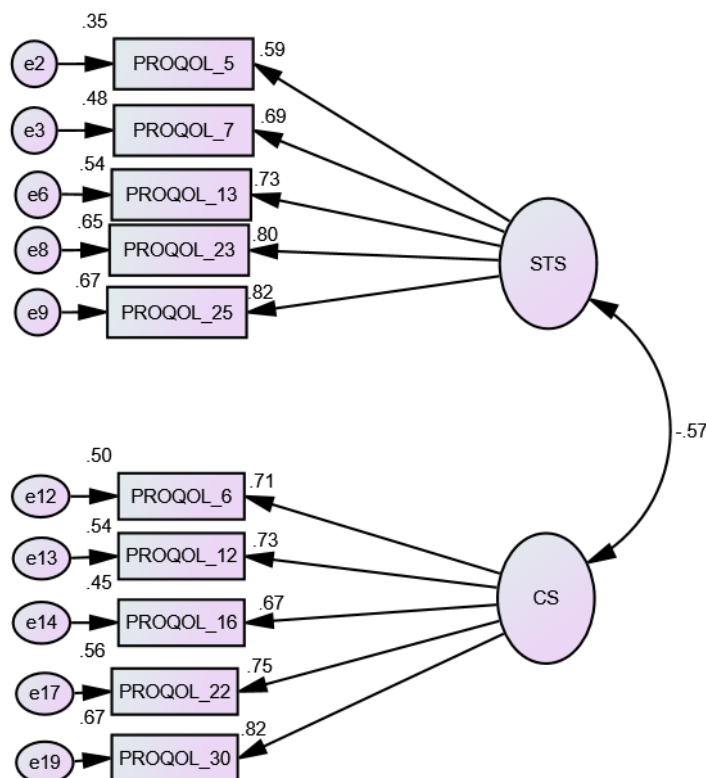*Initial Measurement Model for CFA of N-ProQOL-5*
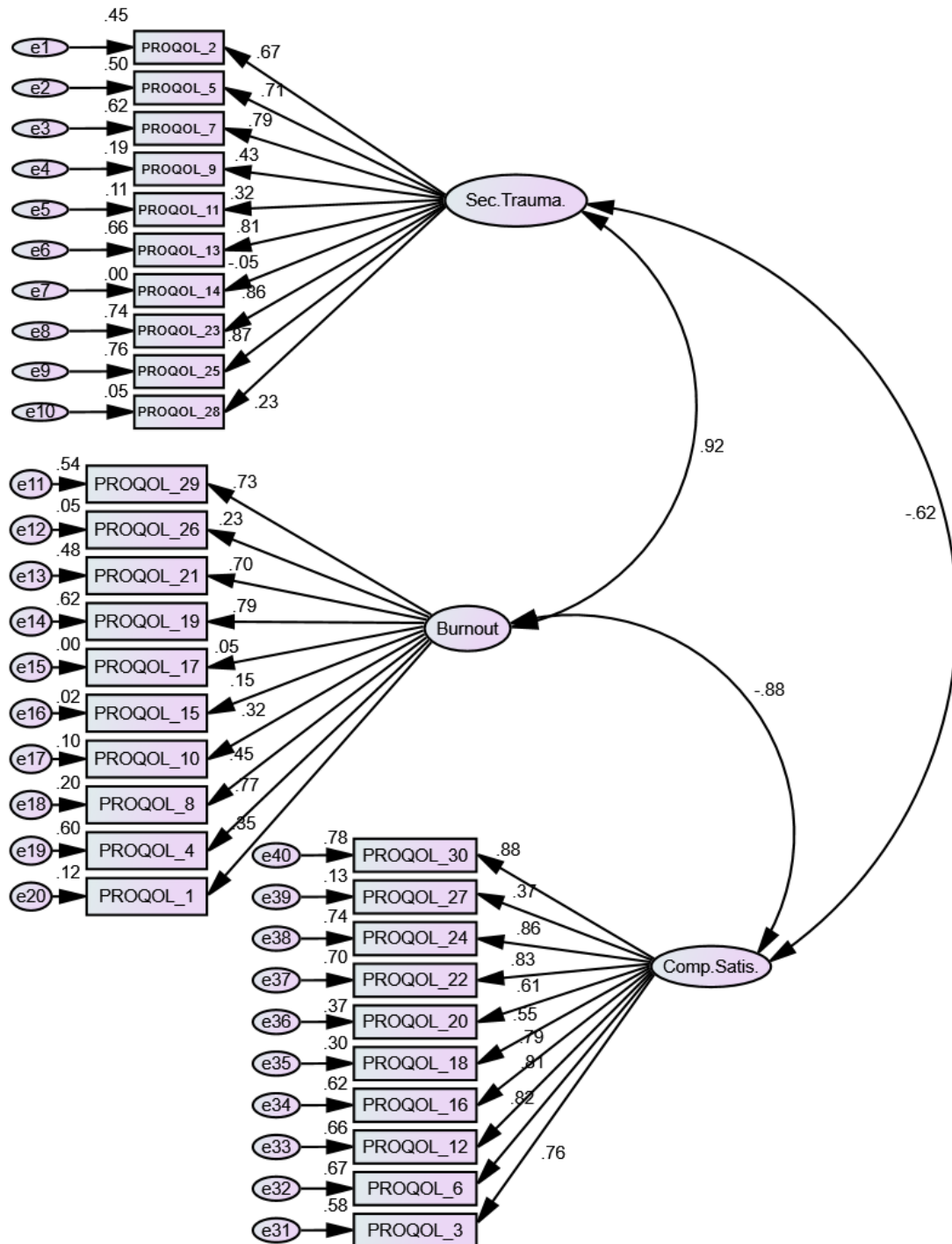
The proposed measurement model of N-ProQOL-5 could not be justified for various reasons. None of the fit indices were found at the acceptable and recommended thresholds. The factor loading of many items was less than 0.5 when, ideally, it should be around 0.7. The squared multiple correlations (R^2) were also less than 0.4 for many items. Therefore, the CFA of the proposed model for N-ProQOL-5 could not be justified. Therefore, a post-hoc CFA was conducted after taking out the BO-related items and items of CS with poor factor loadings.

Post-Hoc Analysis of CFA for STS and CS measures of N-ProQOL-5

The post-hoc CFA for the measurement model of N-ProQOL-5 without any BO items was carried out, as the model did not fit with the BO. From the parameter summary obtained from AMOS results for the default model, a total of 55 sample moments of parameters were drawn. Of them, 21 distinct parameters were free to be estimated. The degree of freedom was 34. The chi-square value was 106.50 (p <.001). Again, the given empirical data could not justify the observed covariance matrix with the estimated covariance matrix, a result which is often the case with a study having a large sample size. The proposed model is presented in Figure 2 below.

Figure 2.

Post-Hoc Analysis of CFA for STS and CS Measures

Goodness-of-Fit Results for CFA of STS and CS scales of N-ProQOL-5

The post-hoc analysis of CFA for the STS and CS scales of N-ProQOL-5 found that all the items of both STS and CS have factor loadings over .59. The values of R^2 from the

measurement model were over .40 for all items except one (see details in Figure 2). The correlation between STS and CS was measured as moderately strong, with a positive correlation coefficient value of .57.

The negative correlation between the items of the two measures, as the theory propounds, clearly demonstrates that the negative impacts of STS can be reduced with high CS. The negative correlations between STS and CS were stronger than in similar studies conducted previously (Duarte, 2017). The goodness-of-fit indices for the post-hoc CFA test for the STS and CS scales of N-ProQOL-5 were calculated. They are presented in Table 2.

Table 2.

CFA Goodness-of -Fit of STS and CS scale of ProQOL-5 (N = 547, p <.001)

Model	CMIN/df	NFI	TLI	GFI	CFI	RMR	SMRs	RMSEA	P-Close	Hölter Kriterium
ProQOL-5-N	3.133	.956	.960	.959	.970	0.064	.0469	0.062	.059	288

Note. NFI = Normed-Fit Index, TLI = Tucker-Lewis Index, GFI = Goodness-of-Fit Index, CFI = Comparative-Fit Index, RMSR = Root mean square residuals, SMRs = Standardised root mean square residuals, RMSEA = Root mean square error of approximation, Hölter Kriterium for number of required samples with p = 0.01

The fit indices of CFA for the measurement model of N-ProQOL-5 without BO and adjusted items of STS and CS produces good fit scores of absolute fit indices (RMSEA, GFI, etc.), incremental fit indices (NFI, TLI, CFI, RMR, SMRs, etc.) and parsimonious fit indices (CMIN/df). Fit indices scores for SMRs, RMR, and RMSEA measured less than 0.08, and the scores for NFI, TLI, AGFI, and CFI were above .90.

Unimodality, Validity and Reliability of the STS and CS measures of N-ProQOL-5

Unimodality. The proposed STS and CS measures of N-ProQOL-5 Nepali version without BO represent unimodality because the factor loading of every item for both measures is above 0.5.

Reliability. The reliability coefficient (Cronbach alpha), CR, AVE, and factor loading of each item are presented in Table 3. CR values for STS and CS measures were 0.850 and .856 respectively. The Cronbach alpha (α) score for STS was 0. 855 (p = 0.05), and that for CS, 0.852 (p = 0.05).

Table 3.

Factor Loadings, Reliability and Validity of STS and CS measures (N = 547)

Construct	Item	Factor loading	Cronbach alpha	CR	AVE
	PROQOL-5	0.59	0.855	0.850	0.534

Secondary Traumatic Stress (STS)	PROQOL-7	0.69		
	PROQOL-13	0.73		
	PROQOL-23	0.80		
	PROQOL-25	0.82		
Compassion Satisfaction (CS)	PROQOL-6	0.71	.852	0.856	0.544
	PROQOL-12	0.73		
	PROQOL-16	0.67		
	PROQOL-22	0.75		
	PROQOL-30	0.82		

Note. AVE = average variance extracted, CR = composite reliability

Validity. The convergent validity of the STS and CS measures of N-ProQOL-5 was analysed. The AVS scores of STS and CS, 0.534 and 0.544 respectively, were above 0.5. No discriminant validity was explored, as STS and CS, were negatively correlated. As a result, the validity of the STS and CS measures of N-ProQOL-5 was established.

Discussion

The CFA could show the model fot the STS and CS measures of N-ProQOL-5. The Cronbach alpha (α) score for STS was 0. 855 (p = 0.05), and that for CS, 0.852 (p = 0.05). The reliability scores for STS and CS were better than those of previous studies (Duarte, 2017; Stamm, 2010).

The psychometric properties of N-PoQOL-5 were critically reviewed to validate it. However, the analysis showed that BO sub-scale could not be retained as a separate measure due to the poor fit of the model in the CFA. Researchers in many other contexts faced similar difficulties: they, too, found low factor loadings for most BO items and a few STS items (Galiana, Arena, Oliver, Sansó, & Benito, 2017; Samson, Iecovich, & Shvartzman, 2016; Shen, Yu, Zhang, & Jiang, 2015).

Schaufeli (2017) provides a comprehensive socio-cultural history of burnout, indicating that the phenomenon did not gain significant attention globally until the mid-1990s, with the exception of certain European countries and the United States. This suggests that awareness and recognition of burnout as a critical issue were relatively localized to western countries prior to this period. In recent years, there has been a rapid expansion of research on burnout in regions such as Africa, China, and the Indian subcontinent. This increase in scholarly attention may be attributed to the economic development and growth experienced by these countries, which often leads to heightened occupational stress and mental health challenges among workers.

Schaufeli (2017) concludes that "burnout is a psychological condition that is rooted in a specific historical and socio-cultural context (p. 125)". However, it is noteworthy that there is a lack of qualitative studies exploring the concept and terminology of burnout within collective societies, such as Nepal. This gap indicates an opportunity for further research to understand how cultural factors influence the experience and expression of burnout. In their inquiry into the psychometric properties of ProQOL-5, Hemsworth, Baregheh, Aoun, and Kazanjian (2018) recommend utilizing alternative tools to effectively screen for burnout symptomology among healthcare professionals. Alternatively, the authors would like to hypothesize that service providers in LMIC, who themselves live in unpredictable environments where danger and trauma is an everyday event, compared to those living in a safe and predictable environment, tend to have developed a level of stronger resilience, and tend to focus more on the compassion satisfaction that recognition of their work and role provided by the community, and the pride it brings. Further qualitative research would be recommended to test this hypothesis.

While considering two measures for assessment, the correlation between STS and CS was measured as moderately strong. It had a negative correlation coefficient value of .57. The negative correlation between the items of the two measures, as the theory propounds, clearly demonstrates that the negative impacts of STS can be reduced with high CS. The negative correlations between STS and CS were stronger than in similar studies conducted previously (Duarte, 2017). Fit indices scores for SMRs, RMR, and RMSEA measured less than 0.08, and the scores for NFI, TLI, AGFI, and CFI were above .90. The fit indices scores presented are statistically justifiable to accept the model fit for this CFA (Hu & Bentler, 1999; Ahmad, Zulkurnain, & Khairushalimi, 2016; Ockey & Choi, 2015).

Only two factors of ProQOL-5, STS and CS, were confirmed through CFA. The CFAs of the STS and CS measures were also heavily impacted. Only five items of each CS (ProQOL-6, ProQOL-12, ProQOL-16, ProQOL-22, and ProQOL-30) and STS (ProQOL-5, ProQOL-7, ProQOL-13, ProQOL-23, and ProQOL-25) were retained and validated. However, the CFA and model fit to validate the five items each for the CS and STS measures justified the model's further use in the Nepali context (Refer to Annex-1 for the validated questionnaires).

Conclusion

The valuation and model fit of N-ProQOL-5 could not be well justified because the BO sub-scale of ProQOL did not have sufficient factor loadings from the collected data. The psychometric analysis of the BO measure of N-ProQOL-5 did not support the data. This finding underscores the need for more in-depth qualitative research to understand burnout in LMICslike Nepal. Such understanding and relevant tools would enhance our understanding of burnout within diverse cultural frameworks. The use of the STS and CS scales, each with five items, is recommended for screening purposes in Nepal.

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Annex-1

Nepali version of Professional Quality of Life (N-PROQOL-5) Scale for STS and CF Measures

व्यवसायिक जीवनको गुणस्तर:

भावनात्मक सहयोग प्रदानबाट हुने सन्तुष्टि तथा भावनात्मक सहयोग प्रदानबाट हुने थकान

जब तपाईं अन्य व्यक्तिहरूलाई सहयोग गर्नुहुन्छ तब तपाईं उनीहरूका जीवनसँग प्रत्यक्ष जोडिनुहुन्छ । तपाईंले अनुभव गर्नु भए अनुसार तपाईंले अन्य व्यक्तिलाई सहयोग गर्दा त्यसले तपाईंलाई सकारात्मक वा नकारात्मक रूपमा अवश्यै प्रभावित पार्दछ । तल केही प्रश्नहरू छन्, जुन तपाईंका सकारात्मक र नकारात्मक दुवै अनुभवका बारेमा सोधिएका छन् । एक सामाजिक कार्यकर्ता र सहयोगीका नाताले तल उल्लेखित प्रश्नहरूका उत्तरको अपेक्षा गरिएको छ ।

यहाँ तल केही बुँदाहरु उल्लेख गरिएका छन्, जसको जवाफ स्वरुप पाँच बिकल्पहरु दिईएका छन् । बिगत ३० दिन या १ महिना भित्रमा कति पटक ती कुराहरु अनुभव गर्नुभयो, आफुले अनुभव गरेको आधारमा कुनै एक विकल्पमा चिन्ह लगाउनुहोस ।

१) कहिल्यै भएन २) विरलै ३) कहिलेकाहीँ ४) प्राय ५) धेरै जसो

	१) कहिल्यै भएन	२) विरलै	३) कहिलेका हीँ	४) प्राय	५) धेरैजसो
५)आकस्मिक रूपमा आएको आवाज वा होहल्लाबाट म झसङ्ग हुन्छु ।					
६) मैले सेवाग्राहीलाई पुऱ्याएको सहयोगले म प्रोत्साहित महसुस गर्दछु ।					
७) मेरो व्यक्तिगत जीवन र सहयोगकर्ताको भूमिका बीचमा भिन्नता महसुस गर्न मलाई कठिन हुन्छ ।					
१२) मलाई सहयोगकर्ताको भूमिका अत्यन्तै मन पर्छ ।					
१३) आघातजन्य घटनाबाट प्रभावित व्यक्तिका पीडाका कारण म आफूलाई निरन्तर उदास, दु:खी र खिन्न महसुस गर्दछु ।					
१६) म आफूले अरूलाई सहयोग गर्न आवश्यक ज्ञानलाई सुधार गर्न सकेकोमा खुसी महसुस गर्दछु ।					
२२) मेरो काममा म सकारात्मक परिर्वतन ल्याउन सछु भन्ने मलाई विश्वास छ ।					
२३) म केही निश्चित स्थान, गतिविधि र अवस्थाबाट टाढा बस्छु, किनकि त्यसले मलाई मेरो सेवाग्राहीहरूका डरलाग्दा अनुभवहरूको याद दिलाउँछ ।					
२५) मैले सहयोगको कार्य गरेका कारणले मैले नसोचेको वा डराउने किसिमका परिस्थितिहरू आइरहन्छन् ।					
३०) म खुशी छु किनकि मैले सहयोगकर्ताको रूपमा काम गर्ने पेशा छानेँ ।					