



Psychological Well-Being Amongst Cancer Palliative Care Professionals Working In Bengaluru, India

DR. Rajesh Kumar Upadhyay Professor, Department of Management Studies, Graphic Era Hill University, Dehradun.

MS. Esheta Tyagi, Ph.D. Research Scholar, Department of Management Studies, Graphic Era Hill University, Dehradun.

Pooja Kanojia, Department of Commerce, Graphic Era (Deemed to be University), Uttarakhand, India, Poojakanojia786@gmail.com.

Abstract

In the field of cancer palliative care, rising rates of burnout and emotional discomfort are having a detrimental effect on the well-being of workers, the standard of care given to patients, and the success of businesses. Insufficient research has been conducted on the mental health of Indians receiving cancer palliative treatment. The researchers are concerned about the mental health of palliative care staff who work with patients who have cancer. Cancer patients in the Indian city of Bengaluru were recruited at random from four palliative care centres for this quantitative cross-sectional research (one hospice and three hospitals). In all, 65 people filled out a demographics form and the Psychological Well-Being (PWB-20) questionnaire (Mean Age = 32.50, SD = 11.78). Participants were recruited among full-time employees at different institutions using a purposive sample technique once the appropriate permissions and ethical clearances were obtained. Descriptive, correlative, and inferential analyses of the quantitative data were conducted under the distribution assumption of normality. Findings indicated medium levels of excellent connections and PWB, Despite this, they have above-average rates of curiosity, social participation, and growth as individuals (total score). Substantial differences in age and ability to care for oneself were between PWB groups. Both pay and tenure were correlated with an expansionist and proactive perspective ($P = 0.01$). This study's finding of moderate PWB among cancer palliative care providers has significant ramifications for both education and research.

Keywords: Burnout, Cancer, Psychological well-being, Palliative care professionals, Self-care.

Introduction

High rates of stress, melancholy, loss, and hopelessness are reported among those who work in cancer palliative care (Mota Vargas et al., 2016)(Sansó et al., 2015). (Sherman et al., 2006) Research has shown that burnout and compassion fatigue are bad for one's professional life.(Beaumont et al., 2016)(Kase et al., 2019) Employees who take better care of their health tend to provide better care for patients.(Ablett & Jones, 2007) Professions with high well-being had less incidences of burnout and compassion fatigue.(Beaumont et al., 2016) Being young, male, working less hours, receiving psychological care, appreciating the effort one puts into one's, and a healthy sense of self-worth all contribute to a happier life.(T.D. et al., 2005)(Mills et al., 2017) Cancer palliative care workers had much greater rates of burnout and post-traumatic stress disorder than the general workforce.(Kaur et al., 2018) Rising rates of mental pain and burnout are detrimental to the health of employees and the prosperity of the organizations that employ them.

When it comes to defining and explaining what is meant by "psychological well-being," the fields of positive psychology and positive functioning(Gillham & Seligman, 1999) have had the most success (PWB)(Ryff, 1989). In the West, academics have looked at the topic of well-effects beings, but they haven't made any major progress because of methodological and conceptual hurdles.(Grossman, 2013) The hedonic (pleasure and good affect) and eudaimonic (virtue and excellence) methods have contributed much to the development of happiness research (virtue and excellence). (Grossman, 2013) Eudaimonia occurs when a person is fully immersed in life and is able to realize his or her full potential by doing actions that are in line with his or her values. (Ryff, 1989)(Seligman & Pawelski, 2003) Two theoretical definitions of PWB are "dealing with one's own understanding of what life is all about" and "engaging with the existential questions of life."(Keyes et al., 2002)(VE, 2006) Fun at work and the ability to bounce back from setbacks have both been connected to people's ability to find significance in their lives.(Bonebright et al., 2000)(King LA, Hicks JA, Krull JL, 2006) Six factors (autonomy, meaning in life, supportive social networks, environmental mastery, and self-acceptance) have been presented by researchers as indicators of eudaimonic well-being (SA). (Ryff, 1989)

There has always been a connection between contentment and QoL in the medical literature. (Salvador-Carulla et al., 2014) Quality of life (QoL) is multidimensional, including not just quantifiable indicators like physical and mental well-being, but also subjective ones, such as how one feels about one's connections to others and the world.(S, 2014) According to Latha's research, professional cancer caregivers have a lower quality of life than those who take care of AIDS patients.(V, 2005) Despite the abundance of research on cancer care for patients and informal caregivers, we were unable to find any studies that studied PWB among cancer palliative care providers in India.

The researchers wanted to look at PWB from the point of view of the people who give palliative care to people with cancer. The purpose of this research was twofold: (a) to determine the frequency with which healthcare providers who work with cancer patients in palliative care experience PWB; and (b) investigate the relationships between demographic and occupational characteristics and PWB among this group of professionals.

Materials and Methods

Sample

Quantitative, descriptive, and cross-sectional methods were all used in the study's investigation. The purpose of this research was to identify full-time positions available in cancer palliative care facilities in Bengaluru, India. We adopted a targeted recruitment method to enroll 65 research participants; after being fully briefed on the trial's objectives, risks, and benefits, they all voluntarily signed informed consent forms.

Those interested in taking part in the study agreed to the following requirements: Bengaluru's palliative care specialists for cancer patients (doctors, nurses, counselors, social workers, psychologists, pharmacists, and physiotherapists) Participants must I be actively caring for patients at a cancer palliative care center, (ii) have a minimum of six months of experience delivering palliative care; (iii) be fluent in both English and Hindi, and able to communicate well in both; and (iv) be able to assist identify whether or not there is a relationship between experience and other outcome factors (the study team was bilingual in English and Hindi).

Procedure

The research began at Bengaluru's four cancer palliative care clinics after gaining clearance from the Institute Ethics Committee. Four sites were included in the study, and their combined workforce at the time of the investigation was 98 people strong. Many people were interested in finding work in indirect care, but only 31 fulfilled all of the requirements (native English or Hindi speaker, no criminal history, and working history of less than six months) (bilingual in English and Hindi, little more than six months of experience, and providing care through intermediaries). Postal, telephone, and electronic messages were sent to 67 cancer palliative care specialists who met the study's inclusion criteria. Fifty-six experts in cancer palliative care signed participation forms.

Data analysis

IBM SPSS Statistics 22.0 for Windows was utilised for statistical analysis throughout the investigation. Placed in the heart of New York City, IBM's Site 2 is easily accessible. The normality of our data was checked with Shapiro-Wilk tests and Q-Q plots. Similar to numerical variables, instrument data can be described by means, standard deviations, ranges, frequencies, and percentages.

With the premise of normality, we utilised Spearman's rank order correlation to look at how the PWB subscales are related to demographic and occupational data. For this purpose, we used the Q-Q and Shapiro-Wilk plots to check if the data followed a normal distribution. The quantitative parts of the instrument data were reported by means, standard deviations, and ranges, while the qualitative aspects were expressed by frequencies and percentages. Spearman's rank-order correlation was used to examine the association between the PWB subscales and demographic and occupational information, supposing a normal distribution.

Comparing mean scores across groups based on demographic characteristics was done using the Mann-Whitney U-test. Including age, gender, education, occupation, and health status (two sided). To compare features between more than two groups defined by designation type, years of experience delivering palliative care, and age, we utilised the Kruskal-Wallis H-test (which assumes normally distributed data). Using Spearman's rank order correlation, we analysed potential associations between PWB subscores and demographic and occupational data. Significance is shown statistically when the p-value is less than 0.05.

Results

Demographic and professional characteristics of the participants

Average age was 32.50 (standard deviation, 11.78) years old; range, 18-60. Over a third of the sample (n = 24) were individuals less than 25 years old, while the majority of participants were female (n = 57, 88%). In addition, 45 percent, or 19 persons, took part; all of them were professionals making at least 15,000 rupees each month. People working in palliative care have been doing so for a median of 3.8 years (SD = 3.88) and as long as 21.0 years. There was a large disparity across occupations and work environments with respect to mean (M = 27.5), standard deviation (SD = 18.04), and range (5.0-87.0) of weekly occurrences. Daily work hours had a standard variation of 8.2 minutes, or 0.83 hours. Hospices employed 63 palliative care professionals while hospitals hired 22. Twenty-one nurses (32%), eighteen nursing AIDS nurses (28%), and six other professions (5%), in addition to 14 physicians (21%), six counsellors (9%), three social workers (5%), and five other professionals (5%). Professionals in the religious sector, the medical field, and the pharmaceutical business. According to their shared qualifications, these experts were divided into three groups [Table 1].

Table 1: “Demographic and professional details of the participants (n=65)”.

Demographic variables	n (%)
Age (years), n (%)	
<25	24 (37)

25-40	22 (34)
41-60	19 (29)
Gender, n (%)	
Female	57 (87)
Male	8 (12)
Income/month, n (%)	
<15,000/-	29 (45)
15,000-30,000/-	15 (23)
30,001-50,000/-	14 (21)
>50,000/-	7 (11)
Professional variables	n (%)
Designation type, n (%)	
Nurses and nurse AIDS	39 (60)
Counsellors, social workers and pastor	10 (15)
Doctors, physiotherapist and pharmacist	16 (25)
Workplace type, n (%)	
Hospice	43 (66)
Hospital	22 (34)
Additional training taken in palliative care, n (%)	
Yes	34 (52)
No	31 (48)

Health Practices in the Participants

Forty-eight people (or 74% of those surveyed) reported practicing some sort of self-care, whereas just seventeen people (26% of those surveyed) reported never practicing any form of self-care. Seventy-three percent (85.7%) of the participants claimed regular religious practice, while only twelve percent (12.3%) did not; thirty-four percent (23) of the participants reported regular spiritual engagement, while sixty-six percent (64.3%) did not.

Levels of PWB

The research participants' averages and standard deviations were determined across the five subscales of the PWB. If you look at [Table 2], you'll see that the possible range of scores for each category is specified by an *e* superscript. Overall, when we look at the big picture, There was a mean (SD) of 12.82 on the PWB, 20.11 on the SA, 20.70 on the MC, 20.33 on the PR, and 26.50 on the EG domain [Table 2].

Table 2: “Psychological well-being domains summary (n=65)”

PWB domains	“Mean”	“SD”
PWB total ^a	87.7	12.82
Self-acceptance ^b	20.1	2.92
Mastery and competence	20.7	6.38
Positive relations ^d	20.3	5.86
“Engagement and growth ^e ”	26.5	3.19

An increased overall score (between 20 and 120) is indicative of superior mental health. B A person's feeling of self-worth correlates positively with their score (score range 4–24). A high score, then, is indicative of substantial familiarity with the subject matter (score range 6–36). D For the most part, higher ratings reflect more positive interactions between people (score range 5–30). E Increasing ratings represent a more engaged and forward-thinking business (score range 5–30).

“Relationship of demographic, professional and health practices related variables with PWB domains”

Neither age (P 0.05) nor income was found to be significantly associated with any other domain of PWB (P 0.01). Neither demographic nor occupational factors were significantly associated with the remaining PWB indicators [Table 3].

Table 3: “Relationship of psychological well-being domains with socio demographic and professional characteristics”

Variables	Age	Income/month	Number of years in PC	Cases/week
“PWB total”	0.13	0.19	0.08	0.07
“SA”	0.21	0.2	0.13	-0.01
“MC”	0.04	0.09	-0.09	0.25
“PR”	-0.02	0.04	0.09	-0.10
“EG”	0.29*	0.34**	0.15	0.16

Spearman's rank order test shows that there is a significant difference between the means at the 0.05 (*) and 0.01 (**) levels of significance. Factors that may aid in the maintenance of mental health include palliative care (PC), engagement (EG), growth (PR), excellent relationships (MC), and self-acceptance (PWB) (SA)

The Shapiro-Wilk test and Chi-square test were used to examine the statistical significance of the PWB sum score, SA score, MC score, PR score, and EG score. We compared PWB scores to other demographic variables using the Mann-Whitney U-test and the Kruskal-Wallis H-test (age, gender, additional training taken, workplace types, and duration of work experience, religious practices, spiritual practices, and self-care practices). Results showed that people's EG drops significantly between the ages of 25 and 40 compared to those between the ages of 18 and 24 ($\chi^2 = 6.11, P = 0.04$). When comparing PWB in the $n = 49$ with and without additional treatment choices, the former group had significantly higher rates of MC ($Z = -2.12, P = 0.03$), PR ($Z = -2.27, P = 0.02$), and EG ($Z = -1.97, P = 0.04$). Self-care routines were not significantly different between SA users and non-users. Notably, the PWB domains showed no significant variations in sexes, occupations, and years of experience, religions, or spiritual pursuits.

Discussion

PWB is a complex material because of its complicated assembly. This study defines PWB in terms of EG, positive connections with others, self-actualization, and moral perspectives in order to apply the eudaimonic approach, which emphasizes one's feeling of purpose and progress.

The vast majority of research participants had an optimistic view of themselves, as evidenced by their high SA scores. In general, those who are optimistic have a balanced view of themselves, accepting both their strengths and their weaknesses. It's been shown that

those who are harshest on themselves are also the least empathic, the least content, and the most prone to burnout and compassion fatigue.

Low MC scores indicate that participants are not as skilled as the ordinary person at shaping their surroundings and affecting a variety of extraneous occurrences. This demonstrates that most of the people taking part in the current study are more likely to struggle with common daily tasks and to feel powerless to change such circumstances. There's a chance they won't put in the work required to meet demanding work requirements, stymieing their efforts to reach goals, overcome obstacles, and set up shop in a way that promotes efficiency.

The majority of the group is under the age of 35, and they feel helpless to make a difference for the patients since they lack the experience, training, and guidance necessary to break into the field. This is what Papadatou et al. Those nurses who reported feeling in charge at work reported decreased rates of burnout.

Most people scored above average on the PR with others measure, showing high levels of closeness, satisfaction, and confidence in their social networks. The great majority are probably average when it comes to emotional intelligence and the capacity to build meaningful connections. Being in a healthy mental state, as demonstrated by the capacity to love and care for others, is crucial in providing hospice care. With Erikson's stages of development in mind, we can examine the vast majority of participants' PR scores with more clarity. Theories on psychological development stages. According to the psychological life stages, people of all ages gain from having close relationships with others (intimacy) and from taking on leadership roles in their communities (generosity). As a result, people of all ages need to make an effort to connect with one another by investing in them, helping them out, showing empathy, accepting help when offered, and having productive conversations aimed at finding solutions to issues. But it's also possible that some persons with these traits will tire easily of being helpful. The ability to empathize with others has been shown to increase job satisfaction, but it might backfire if the individual also lacks the ability to show themselves compassion.

The participants' extraordinary EG performance far beyond the scientists' wildest dreams. This indicates that most individuals have faith in their own skills and are open to trying new things. Given their selection of priorities, one may conclude that they have one and find it useful. Moreover, it seems that most people participating are working toward their own particular goals. One possible explanation is that people's lives find meaning and purpose because of the ideas they have. Historical investigation The quality of care professionals are able to provide to their patients is directly correlated to the satisfaction they derive from their work.. The drive to "actualize" oneself and fully realize one's potential is an essential part of growing up.

People's average PWB scores indicate that they are maintaining a somewhat upbeat mental attitude. Other studies demonstrating the negative effects of burnout and compassion fatigue on professionals should be considered when interpreting this finding.

Study participants older than 40 years old and those between the ages of 25 and 40 had a significantly better EG knowledge level than those under 25 years old (18–24 years old). Thus, the prime years for EG perception are between the ages of 25 and 40. Those between the ages of 25 and 40 have high EG because, according to Erikson's theory of psychosocial development, at this point in their life they have enough sense of self and maturity to actively pursue meaning. According to Jung's view of youth and old age, an individual is most likely to reach their full potential between the ages of 25 and 40, before to the advent of the midlife crisis/afternoon of life (above 40) and prior to the onset of the age of identity formation/morning of life. (about 18–20). Moreover, research shows that employees under the age of 50 report higher levels of happiness than their older counterparts.

Self-care behaviors (healthy actions are those conducted with the goal of improving health and avoiding illness, lessening the impact of an illness, or recovering health) have been linked to greater PWB, MC, PR, and a more robust EG in professionals. Numerous prior studies, like the present one, have indicated that self-care activities may increase professionals' well-being.

Furthermore, due to its trifold nature—a focus on one's inner life, one's community, and one's self—different academics have come up with multiple definitions of self-care. Oftentimes, people will include in their self-care regimens some sort of strenuous activity or mental challenge. When comparing professionals who do and do not engage in religious and spiritual self-care, there is no discernible difference across any of the PWB dimensions. Greater religious involvement was shown to be positively related with symptoms of PWB, according to a broader systematic evaluation of 850 research that included the opinions of mental health specialists (greater morale, positivity, happiness, and life satisfaction).

There were connections between PWB readings and demographic and occupational factors [Table 3], with EG being the only variable to demonstrate a positive link with age and monthly income. According to these findings, a person's likelihood of having goals and beliefs that lead to a meaningful and purposeful life increases with age and money. Numerous studies of different groups have found a -0.10 to -0.20 links between financial success and contentment. Aside from the EG area, we discovered no statistically significant associations between monthly income and values between 0.04 and 0.20.

Although this is the first research of its sort in India, it does have several serious flaws. All of the participants were in Bengaluru and only spoke English or Hindi at work, limiting the reliability of the results. Increases in sample size and dispersion could have allowed for more

generalizable results. Due to the fact that PWB was assessed on a continuous scale, an employee's estimation of his or her own level of PWB may change as a result of exposure to different working conditions.

This study was undertaken by researchers with advanced training in the field of cancer palliative care. Additional study on the idea, as well as parallel research in other parts of India, is required. More study is required to fully understand PWB's relationship to self-care. Learning how better PWB influences patient care and researching how to get there are both valuable pursuits.

Conclusion

Based on the findings of this study, it appears that persons who work in cancer palliative care have unusually high amounts of the brain chemical PWB, which is associated with an elevated state of happiness. For this reason, studies aimed at improving the efficacy of psychological therapy for healthcare personnel delivering cancer palliative care may be beneficial for PWB.

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