# INFLUENCE OF SELF-TRANSCENDENCE ON QUALITY OF LIFE AMONG NURSES IN SELECTED PUBLIC HOSPITALS IN MAKURDI METROPOLIS

# Diogo, 1 Ihaji 1, and Chiahemba 2

Department of Psychology, Benue State University, Makurdi Department of Psychiatry, Mental Health and Psychosocial Rehabilitation Centre Benue State University Teaching Hospital, Makurdi.

## **Abstract**

n care-giving occupation such as nursing, nurses are at a risk of experiencing compassion fatigue and burnout. This study examined the influence of self-transcendence on professional quality of life among nurses in Makurdi Metropolis. This study adopted a cross-sectional survey research design. The Simple Random and convenience sampling were used to select hospital (FMC and General Hospital, Makurdi) and one hundred and seventyone participants; 35(20.5%) male and 136(79.5%) female respectively. Their ages ranged from 20 to 65 years. Two standardized instruments; Quality of Life Scale RV and Self-Transcendence Scale (STS) were used to collect data. Three hypotheses were tested using simple regression analysis. The findings from hypothesis one showed a significant influence of self-transcendenceon quality of life among nurses. Hypothesis two showed a significant influence of self-transcendence on compassion fatigue among nurses. Hypothesis three revealed a significant influence of self-transcendence on burnout among nurses. It was therefore concluded that, self-transcendence predisposes nurses in Makurdi metropolis to quality of life. It was recommended that nurses be trained on self-transcendence periodically to let go of self-centeredness and ego-boundaries. This can be achieved through partnership between Nursing Council of Nigeria and Nigerian Association of Clinical Psychologist for periodic training of nurses.

**Keywords:** Self-transcendence, quality of life, Compassion fatigue, Burnout, Nurses

## Introduction

The nursing profession can be very emotional and demanding and it represents a profession that has long been linked to high rates of stress, burnout, and turnover. Reasons for these untoward effects include repeated witness to suffering and death and the need to deal with a host of organizational and other stressors. Stressors faced by nurses include patient and family dynamics, a

constant need to learn new skills and technology, conflict with and lack of support from staff and inadequate preparation for the needs of dying patients. Other factors which can impact stress levels include inadequacy of spiritual training and level of awareness of one's own spirituality (Highfield, et al., 2000).

Nurses work with patients across a

continuum of care that ranges from initial diagnosis, follow up treatment, cure, remission, and end of life care. They bear witness to patients' trauma and suffering (be it physical or emotional) at all phases of the disease, and are ultimately responsible for providing holistic care for their patients and supporting their families throughout the process (Marcial et al., 2013). Holistic nursing care embraces all aspects of patients including their physical, psychological, social, cultural, and spiritual needs, as well as the needs of the patients' families and support systems which often occurs repeatedly over an extended length of time and bonds are formed with patients despite providing the best care to these patients (Stanner, et al., 2023).

This can be extremely stressful for nurses, as they tend to empathize with patients' losses, resulting in a personal sense of futility or failure in their careas compassion fatigue(Boyle 2011; Xu et al., 2024). There are many reasons why the potential risk for compassion fatigue (CF) in nurses has great significance to society. It is reported that caregivers suffering from fatigue may not be able to provide the same level of empathy and quality of care as unaffected caregivers; thus, this can result in reduced patient satisfaction, increased medical errors, and turnover (Matamela etal., 2024).

Self-transcendence is found to have a negative relationship with compassion

fatigue. It serves as a protecting factor to the adverse effect of compassion fatigue among nurses. Self-transcendence has been linked to improved coping and mental health in various patient populations (Shet et al., 2023), and in one study on nurses (Matamela et al., 2024). A wide variety of personal and contextual variables and their interactions may influence the process of selftranscendence as it contributes to wellbeing. The relationship between self-transcendence and quality of life in nurses has been studied by Shet, et al. (2023), they found an inverse relationship, namely high self-transcendence was associated with low compassion fatigue in oncology nurses, suggesting selftranscendence is a protective factor within this population. More research is needed to further explore self-transcendence in nurses to assess whether or not it is related to compassion fatigue and if it serves as a protective factor against compassion fatigue.

Figley's compassion fatigue framework (Figley, 1995) was chosen to help guide the present study as it conceptualizes the repeated witness of patient suffering and death and the potential adverse emotional effects of witnessing suffering. Nursing care giving often includes repeated witness of patient suffering and death (Hildebrandt, 2012; Lindberg, 2012) therefore, this framework is useful to the study of nurses.

Maslach burnout theory is relevant to these study as it views burnout as being focused more on "care giving" jobs where the individual proving care and the individual receiving care had a relationship. According to this theory, burnout is comprised of three dimensions which are emotional exhaustion, Cynicism / Depersonalization and Inefficacy / reduced personal accomplishment. It shows how prolong workload can lead to lack of work control and worn out thereby reducing nurses' commitment to patient. Reed's (1991b) self-transcendence theoretical framework was chosen for this study since it conceptualizes how ways of introspection and expanding boundaries can help nurses develop maturity and an ability to better cope with unavoidable adversity and suffering.

Nurses provide compassionate care to patients who experience illnesses and events that are often sudden, disfiguring, and life threatening. Although nurses obtain professional satisfaction from their work, their repeated exposure to the aftermath of critical illness puts them at high risk for compassion fatigue (Figley, 1995). Of crucial importance, although patients are the primary persons affected by trauma, patients' caregivers, including nurses and health care providers, may experience secondary effects (compassion fatigue) related to the resulting anguish (Badger, 2001; Matamela et al., 2024). Thus, the concern of this research is to investigate the influence self-transcendence on quality of life among nurses in Makurdi Metropolis.

## **Statement of the Problem**

Caring is considered to be the foundation of nursing. Watson (2013) emphasized the combination of the humanistic aspects of nursing and scientific knowledge, giving meaning to the nursing profession as caregivers in the empathetic relationship established between the patient and the nurse. Compassion is the symbiotic core element in the nurse-patient relationship. However, nurses are at risk for experiencing compassion fatigue (Wolotira, 2023) in their attempt to maintain a balance between empathetic engagement and appropriate emotional boundaries. Moreover, the increasing demands and complexities of health care place additional clinical demands on nurses who attempt to address the physical, psychosocial, and spiritual demands of their patients and their families (Bamford et al., 2023; Sheikhrabori et al., 2022;), which result into compassion fatigue and consequently leading the nurses into lack of family engagement, feelings of hopelessness, helplessness, frustration, anger and apathy (Wolotira, 2023).

Nurses suffering from compassion fatigue can have their personal relationships affected causing home or own lives and relationships to deteriorate due to personality problems and lead to overall decline in the general physical and emotional health of the caregiver which may leads to abusing drugs, alcohol, or food; anger and resentment; blaming others; chronic lateness; depression;

diminished sense of personal accomplishment; physical or emotional exhaustion; frequent headaches; gastrointestinal complaints; excessive weight gain or loss; high self-expectations; hopelessness; hypertension; inability to balance empathy and objectivity; increased irritability; less ability to feel joy; low selfesteem; sleep disturbances; workaholic patterns; negative attitudes towards patients, lack of communication, and clinical errors (Matamela et al., 2024). Thus, this study seeks to investigate whether the nurse's selftranscendence influence their quality of life while considering compassion fatigue and burnout in Makurdi metropolis.

## **Research Questions**

- i. What is the influence of selftranscendence on professional quality of life among nurses in Makurdi metropolis?
- ii. How will self-transcendence influence compassion fatigue among nurses in Makurdi metropolis?
- iii. What kind of influence will selftranscendence have on burn-out among nurses in Makurdi metropolis?

## **Research Hypotheses**

- There will be a significant influence of self-transcendence on professional quality of life among nurses in Makurdi metropolis.
- ii. There will be a significant influence of self-transcendence on compassion

- fatigue among nurses in Makurdi metropolis.
- iii. There will be a significant influence of self-transcendence on burn out among nurses in Makurdi metropolis.

## Method

## Design

This study adopted a cross-sectional survey design. This design is suitable for this research since it involves large number of participants with varying characteristics and to avoid being bias. The cross-sectional research design is relevant to the study because it allowed the researcher to compare different characteristics at the same time.

# **Participants**

A total of 171 Nurses were sampled using simple random and convenience sampling technique. Among them, 35(20.5%) males, 136(79.5%) females; with age range of 20-29years 61(35.7%), 30-39years 48(28.1%), 40-49 years 39(22.8%), and 50-59 years 22(12.9%). The participants sampled showed that, Christianity were 163(95.3%), and Islamic 5(2.9%). Their marital status was checked and shows that 96(56.1%) were married, 12(7.0%) were widow, 6(3.5%)separated, 55(32.2%) were single and 2(1.2%) were divorced. The participants were those who worked directly with patients. Exclusion criteria in this study include nurse who were not currently practicing and those nurses who do not

provide direct patient care in the selected Hospitals within Makurdi which include Federal Medical Center (FMC), and General Hospital North Bank Makurdi.

## **Instruments**

# Professional Quality of Life Scale-Revision V (ProQOL-RV)

The Professional Quality of Life Scale, commonly abbreviated ProQOL, is a 30item, three-dimensional scale designed to measure burnout, compassion satisfaction and compassion fatigue in those who work in helping. The ProQOL is chosen for this study as it is the most commonly used measure of the negative and positive effects of helping others who experience suffering and trauma and has been in use on various populations in helping professions since 1995 (Stamm, 2010). The response set on the ProQOL is a 5point likert scale ranging from 1=Never, 2=Rarely, 3=Sometimes, 4=Often and 5=Very Often. The ProQOL-RV (Revision 5) was used in this study as opposed to older versions of the ProQOL as according to Stamm (2010), despite it being nearly identical, there have been improvements made to refine grammar and simplify the scale for scoring. The scales both measure negative affects but are clearly different.

## The Self-Transcendence Scale (STS)

Self-transcendence was measured using the Self-Transcendence Scale (STS) developed by Reed, (1987). The Self-Transcendence

Scale is a one-dimensional scale that measures a search for meaning, expanded boundaries, new perspectives and openness, and a concern for the well-being of others, which all reflect self-transcendence (Reed, 1987). The STS has 15 items, which are scored on a 4-point likert scale that ranges from 1=not at all, 2=Very Little, 3=Somewhat to 4=Very Much. Reliability has been estimated using Cronbach's coefficient alpha with ranges from r = .80 to r = .88 (Coward, 1990).

## **Procedure**

The researcher collected a duly signed letter of introduction from the Department of Psychology, Benue State University, Makurdi for the purpose of this research. He also approached the committee on ethics and research, FMC, Makurdi and obtained permission to carry out the research among the nurses. The researcher also obtained permission from the Benue State Hospital Management Board to carry out the research among nurses of General Hospital North bank, Makurdi and also to carry out a pilot study at General Hospital Gboko among nurses (See appendix). A consent letter written by the researcher helped to solicit for the participants' voluntary participation in responding to the questionnaires. Participants were asked to complete 25 items derived from the two study instruments (Selftranscendence Scale (STS) and ProQOL-RV); in addition, 8 demographic bio-data. The above procedure for data collection was

done in Federal Medical Center Makurdi and General Hospital, North bank, Makurdi. Two research assistants were recruited and trained by the researcher for the study purposes.

The researcher did not give any remuneration or reinforcement except a thank you to participants upon responding to the questionnaires. The researcher did not in any way use this opportunity to exploit the participants.

# **Data Analysis**

The data was analyzed using Statistical Packages for Social Sciences (SPSS), version 20. Data was analyzed using descriptive and inferential statistics. Descriptive statistics was used to describe study participants' demographic factors. The hypothesis one which states that there will be a significant influence of self-transcendence on

professional quality of life among nurses in Makurdi metropolis was tested using linear regression analysis. Also, the second hypothesis which states that there will be a significant influence of self-transcendence on compassion fatigue among nurses in Makurdi metropolis and hypothesis three which states that there will be a significant influence of self-transcendence on burn out among nurses in Makurdi metropolis were tested using linear regression analysis. Results were considered statistically significant at alpha values less or equal .05.

## Results

**Hypothesis One:** Hypothesis one states that, there will be a significant influence of self-transcendence on Professional Quality of life among nurses in Makurdi Metropolis. The hypothesis was tested using linear regression analysis and result is presented in table 1.

Table 1: Summary Table of Regression Analysis Showing the Significant Influence of Self-transcendence on Professional Quality of life among nurses in Makurdi Metropolis.

<b>Predictors</b>	R	R		$\mathbf{F}$	t	Sig
Constant	.286	.082		15.029	3.887	.000
Self-Transcendence			.286	3.877		.000

Dependent variable: Quality of Life  $\beta$  = .286, t = 3.877; P<.01

The result in Table 1 shows that, there is a statistically significant influence of Self-Transcendence on quality of life among nurses in Makurdi Metropolis ( $\beta$  =.286, t = 3.877; P<.01). Self-Transcendence has contributed 8.2% variance on the quality of life of nurses. This implies that self-transcendence determines nurses quality of

life. Therefore, hypothesis one stated above was confirmed.

**Hypothesis Two:** Hypothesis states that, there will be a significant influence of self-transcendence on compassion fatigue among nurses in Makurdi Metropolis.

Table 2: Summary Table of Regression analysis showing the significant influence of self-transcendence on compassion fatigue among nurses of Makurdi Metropolis.

Predictors	R	R	β	t	Sig
Constant	.331	.110		4.012	.00
Self-transcendence			.331	4.560	.000

Dependent variable: Fatigue  $\beta$  = .331, t = 4.560; P<.01

The result in Table 2 shows that, there is a statistically significant influence of self-transcendence on compassion fatigue among nurses in Makurdi Metropolis ( $\beta$  = .331, t = 4.560; P<.05). The result showed that, self-transcendence has contributed 11% variance on compassion fatigue. This implies that self-transcendence is a determinant of compassion fatigue among nurses. Therefore,

hypothesis two was statistically confirmed.

**Hypothesis Three:** Hypothesis three states that, there will be a significant influence of self-transcendence on burnout among nurses in Makurdi Metropolis. The result is presented in Table 3.

Table 3: Summary Table of Multiple Regression analysis showing the significant influence of self-transcendence on burnout among nurses in Makurdi Metropolis.

Predictors	R	R			t <b>Sig</b>	
Constant	.193	.037	.193	2.997	.003	
Self-transcendence			2.557	.011		

Dependent variable: Burnout = $\beta$  = .193, t = 2.557; P<.05

Table 4.3 shows that, there was a statistically significant influence of self-transcendence on burnout among nurses in Makurdi Metropolis ( $\beta$  = .193, t = 2.557; P<.05). This implies that self-transcendence determines nurses' level of burnout on their job. The result shows that, self-transcendence contributed .338% variances to burnout among nurses. Therefore, the hypothesis three was confirmed.

## Discussion

Hypothesis one which stated that, there will be a statistically significant influence of self-transcendence on compassion fatigue among nurses in Makurdi Metropolis was confirmed and accepted. This implies that, self-transcendence which is an experience of overworked, physical, emotional, and mental exhaustion caused by longer-term involvement in situations that are emotionally demanding like nursing patients

can predispose nurses in Makurdi Metropolis to experiencing compassion fatigue which is the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other; the stress resulting from helping or wanting to help a traumatized or suffering individual. This finding is in line with a study of Barrows et al., (2024) among 287 United Kingdom adult participants. They maintained a significant relationship between self-transcendence and quality of life which implies that a person's selftranscendent has the ability to affect the quality of life of such a person while increasing one's anxiety and depression. Eraydın et al., (2023) in their study evaluate the status of self-transcendence and quality of life in 380 patients receiving hemodialysis therapy. There was a highly positive relationship between the self-transcendence scale and the quality of life. Also, age and level of income of hemodialysis patients affected the quality of life and the selftranscendence. These findings are consistent with the current study which established selftranscendence as a determinant of quality of life.

Hypothesis two which stated that, self-transcendence will significantly influence compassion fatigue among nurses in Makurdi Metropolis was statistically confirmed significant and was accepted while the null hypothesis was not confirmed and thus rejected. This implies that nurses

who are high on self-transcendence which is a shift from oneself to caring for others will experience no or less compassion fatigue which is an adverse effect of caring for suffering patients. This further implies that self-transcendence is a coping skill to prevent or cope with compassion fatigue among nurses in Makurdi Metropolis. Selftranscendence counterbalances the risk of compassion fatigue and provides a sense of resiliency of the human spirit (Aliah2024). Aliah (2024) explained that the relationship between compassion fatigue and selftranscendence is balancing the advantages with the disadvantages. Nurses provide a deeper, more spiritual and complex type of care for critically ill and end-of-life (EOL) patients, which place them at a high risk for compassion fatigue. Using Reed's middle range theory of self-transcendence, the purpose of the project was to examine the relationship between compassion fatigue and self-transcendence among inpatient hospice nurses. A descriptive, correlational research methodology guided this inquiry surveying a convenience sample of 42 inpatient hospice nurses at 4 hospice locations. The Professional Quality of Life Scale assessment and Reed's Self-Transcendence Scale were used to survey inpatient hospice nurses.

Hypothesis three which there will be a significant influence of self-transcendence on burnout among nurses in Makurdi Metropolis was statistically significant and

thus confirmed and accepted. This finding implies that self-transcendence predisposed nurses to burnout. Nurses who are high in self-transcendence will be found high on burnout. Self-transcendence can serve as a coping measure to prevent burnout in nurses in Makurdi Metropolis. This result is supported by the findings of Hooper et al., (2010) who used the ProQOL to evaluate self-transcendence, compassion fatigue and burnout among emergency unit workers in comparison to three other specialty areas: intensive care, nephrology, and oncology. Hooper and colleagues indicated that 82% of the emergency unit nurses were identified with high levels of burnout, with nearly 86% experiencing moderate to high levels of compassion fatigue, whereas intensive care nurses reported a higher risk for burnout and oncology nurses a higher risk for compassion fatigue. Self-transcendence counterbalances the risk of compassion fatigue and provides a sense of resiliency of the human spirit (Stamm, 2010). Stamm (2013) explained that the relationship between compassion fatigue and self-transcendence is balancing the advantages with the disadvantages. In the attempt to explore the understanding of selftranscendence, compassion fatigue, and burnout, Slocum-Gori et al. (2011) surveyed 503 hospice and palliative care workers and indicated a significant negative correlation between self-transcendence and burnout.

## Conclusion

- i. Self-transcendence determines the quality of life among nurses in Makurdi metropolis.
- ii. Self-transcendence was also found to predispose nurses in Makurdi metropolis to compassion fatigue.
   High level of self-transcendence can serve as a coping style for the adverse effect of compassion fatigue among nurses in Makurdi metropolis.
- iii. Self-transcendence determines nurse's burnout s in Makurdi metropolis. Burnout which is an experience of overworked, physical, emotional, and mental exhaustion caused by longer-term involvement in situations that are emotionally demanding like nursing patients can predispose nurses in Makurdi metropolis to experiencing compassion fatigue which is the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other.

## **Recommendations**

The following recommendations were deduced from the research study:

i. The researcher established a significant influence of self-transcendence on quality of life among nurses. Therefore, it was recommended that nurses be trained on self-transcendence periodically to let go of

- self-centeredness and ego-boundaries. This can be achieved through partnership between Nursing Council of Nigeria and Nigerian Association of Clinical Psychologist for periodic training of nurses.
- ii. The study finding also revealed that self-transcendence significantly influences Burnout among nurses. The researcher recommends that the Nursing council of Nigeria in partnership with the management of hospitals should provide opportunities for nurses to attend trainings regularly to enhance their personal development and evaluation of interventions that promote self-transcendence as well as reduce compassion fatigue and burnout. It is important to identify interventions which promote psychosocial wellness in nurses who are experiencing compassion fatigue and burnout.

## References

- Aliah, A. K. (2024). Confronting compassion fatigue with nursing students using a simulation-based experience and mindfulness intervention. Faculty of California State University, Stanislau's. Departmental Publication, California.
- Badger, J. (2001). Understanding secondary traumatic stress. *American Journal of Nursing*, 101(7), 26–33.
- Boyle, D. (2011). Countering Compassion Fatigue: A Requisite Nursing Agenda.

- Online Issues of Nursing, 16(1), 2.
- Barrows, P., Van Gordon, W. & Richardson, M. (2024). Self-transcendence through the lens of ontological addiction: correlates of prosociality, competitiveness and pro-nature behavior. *Curr Psychol* 43, 28950–28964.
- Coward, D. D. (1990). The Lived Experience of Self-Transcendence in Women with Advanced Breast Cancer. *Nursing Science Quarterly*, 3(4), 162-169.
- Figley, C. R. (1995). Compassion Fatigue:
  Coping with Secondary Traumatic
  Stress in those who Treat the
  Traumatized. New York, NY: BrunnerMazel.
- Eraydın, C., Sönmez, M., & Erdoğan, Z. (2023). Status of self-transcendence and quality of life in patients receiving hemodialysis treatment. *BAUNHealth Sci J*, 12(3), 445-452.
- Figley, C. R. (1995). Compassion fatigue:
  Coping with Secondary Traumatic
  Stress Disorder. New York, NY:
  Routledge Taylor and Francis Group.
- Highfield, E. F., Johnston T. E. & O'Rowe A. M. (2000). Preparation to care: The spiritual care education of oncology and hospice nurses. *Journal of Hospice and Palliative Nursing*, 2(2), 53-63.
- Hildebrandt, L. (2012). Providing grief resolution as an oncology nurse retention strategy: A literature review. *Clinical Journal of Oncology Nursing*, 16, 601-606.
- Hooper, C., Craig, J., Janvrin, D., Wetsel, M., & Reimels, E. (2010). Compassion Satisfaction, Burnout, and Compassion Fatigue among Emergency Nurses Compared with Nurses in other

- Selected Inpatient Specialties. *Journal of Emergency Nursing*, 36(5), 420-427.
- Lindberg, D. (2012). When your patients die:
  Living with cumulative grief. ONS
  Connect, 10, 10-14. Retrieved from
  https://www.ons.org/search?search\_ap
  i\_views\_fulltext =publications%
  20journals%20connect.
- Marcial, L., Brazina, M., Diaz, A., Jaramillo, C., Marentes, G., & Mazmanian, N. (2013). Is this the cost of caring? A student perspective on compassion fatigue. *Dimensions of Critical Care Nursing*, 32, 18-21.
- Matamela, N. A., Wyatt, G., Oduntan, Y., & Johnson, C. D. (2024). Cumulative Trauma Exposure and Post-Traumatic Stress Symptoms Among Older Adults in South Africa: Does Post-Traumatic Growth Moderate This Link? *Journal of Aggression, Maltreatment & Trauma*, 33(10), 1212–1227.
- ProQOL.org (2016). A comprehensive bibliography of documents specifically using the ProQOL measure. Retrieved from: http://ProQOL.org.
- Reed, P. (1991). Toward a Nursing Theory of Self Transcendence: Deductive Reformulation using Developmental Theories. *Advances in Nursing Science*, 13, 64-77.
- Reed, P. G. (1987). The Developmental Conceptual Framework: Nursing Reformulations and Applications for Family Theory. In A. Whall (Ed.), Family Therapy theory for Nursing: Four Approaches (pp. 69-92). New York, NY, US: Appleton-Century-Crofts.
- Sheikhrabori, A., Peyrovi, H. & Khankeh, H. (2022). The Main Features of

- Resilience in Healthcare Providers: A Scoping Review. *Med J Islam Repub Iran. 3; 36:3.*
- Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: development and history of the compassion fatigue test. In Figley CR, ed. *Treating Compassion. Fatigue*. New York, NY: Brunner-Routledge.
- Shet, S., Prajapati, P. M., Suryanarayana, S. V., Karkera, M., Subbaiah, K. V., Raviprakash, Y., & Shivashankar, B. S. (2024). Measurement of flux distribution of an AmBe neutron source and estimation of two group integral capture cross-sections. *Nuclear and Particle Physics Proceedings*, 341, 53-55.
- Stamm, B. H. (2010). *The Concise ProQOL manual (2nd ed.)*. Retrieved February 4, 2014, fromwww.proqol.org.
- Stamm, B. H. (2013). *Professional quality of life: Compassion Satisfaction and Compassion Fatigue*. Retrieved September 21, 2013, from <a href="http://www.proqol.org/CS">http://www.proqol.org/CS</a> and CF.html.
- Stanner, S., Ashwell, M. & Williams, C. M. (2023). Why do health professionals need to know about the nutrition and health claims regulation? Summary of an Academy of Nutrition Sciences Position Paper. *Paper Bulletin*, 48, 1-5.
- Wolotira, E. A. (2023). Trauma, Compassion Fatigue, and Burnout in Nurses: The Nurse Leader's Response. *Nurse Led.*;21(2):202-206.
- Wong, P. T. P. (2017). From Viktor Frankl's Logotherapy to the four defining Characteristics of Self-transcendence.

  DrPaulWong.com. Retrieved from <a href="http://www.drpaulwong.com/">http://www.drpaulwong.com/</a> four-

# <u>defining-characteristics-self-transcendence/.</u>

Xu, Z., Zhao, B., Zhang, Z., Wang, X., Jiang, Y., Zhang, M., & Li, P. (2024). Prevalence and associated factors of

secondary traumatic stress in emergency nurses: a systematic review and meta-analysis. European Journal of Psychotraumatology, 15(1), 2321761.