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Conceptual and Metric Adaptation of the Professional Quality of Life Scale in a Population of Argentinian Psychologists

Adaptación Conceptual y Métrica de la Escala Profesional Quality of Life Scale en Población de Psicólogos Argentinos

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Abstract

The quality of professional life, especially in clinical psychologists, is a relevant issue due to the high incidence of burnout and emotional exhaustion. A non-experimental, cross-sectional, instrumental study was conducted to adapt and validate the Pro-QOL R-IV scale in Argentinian psychologists. Data were obtained through a voluntary and non-probabilistic sampling. A sample of 560 psychologists of mean age 40.7 (SD = 28.37; Min = 23, Max = 67; 67% women, 33% men) was used. In all cases, adequate percentage values and Aiken's V coefficients were obtained. The exploratory factor analysis grouped 30 items into three latent variables, showing adequate values in the validity tests. Confirmatory factor analysis supported a good fit for the three-factor model. It is concluded that the Pro-QOL-Psi Inventory is a valid and reliable instrument to assess quality of life in Argentine psychologists.

Keywords: *quality of life, Argentinian psychologists, conceptual adaptation, metric adaptation*

Resumen

La calidad de vida profesional, especialmente en psicólogos clínicos, es un tema relevante debido a la alta incidencia de agotamiento y desgaste emocional. Se realizó un estudio no experimental transversal de tipo instrumental para adaptar y validar la escala Pro-QOL R-IV en psicólogos argentinos. Los datos se obtuvieron a través de un muestreo voluntario y no probabilístico. Se utilizó una muestra de 560 psicólogos de edad promedio 40.7 (DE = 28.37; Mín = 23, Máx = 67; 67% mujeres, 33% hombres), en la cual, se obtuvieron adecuados valores de porcentajes y coeficientes V de Aiken en todos los casos. El análisis factorial exploratorio agrupó 30 ítems en tres variables latentes, mostrando valores apropiados en las pruebas de validez. El análisis factorial confirmatorio respaldó un buen ajuste para el modelo de tres factores. Se concluye que el Inventario Pro-QOL-Psi es un instrumento válido y confiable para evaluar la calidad de vida en psicólogos argentinos.

Palabras clave: *calidad de vida, psicólogos argentinos, adaptación conceptual, adaptación métrica*

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Introduction

In recent years, quality of life has been a key topic of study in the case of health professionals. Numerous research studies have found increased levels of emotional, physical and social depletion in this population (Ramírez et al., 2020; Salgado-Roa & Leria-Dulčić, 2020; Vidotti et al., 2019; Yslado-Méndez et al., 2019).

Professional quality of life was defined as the feeling of well-being derived from the balance a person experiences between the demands or the load of a challenging, intense and complex job, and the psychological, organizational and linking resources the person has to face them (García-Sánchez, 1993). Therefore, it will depend on multiple factors: some in the personal area, such as age, gender, personality; others in the family area including social status and support network; any others in the work context, for example the retribution in a professional career; and lastly, elements related to professional recognition, work circumstances and management style (Abouzeid et al., 2020; Cazana-Vásquez, 2017; Loli et al., 2018; Salgado-Roa & Lería-Dulčić; 2020).

In the professional field of mental health, particularly in the case of psychologists, there is no single characteristic that synthesizes the work performed with pain, since the influences on its efficacy and wellbeing are multiple (Larsen & Stamm, 2008). So much so, that the concept of professional quality of life is a result of the dynamic interaction of the positive and gratifying factors, as well as the negative and harmful ones, both essential in order to understand the impact that working with trauma has on the professionals of mental health. Among them, it is possible to find the significant risks that are inherent to the work performed by care providers, such as compassion fatigue and/or burnout, as well as its benefits, which can be grouped under the name "compassion satisfaction" (Leonardo Granados & Chocó Cedillos, 2018).

Given that quality of life encompasses the assessment of subjective factors, a reliable method is needed in order to obtain information from the individual (Velarde Jurado & Avila Figueroa, 2002). That is where the interest of adapting and validating the *Professional Quality of Life Scale, Compassion Satisfaction and Fatigue Subscales-Revision IV* (ProQOL R-IV; Stamm, 2005), created as a tool to detect positive and negative aspects of the work among professionals dedicated to helping (Stamm, 2010), arises in benefit of the population of Argentinian psychologists. This is the instrument par excellence to assess professional quality of life, and, as its name indicates, it consists of three discreet subscales which allow the studying of compassion satisfaction, burnout and compassion fatigue (Suárez, 2012).

Compassion is manifested in contexts of someone else's particular pain or distress, and the intention of providing a relief response originated by empathy (Klos & Lemos, 2018). Related to this, compassion satisfaction was defined as the feeling of pleasure therapists derive from doing their job well (Stamm, 2002), and also as the positive stimulus of collaborating (Stamm, 2010), associated with the pleasure of taking the role of helping others and the process of mutual healing between the professional and the patient, the internal self-reflection, the connection with peers, the increased feeling of spirituality and a strong level of empathy, as was mentioned before (Benito et al., 2010).

Regarding burnout syndrome, it was delimited as a psychological disorder arising when the mechanisms of adaptation to prolonged stressful situations fail (Otero et al., 2013). It consists of three factors: a) emotional burnout, that is, the feeling of lack of energy and chronic toll; b) depersonalization, which means that the per-

son experiences an attitude of dehumanization or lack of interest towards the person to whom he or she is providing the service, and c) the reduction of personal fulfillment, which is the tendency to value oneself negatively and to feel displeased and dissatisfied with the professional results (Edwards, 2006; Illera, 2006; Maslach et al., 2001; Rupert & Morgan, 2005). As a precedent, it is worth mentioning that the origins of this concept are associated with the intense speed with which socio-economic and cultural changes were produced, which have transformed the industrial society into a society of service economy (González-Riviera et al., 2022).

Lastly, compassion fatigue was described as the natural behaviors and affections, consequences of knowing a traumatic event experienced by a person who is valuable to the individual. It is the stress that derives from assisting or trying to help someone who is traumatized or hurt. It may also be described as a state of biological, psychological and social exhaustion and dysfunction (Figley, 2013). This is a current concept which, after evolving over these twenty years, became a concept on its own, used as a synonym of secondary traumatic stress (Cuartero et al., 2020).

The ProQOL (Stamm, 2005), originally developed in English, has been translated into approximately 27 languages, including Spanish (Morante-Benadero et al., 2005). At international level, studies have been conducted on psychometric properties in China, Korea, Japan, Turkey, Spain and Brazil, with adequate fits and reliability of estimates (Dinç & Ekinci, 2019; Fukumori et al., 2016; Galiana et al., 2017; Kim & Choi, 2019; Shen et al., 2015). In the same way, the creators of this inventory encourage its diffusion and translation into other languages (Stamm, 2005).

Argentina has the largest number of psychologists per capita at world level, with a significant predominance in the exercise of the clinical area over the others (Alonso et al., 2011). Although there are studies focused on the assessment of the quality of life of healthcare professionals (Chavez, 2017; Hauser & García, 2017), and also on the adaptation of instruments dedicated to obtaining feedback from patients receiving psychotherapy (Gómez Penedo et al., 2021), there is not an instrument specifically focused on assessing the quality of life of populations exclusively made up of psychologists yet, which also takes into consideration the native language that Argentinians use and which allows them to receive valuable information, both for their personal development and their optimum performance in the clinical exercise.

This is striking, since the exercise of psychology exposes professionals to psychosocial risks by stating a very close bond with the people they help. This type of relationship frequently demands their involvement in emotional conflicts which often impact the personal life of the psychologist (Benavides Pereira et al., 2002). Considering that the practice of psychotherapy becomes a demanding task, it is essential that psychologists carry out self-care strategies (Fernández Álvarez, 2008). In order to contribute to this, it is necessary for them to know about their mental health, implied in the way in which they conduct their activity.

For these reasons, the general aim has been to conduct the conceptual, linguistic and metric adaptation of the *Professional Quality of Life. Compassion Satisfaction and Fatigue Subscales-Revisión IV* (Pro-QOL R-IV; Stamm, 2005) in the population of Argentinian clinical psychologists. The specific objectives were: (1) to examine evidence of content validity; (2) to contribute with evidence of face validity; (3) to contribute with evidence of construct validity, and (4) to

analyze the internal consistency of scores.

Methodology

Sample

The sample consisted of 560 Argentinian clinical psychologists. The mean age was 40.07 (SD = 28.37, Min = 23, Max = 67). 67% (n = 375) were women and 33% (n = 185) were men. Regarding the place of residence, 33.8% (n = 189) reported living in the province of Buenos Aires, 12.9% (n = 72) in the City of Buenos Aires, 11.1% (n = 62) in Córdoba, 10% (n = 56) in Chaco, 7.9% (n = 44) in Santa Fe, and the remaining 24.3% (n = 137) were distributed between the other provinces of the country. With regards to work context, 62.3% (n = 349) reported working in the private area, 7.0% (n = 39) in the public area, and 30.7% (n = 172) in both. Concerning work experience, the mean was 10.64 years, and, regarding daily workload, the average was of 7.56 hours. In relation to the theoretical orientation, 35.9% (n = 199) reported being psychoanalysts; 28.2% (n = 156), behavioral-cognitive; 19% (n = 104), integrative; and the remaining 17% (n = 101) were found among the systemic, humanistic, eclectic, EMDR, neuropsychological and Gestalt orientations. Regarding the attention modality, 14.3% (n = 80) reported working in person; 12.3% (n = 69), online; and 73.4% (n = 411) both. With respect to the type of population assisted, 51.1% (n = 286) reported assisting the population in general; 37.5% (n = 210), adult patients; 10.7% (n = 60), children and adolescents; .7% (n = 4) older adults. Finally, in connection with supervised practice, 83.8% (n = 469) reported its inclusion, while 16.3% (n = 91) said they did not contemplate it in their professional practice.

Instruments

Record of socio-demographic and professional variables. Through this instrument, data were collected about place of residence, gender, age, work experience, daily workload, work context, attention modality, theoretical orientation and type of population assisted, type of problems approached, and supervision among professionals.

Professional Quality of Life Scale. Compassion Satisfaction and Fatigue Subscales-Revisión IV (ProQOL R-IV; Stamm, 2005). This scale consists of 30 items reflecting different sensations towards daily work, and each of them indicates how often these situations present themselves in the professional life of the person. Each answer is qualified as *never, rarely, sometimes, frequently, almost always* and *always.* In addition, it is made up of three subscales in which it is possible to study Compassion Satisfaction, Burnout and Compassion Fatigue. The reliability of the subscales is α = .87 for Compassion Satisfaction; α = .72 for Burnout and α = .80 for Compassion Fatigue.

Procedure

A non-experimental, cross-sectional, instrumental study was designed (Ato et al., 2013). The author of the *Professional Quality of Life Scale. Compassion Satisfaction and Fatigue Subscales-Revision IV* (Pro-QOL R-IV; Stamm, 2005) was asked for authorization. Data were obtained through a voluntary and non-probabilistic sampling. The techniques used to measure the variables were distributed across social media under the modality of *google forms*©. Participants did not receive any compensation for their collaboration. As a mandatory field, the form contained

the acceptance of an informed consent in the front page, in which details of the objectives of the research were specified, along with the guarantee of confidentiality enforced by law 25.326, of personal data protection, which deals with the ethical implications of research in the health field in which human beings participate, in order to protect their fundamental rights, weighing the need of promoting research.

Data analysis

The epistemological foundation was classical psychometrics. In order to validate the content of the instrument, two researchers participated in the process of translation, following the recommendations of the process of expert judgment suggested by Escobar-Pérez and Cuervo-Martínez (2008). Both researchers hold a PhD in Letters and showed good command of the native tongue. Therefore, they translated the Pro-QOL R-IV (Stamm, 2005) independently and with no debate and, according to the judges, the versions did not differ. After that, there were some adjustments made to ensure comprehensibility and psychological equivalence. The criteria to select the judges were: (a) they have previous experience to act as expert judges, (b) they have expertise in psychometry and psychological assessment, and (c) they show evidence of knowledge about professional quality of life. After the selection of judges, a spreadsheet with instructions was created, where the aims of the study were made explicit, as well as the indications stating what people were expected to do. In order to assess semantic and syntactic clarity, they used a four-point Likert scale, where 1 indicated *different*; 2, *quite different*; 3, *quite similar*; and 4, *similar*. This is how the understanding of an item in our cultural context was assessed. In order to assess the coherence of paraphrase, people were asked to use a four-point Likert scale, where 1 indicated that it did not match the criteria; 2, low level of criteria; 3, moderate level of criteria; and 4, high level, in order to see if the statement showed logic regarding the dimension or indicator it measured. Finally, to assess the relevance of the paraphrased statements, they used a four-point Likert scale, where 1 indicated *irrelevant*; 2, *low level of relevance*; 3, *moderate level of relevance*; and 4, *relevant*. In this way, the statement was valued as essential, as important or as to be excluded.

Additionally, according to Tornimbeni et al. (2008), a section for observations was displayed, indicating the possibility of contributing with comments about the congruence of the statement with the dimension and the syntactic aspects that should be highlighted. After obtaining the results, a spreadsheet with the corresponding assessments was created, through which the percentage of agreement of the judgment that had been conducted (Tinsley & Weiss, 1975) and Aiken's V coefficient were estimated (Aiken, 1985). These indicators are represented by values ranging from 0 to 1; the closest the statement to 1, the higher the content validity.

After that, a pilot study was developed before administering the instrument to the whole sample. Once the definitive sample was obtained, the univariate normality of data was acquired through the indicators of skewness and kurtosis, for which scores between +/- 2 are desirable (Tabachnick & Fidell, 2013). The discriminatory power of the items was studied through the corrected item-total correlation, for which r scores equal or higher than .30 are expected (Nunnally & Bernstein, 1995). Following that, studies tending to verify construct validity through exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) were conducted. For the exam of factorial loads, standardized loads higher than

the > .30 limit (Hair et al., 2006; Nunnally & Bernstein, 1994) were considered as *acceptable*, and, regarding the correlations between factors, scores > .19 were considered as *very low*; between > .20 and < .39, as *low*; between > .40 and < .59, as *moderate*; between > .60 and < .79, as *high*; and < .80, as *very high* (Brown, 2006; Evans, 1996).

While some authors criticize the joint use of these analyses (Pérez-Gil et al., 2000), numerous works opt for conducting both procedures (Martorell et al., 2011). The EFA was calculated through a robust method of maximum likelihood (MLR) using Varimax rotation in a polychoric matrix. The notion that a larger sample size generally provides more accurate and reliable estimates is a widely accepted concept in the field of statistics and research methodology. However, the suggestion that smaller samples could be enough in specific cases, where factorial relations are evident, is an idea that has been discussed by various experts in the field of psychometry and statistics (Galbraith et al., 2002; George & Mallery, 2019; Hair et al., 2014). Criteria to determine the number of factors was developed through the *Scree Test*. In addition, factors, such as theoretical interpretation, coherence with previous research and practical relevance were considered when deciding the number of factors to be kept in the analysis. The CFA was conducted using a robust estimator of weighted least squares mean and variance adjusted (WLSMV-R), the estimation method used was MLR, and, given that the variables were ordinal, the polychoric matrix was applied, since it is the most appropriate one for this type of data (Freiberg Hoffmann et al., 2013; Múthen & Kaplan, 1985).

The following indices of goodness of fit were considered: chi-square (χ^2), comparative fit index (*CFI*), Bollen's incremental fit index (*IFI*) and root mean squared error of approximation (*RMSEA*) (Hu et al., 1999). Regarding the criteria of acceptable fit values, a score of .90 in *CFI* (Kline 2011; Schumacker & Lomax, 2016) is considered, as well as scores lower than or equal to .08 in *RMSEA* (Browne & Cudeck, 1993).

Finally, the Omega statistical was used, (McDonald, 1999) as a favorable alternative to the limitations of Cronbach's alpha coefficient (Cho, 2016) to know the reliability of a scale from the point of view of its internal consistency by offering an approximation to the reliability based in the factor structure of the instrument. The acceptable fit value had to be higher than .70 (Kline, 2011; Raykov & Shrout, 2002). In the same way, Cronbach's alpha coefficients were calculated to compare them with other studies.

Results were processed using R (Version 3.6.0) and the interface R Studio (Version 1.1.463) through the ggplot2 packages for the visualization of data (Wickham, 2009), psych (Revelle, 2018), psychometric (Fletcher & Fletcher, 2013) and psycho (Revelle, 2018), in order to estimate some psychometric properties. While lavaan (Rosseel, 2012), semPlot (Epskamp et. al., 2019) and semTools (Jorgensen et. al., 2018) were used to calculate and trace the Structural Equation Modeling.

Results

Evidence of Content Validity and Face Validity

Based on the experts' judgment, the paraphrased scales that were considered as the most adequate, along with the Likert scale, where, from the indices of percentage and Aiken's V statistic, judges suggested that a scale from *Nothing* to *Always* was conceptually adequate to measure the professional quality of life in Argentinian psychologists. In Table 1, adequate values of percentages in the items according to a range of .80 and 1 can be seen. The same happened with Aiken's V

Table 1

Expert Judgment: Percentage of agreement and Aiken's V.

	Clarity		Coherence		Relevance	
	% Acceptance	Aiken's V	% Acceptance	Aiken's V	% Acceptance	Aiken's V
CVPA1[a]	.92	.92	1.00	1.00	1.00	1.00
CVPB1[b]	1.00	1.00	1.00	1.00	1.00	1.00
CVPC1[c]	.90	.96	.90	.96	1.00	1.00
CVPD1[d]	1.00	1.00	.96	.92	1.00	1.00
CVPE1[e]	.90	.96	.97	.97	.90	.95
CVPF1[f]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 1[g]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 2[g]	.84	.93	.93	.92	.80	.87
CVP 3 [g]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 4 [g]	.80	.87	1.00	1.00	.80	.80
CVP 5 [g]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 6 [g]	.84	.93	.83	.92	.80	.87
CVP 7 [g]	.84	.90	1.00	1.00	.83	.86
CVP 8 [g]	.84	.93	1.00	1.00	.80	.87
CVP 9 [g]	.83	.96	.83	.96	.83	.96
CVP 10 [g]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 11 [g]	.94	.97	1.00	.1.00	.88	.96
CVP 12 [g]	.86	.90	.94	.90	.95	.98
CVP 13 [g]	.90	.93	.96	.98	1.00	1.00
CVP 14 [g]	.92	.96	.81	.93	.83	.96
CVP 15 [g]	.90	.92	.87	.94	.80	.87
CVP 16 [g]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 17 [g]	.84	.93	.83	.92	.80	.87
CVP 18 [g]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 19 [g]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 20 [g]	.83	.96	.83	.96	.83	.96
CVP 20 [g]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 21 [g]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 22 [g]	.80	.87	1.00	1.00	.80	.80
CVP 23 [g]	.85	.93	1.00	1.00	.88	.92
CVP 24 [g]	.90	.97	.87	.90	.93	.95
CVP 25 [g]	1.00	1.00	.80	.93	.80	.93
CVP 26 [g]	.85	.90	.88	.93	.82	.95
CVP 27 [g]	.80	.87	1.00	1.00	.80	.80
CVP 28 [g]	.85	.93	1.00	1.00	.88	.92
CVP 29 [g]	1.00	1.00	1.00	1.00	1.00	1.00
CVP 30 [g]	.84	.93	.93	.92	.80	.87

Note. CVP = calidad de vida profesional (professional quality of life); [a] = primer valor de la escala Likert (first value of the Likert scale); [b] = segundo valor de la escala likert (second value of the Likert scale); [c] = tercer valor de la escala Likert (third value of the Likert scale); [d] = cuarto valor de la escala Likert (fourth value of the Likert scale); [e] = quinto valor de la escala Likert (fifth value of the Likert scale); [f] = sexto valor de la escala Likert (sixth value of the Likert scale); [g] = ítems del test (test items).

coefficients, oscillating between expected scores of .80 and 1 in all cases (Hyrkäs et al., 2003).

From the suggestions and observations pointed out by the judges, modifications were made to the items which did not contemplate the female suffix in their statement, so "/a" was added. In addition, the original statement of item 4 *Me siento vinculado a otras personas con ocasión de mi trabajo (I feel linked to other people in the occasion of my work),* was changed to *Me siento conectado/a con personas que no forman parte de mi trabajo (I feel connected to people who are not part of my job)*; item 7 *Encuentro difícil separar mi vida personal de mi vida profesional (I find it difficult to separate my personal life from my profesional life) was changed to Me resulta difícil separar mi vida personal de mi vida profesional (It is difficult for me to separate my personal life from my profesional life)*; item 8 *Pierdo el sueño por las experiencias traumáticas de las personas a las que he ayudado (I lose sleep over the traumatic experiences of people I have helped) was changed to Las experiencias traumáticas de las personas a las que he ayudado me han provocado alteraciones en el sueño (The traumatic experiences of people I have helped have provoked alterations in my sleep)*; and finally item 23 *Evito ciertas actividades o situaciones porque me recuerdan a las experiencias espantosas de la gente a la que he ayudado (I avoid certain activities or situations because they remind me of the awful experiences of the people I have helped)* was changed to *Evito ciertas actividades o situaciones porque me recuerdan a las experiencias negativas de la gente a la que he ayudado (I avoid certain activities or situations because they remind me of the negative experiences of the people I have helped).*

Pilot Study

Prior to administering the Pro-QOL R-IV to the definitive sample for the adaptation of the instrument, a pilot study was conducted on a reduced scale (n = 60) with the purpose of examining the correct function of the scale. The examined criteria were: a) understanding of the items, b) understanding of the answer options, c) understanding of the codes for the answers, d) length of the instrument, e) language and vocabulary, f) complexity of the instrument, g) motivation to answer, and h) appearance of possible ego-defensive answers. The series of analyses reported that no difficulties were found in any of the assessed criteria. Additionally, in the pilot test, they consulted about the modifications suggested by expert judgment. In all cases, individuals mentioned they have understood the modified versions better, after the observations made by the judges.

Evidence of construct validity

First, an EFA of the data tending to assess the existence of absent scores, the detection of atypical cases and the underlying statistical assumptions (normality, linearity of relationships, multicollinearity) was carried out. Variables with more than 5% of missing data were not observed, nor the existence of univariate atypical cases (scores outside the range z ± 3). In Table 2, the corrected item-total correlation and a distribution close to normality are presented, with scores of skewness and kurtosis lower than ± 2. In order to run the internal structure studies, the sample was divided, having, then, an estimated sample (n = 150) to conduct the exploratory factor analysis (EFA) and a validation sample (n = 410) to conduct the CFA.

In Table 3, EFA can be observed through the robust method of maximum likelihood, which,

Table 2
Descriptive Statistics: Pro-QOL-Psi in Argentinian Psychologists.

	M	SD	Skewness	Kurtosis	Corrected total r
Item 1	2.69	.89	.47	-.43	.37
Item 2	3.53	.95	.34	-.16	.41
Item 3	5.20	.89	-1.10	.68	.30
Item 4	2.64	1.29	.44	-.55	.55
Item 5	2.65	1.28	.84	.18	.41
Item 6	4.64	1.07	-.55	-.34	.42
Item 7	2.54	1.15	.94	.63	.42
Item 8	1.77	.87	1.11	.97	.49
Item 9	1.81	.89	.89	.43	.48
Item 10	2.64	1.32	.46	-.63	.60
Item 11	2.41	1.25	.61	-.37	.63
Item 12	5.42	.71	-1.26	1.78	.33
Item 13	1.84	.95	1.11	.98	.46
Item 14	1.40	.70	1.87	1.27	.32
Item 15	4.13	1.81	-.51	-1.13	.63
Item 16	4.46	1.30	-.54	-.72	.41
Item 17	2.70	1.11	.58	-.14	.40
Item 18	4.70	.99	-.95	1.17	.54
Item 19	3.68	1.18	.105	-.54	.61
Item 20	4.51	.98	-.43	-.15	.42
Item 21	3.21	1.27	.328	-.48	.58
Item 22	4.26	1.11	-.31	-.43	.42
Item 23	1.47	.80	1.87	1.26	.36
Item 24	4.97	1.13	-1.12	1.04	.49
Item 25	1.87	.97	1.15	1.27	.47
Item 26	3.16	1.42	.31	-.68	.45
Item 27	4.49	.91	-.30	-.37	.33
Item 28	1.61	.83	1.89	1.45	.36
Item 29	3.60	1.21	-.41	-.25	.42
Item 30	5.16	1.01	-1.32	1.85	.35

from the Varimax rotation, determined the grouping of 30 items in 3 latent variables. The factor solution showed scores similar to .87 for the Káiser Meyer Olkin (KMO) index and for Barlett's Test of Sphericity (χ^2= 584.62; SD = .07; $p < .000$), which were considered adequate.

Following, a CFA was conducted to determine the factor structure of the Pro-QOL R-IV. Due to the categorical nature of the items (Likert scale), the chosen estimation method was the Robust Maximum Likelihood (MLR), using a polychoric matrix. In order to assess the fit of the model, different fit indices obtained, by the robust method, were examined. As way to evaluate the goodness of fit of the model, different indices were analyzed: square-chi (χ2), normed fit index (*NFI*), comparative fit index (*CFI*), Bollen's incremental fit index (*IFI*) and root mean square er-

Table 3
Exploratory Factor Analysis of the Pro-QOL-Psi Inventory in Argentinian Psychologists.

Items	Factor 1	Factor 2	Factor 3
cvp22	.78		
cvp20	.74		
cvp30	.70		
cvp27	.64		
cvp18	.62		
cvp06	.56		
cvp03	.40		
cvp12	.49		
cvp16	.47		
cvp24	.42		
cvp21		.86	
cvp19		.85	
cvp26		.80	
cvp10		.79	
cvp29		.77	
cvp01		.68	
cvp04		.56	
cvp08		.45	
cvp15		.40	
cvp17		.36	
cvp25			.41
cvp05			.41
cvp23			.36
cvp14			.34
cvp11			.34
cvp09			.33
cvp07			.32
cvp02			.32
cvp13			.31
cvp28			.31
% of variance explained for each factor	15.2	29.3	36.3
M	47.8	30.27	21.12
DE	6.52	6.11	5.69

ror of approximation (*RMSEA*). In Table 4, the trial of different models can be observed. Different models were tested: (1) a model of a single factor, with a single measure of professional quality of life, (2) a model of two factors, where one latent dimension represented aspects of compassion satisfaction, and the other dimension, the aspects of compassion fatigue, (3) a model of three factors, as proposed by Stamm (2005). The three-factor structure is the model that best fits and replicates the structure of the Professional Quality of Life Scale. In Figure 1, the regression weights of the statement for each dimension can be observed.

Internal consistency

Regarding the internal consistency of the scale, McDonald's omega and Cronbach's alpha coefficients were calculated. In Table 5, it can be observed that the obtained scores in the Compassion Satisfaction dimension have high internal consistency, while the scores for the Burnout and Compassion Fatigue dimensions were lower, although it is acceptable in all analyses.

Table 4
Indices of Fit of the Models of the Pro-QOL-Psi Inventory in Argentinian Psychologists.

Models	χ^2	***NFI***	***CFI***	***IFI***	***RMSEA (IC 90%)***
Single Factor	2573.299	.71	.87	.87	.12 (.12 -.11)
Two Factors	2281.836	.71	.72	.72	.22 (.21 - .22)
Three Factors	1873.826	.90	.92	.92	.05 (.05 - .06)

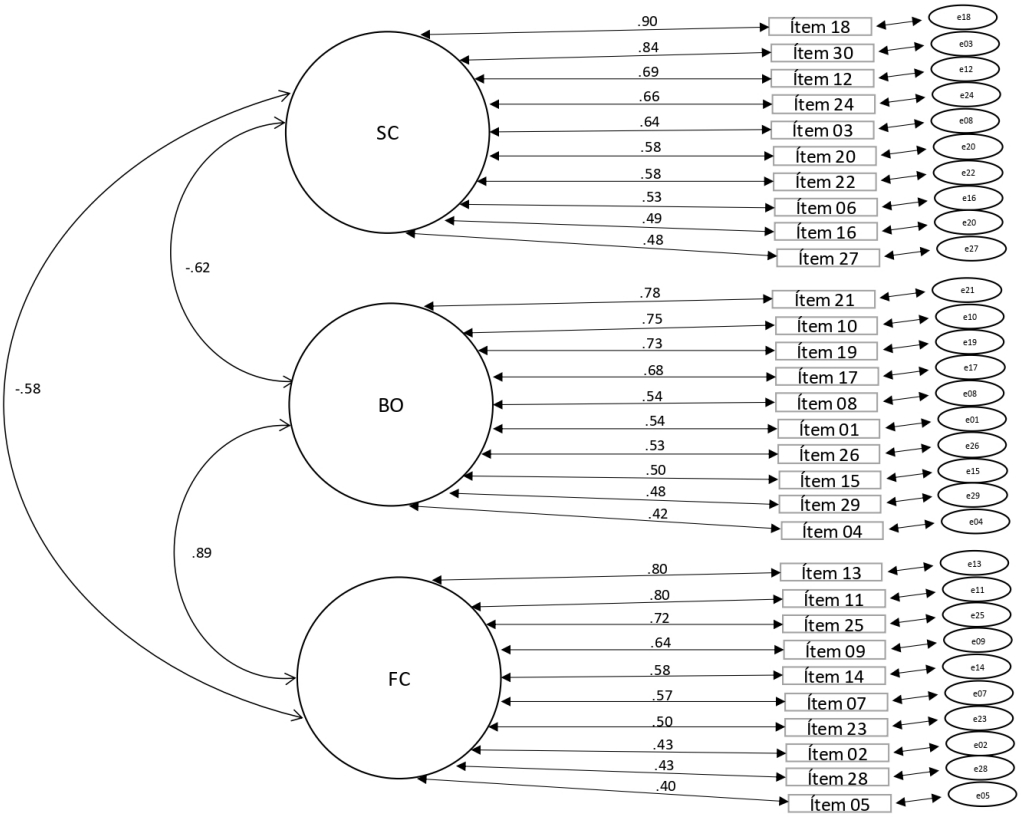

Figure 1
Confirmatory Factor Analysis of the Pro-QOL-Psi Inventory in Argentinian Psychologists.

Table 5
Internal Consistency of the Pro-QOL-Psi Inventory in Argentinian Psychologists.

Dimensions	Omega	Alfa
Compassion Satisfaction	.93	.90
Burnout	.78	.74
Compassion Fatigue	.82	.79

Discussion

With the aim of finding an adaptation of the *Professional Quality of Life. Compassion Satisfaction and Fatigue Subscales-Revision IV* (Pro-QOL R-IV; Stamm, 2005) with linguistic, conceptual and metric equivalence in the population of Argentinian clinical psychologists, a translation by expert judges was completed. That is how evidence of content validity was obtained from the statements that make up the instrument. According to the judges, linguistic modifications were made to items 4, 7, 8 and 23, with the purpose of reaching a better perception by the subjects of the sample. Later, adjustments were made to ensure the understanding and psychological equivalence. Based on the results obtained, those paraphrased scales, selected as the most adequate ones, along with the Likert scale with options going from *Nothing* to *Always* proposed in the original scale (Stamm, 2005), were selected. Then, through a pilot study it was possible to test the adequate understanding of the items, the answer choices, the code of the answers, the length of the instrument, its complexity and the motivation to answer.

Afterwards, the analyses of construct validity and internal consistency were conducted, which were found to be in agreement with the antecedents that contributed with empirical evidence about the instrument (Dinç & Ekinci, 2019; Fukumori et al., 2016; Galiana et al., 2017; Kim & Choi, 2019; Morante Baradero et al., 2005; Shen et al., 2015; Stamm, 2005). The preliminary analysis of the items allowed the obtaining of evidence of univariate normality of the statements in the scale. In addition, the indices of skewness and kurtosis were in agreement with the scores recommended by Tabachnick and Fidell (2013).

The EFA determined the grouping of 30 items in the three dimensions reported in the original scale (Stamm, 2005), which can be explained through the theory sustaining each construct (Benito et al., 2010; Edwards, 2006; Illera, 2006; Maslach et al., 2001; Otero et al., 2013; Suárez, 2012; Rupert & Morgan, 2005). That is to say that certain statements exist that are explained by Compassion Satisfaction, Burnout and Compassion Fatigue. This is how it can be understood that the dynamic interaction of dimensions is essential to take in the impact that working with trauma has on the professionals of mental health. Moreover, the Compassion Satisfaction dimension explained the 15.2 % of the variance; while Burnout, the 29.3 %; and the Compassion Fatigue, the 36.3 %, data resembling the original version and the adaptations made in other countries (Dinç & Ekinci, 2019; Fukumori et al., 2016; Galiana et al., 2017; Kim & Choi, 2019; Morante Baradero et al., 2005; Shen et al., 2015; Stamm, 2005). Additionally, all the factor weights were higher than .30, defined as moderate and high in agreement with what was reported in previous research (Brown, 2006; Evans, 1996; Hair, et al., 2006; Nunnally & Bernstein, 1994), which determined that the 30 items distributed in the three proposed dimensions contribute to measure those dimensions in a consistent way and in a combined way for the Professional Quality of Life of Argentinian Psychologists.

Three models of CFA were tested. The three-dimension model, just like the original scale (Stamm, 2005), portrays a better combination of fit coefficients than other models. This explains

that the professional quality of life of a psychologist in Argentina can be assessed through the feeling of pleasure obtained by therapists when doing their job well, from emotional depletion and behaviors and natural affections deriving from knowing about the suffering of the patient.

Finally, the obtained indices of internal consistency were similar to those found in the original version. These results indicate that, with this instrument, a reliable overall measure of quality of life of the professional psychologist in Argentina can be reached. This is underpinned by the fact that all the dimensions have excellent internal consistency, in agreement with the conducted analyses of reliability. It is necessary to highlight that in order to assess internal consistency, the McDonald's omega and Cronbach's alpha indices of reliability (McDonald, 1999) were calculated, with the purpose of comparing the psychometric properties of the instrument with studies conducted in other countries.

Now, it is also necessary to consider a number of limitations in this study: first, the use of a non-probabilistic, intentional sampling; and second, the fact that there were no studies conducted on positive and negative convergent validity (Coulacoglou & Saklofske, 2017). In future research, it would be advisable to use probabilistic sampling to analyze a factor structure in a similar population, and to investigate positive and negative convergent validity in order to obtain more evidence regarding the psychometric properties of the instrument. On the other hand, the reliability of the measure was only examined from the perspective of internal consistency, whereas it would be desirable in future studies to report data regarding its stability in time (test-retest).

To conclude, it could be reported that the Pro-QOL-Psi Inventory has adequate evidence of content, face and construct validity, and excellent scores of internal consistency, which determines that it is a valid and reliable instrument to assess the quality of life in Argentinian psychologists. Hopefully, this instrument will be useful and it will function as a starting point in the exploration of a variable that, in spite of its relevance, is studied very little in our environment. Finally, it is accurate to clarify that the version offered in this study should not be used in other Hispanic countries without prior and careful analysis of its cultural relevance, since new adaptations might be necessary before it is used in other regions of Latin America, especially in other continents.

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