

Quality of Work Life and Its Associated Factors among Nurses Working in a Tertiary Care Hospital, South India

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Abstract

Background: Hospitals are complex organizations that provide services to the patients seven days a week, 24 hours a day. Doctors and nurses are the human resources that spend a significant part of their time at the hospitals. They have to do regular work and overnight duty in emergency situations, with an extensive workload and stress which can negatively affect their performance and quality of working life (QWL). The quality of service provided by the hospitals is of utmost importance for improving its in-patient rate. So in order to improve the quality of its service and organizational effectiveness hospitals must ensure high commitment from its patient-care personnel which is derived if they experience a sense of job satisfaction that is directly affected by their quality of work life. This study was an effort to assess the quality of work life of nurses in the selected hospital. **Materials and Methods:** This cross-sectional study was conducted among 85 nurses working in the selected tertiary care hospital recruited using simple random technique. The data-gathering instrument consisted of two parts. The first part consisted of questions on demographic information and the second part had questions on quality of work life. Data were analyzed using the SPSS 20 software. **Result:** The study revealed that the overall quality of work life of nurses in the selected hospital was 3.27 ± 0.49 . When dimension wise quality of life was analyzed, the quality of work context, co-workers, development opportunities work environment were found to be good while that quality of work life/home life, work design, and work world were found to be poor. **Conclusion:** It is indisputable that quality of work life plays an important role in bringing job satisfaction in employees. This study has explored the factors that are important for quality of work life for employees in a hospital set up. These QWL

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factors are family needs of nurses, working hours, nursing staffing, and autonomy of practice, management and supervision, working environment, attitudes of public towards nursing, and salary factors.

Keywords: Quality of Work Life; Quality of Nursing Work Life; Job Satisfaction.

Introduction

Nurses are one of the most diverse and largest workforces in the health care system. The role of nurses in the health care system is expanding and changing. Their role is not just limited to institutional care but also involves delivery of services at various levels of the health care system. The word 'nurse' originated from Latin word 'Nutricius' which means someone who nourishes, fosters and protects. The nurses are one of the strongest pillars of the health care delivery system in providing safe, affordable, and quality services to the people [1]. They play a major role in maintaining health status and also in achieving the health related targets of the country. The various cadres in the health system make nurses an important health workforce from the community to higher levels in the health care delivery system.

Despite their vital role within the health care system, nurses remain as the invisible workforce of health care delivery system.

Today, nursing profession is facing numerous challenges. These challenges are causing major hurdles in the development of nursing profession. Shortage of trained nursing personnel in the health care system is one challenge which is a global concern [2]. There is lack of adequate number of trained nursing personnel in the health care delivery system, or an imbalance between the required number of nurses and actual availability of nurses on the ground. However, nursing shortage is more complex and multifaceted. This arises not only due to the inadequate number of qualified nurses but also due to the non-availability of nurses who are willing to work under the present conditions. Migration is also a major factor which is contributing to shortage [3]. Trained nurses are migrating to Western countries since they are offered better working conditions, recognition, and salary.

Quality of work life (QWL) is a complex entity influenced by, and interacting with, many aspects of work and personal life. Brooks argued that QWL has two goals; improving the quality of the work experience of employees and simultaneously improving the overall productivity of the organization. From a nursing perspective, Brooks defined the QWL as "the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization's goals". Therefore, the concept of employee satisfaction is about more than simply providing people with a job and a salary. It is about providing people with a place where they feel accepted, wanted, and appreciated. It has been argued that QWL influences the performance and commitment of employees in various industries, including health care organizations. A high QWL is essential to attract new employees and retain a workforce. Consequently, health organizations are seeking ways to address issues of recruitment and retention by achieving a high QWL. Focusing on improving QWL to increase the happiness and satisfaction of employees can result in many advantages for the employee, organization and consumers. These include strengthening organizational commitment, improving quality of care and increasing the productivity of both the individual and the organization [4]. According to Sirgy MJ et al, a happy employee is productive, dedicated and committed. On the other hand, failure to manage these factors can have a major impact on employee behavioral responses (for example,

organizational identification, job satisfaction, job performance, turnover intention, organizational turnover and personal alienation) as well as outcomes of the organization [5].

Quality of nursing care is considered as an important aspect in evaluating the quality of health care. The quality of nursing and health care is directly interlinked to levels of job satisfaction among nurses and on the quality of nurse's work life. The rapidly changing health care environment has had an impact on the nursing work environment, workload and quality of nursing work life. Studies have shown that work environment has an impact on the patient outcomes and nursing work life [6]. Evidence shows that nursing shortage, poor quality of nurse's work life, job dissatisfaction and poor patient outcomes are directly linked to lack of healthy work environment [7].

Objectives

- Assess the quality of work life among nurses
- Identify the factors affecting quality of work life among nurses
- To find out the association between dimensions of quality of work life with selected Variables

Research Methodology

Approach & Design

The study utilized a quantitative approach and cross sectional survey design.

Study Site & Setting

The study was conducted in a 1250 bedded tertiary care hospital, Karnataka, South India.

Sample and Sampling Technique

A sample of 85 nurses' were selected using simple random sampling technique.

Inclusion & Exclusion Criteria

Nurses having more than 1 year of experience and who are willing to participate were recruited for the study. Those nurses who were not available during data collection and who were working in intensive or high dependency unit were excluded.

Tools and Techniques: A structured questionnaire was used to collect the data from participants. It had

4 questions on demographic information (gender, age, work experience, and marital status) and 32 statements about nursing work life focusing on four dimensions; work life-home life, work design, work context, and work world. Each statement/question had a score rating from "1-5". The minimum score '1' being 'strongly disagree' and maximum score is '5' being 'strongly agree'. If the mean score of each dimension is more than three it was considered good. The total score of QWL survey ranged from 32-160. The QWL is divided into low, moderate, and high according to the scores as shown in Table 1.

Ethical Considerations

An administrative permission was obtained from the selected hospital before data collection. Informed written consent was obtained from all participants. The purposes of the study were explained and they were assured of the confidentiality of their personal information.

Statistical Analysis

Completed questionnaires were sorted out and cleaned. Cross validation and consistency checks were done. Data were analyzed using the statistical package for social sciences (SPSS) software. The collected data was analyzed in terms of percentage, frequency, mean and standard deviation based on the objectives of the study. Descriptive statistics were

calculated and independent sample t- test was used to examine the relationship of quality of work life and marital status, and gender. A p value of less than 0.05 was considered significant.

Results and Discussion

Characteristics of Study Participants

In total, 85 nurses participated in the survey. All nurses completed and returned the questionnaire. Majority of the participants belonged to the age group of 20-30 years (92.9%). The number of females participated in the study was 96.5% and 3.5% were accounted by males. Majority of the respondents (78.8%) had working experience of 1-2yrs followed by the 8.2% of the respondents had 4-8years of experience. Majority of the respondents (80%) were unmarried and the remaining was married.

Overall Quality of Work Life

In the present study, the overall quality of work life of nurses in the selected hospital was found to be good with mean 3.27±0.49. Majority (80%) of participants were found to have moderately adequate and 18.82 % had high quality of work life. Moradi T et al revealed that 60% of nurses reported that they had moderate level of quality of working life while 37.1% and 2% had undesirable and good quality of working life, respectively [8].

Table 1: Scoring of Quality of Work Life

Dimension	Minimum Score	Maximum Score	Low	Moderate	High
Work life/home life Dimension	3	15	3-5	6-10	11-15
Work design Dimension	10	50	10-21	22-36	37-50
Work Context	16	18	16-35	36-59	60-80
Work World	3	15	3-5	6-10	11-15
Total Score	32	160	32-71	72-119	120-160

Table 2: Characteristics of study participants based on age, sex, work experience, and marital status

Variables	Category	Frequency (Percentage)
Age (Years)	20-30	79 (92.9)
	30-40	5 (5.9)
	40-50	1(1.2)
Gender	Male	3(3.5)
	Female	82(96.5)
Work experience	1-2	67(78.8)
	2-3	7(8.2)
	3-4	4(4.7)
	>4	7(8.2)
Marital Status	Married	17(20)
	Unmarried	68(80)

Quality of Work Life/Home Life

The mean value of quality of work/home life dimension was 2.92 ± 0.70 . Majority 68.23% of participants had moderately adequate and 23.52% had high quality of work life/home life. From Table 6 it is clear that they were not able to balance the work and family needs and the system of working hours negatively affects their life. This could be because they spend a long time at their workplace, so they have little energy after work and cannot fulfill their families' needs. Also rotating shifts mainly affect the life especially married nurses found it very difficult to balance between work and the family needs after exhaustion from work. Healy CM have supported the above findings in a study conducted among nurses. They revealed that many of the participants expressed their stress, work conditions, such as staff shortage, unsupportive management, and inability to balance work with their family needs. They also agreed that rotating shifts negatively affected their lives [9]. Khani A et al reported that nurses were incapable of balancing between the work-home lives and were dissatisfied in their job. Findings from Fletcher CE's study showed that shift duties, inadequate salaries, workload, lack of autonomy and career advancement opportunities are the main factors for poor quality of nursing work life and also result in job dissatisfaction [6].

Quality of Work Design

The study showed that the mean quality of work design was 2.92 ± 0.54 and majority 87% of participants were found to have moderately adequate and 7.05% had low quality of work design. It is revealed from Table 6 that out of 10 factors that were negatively associated with quality of work life 5 were from the work design dimension.

Also, findings (Table 5 & 6) indicated that there was no enough number of nurses in the department, there were many interruptions during daily work routine, many non-nursing tasks were done by the nurses, there was no sufficient assistance from nursing assistants and service workers, work load was too much to handle, and, also there was no enough time to do job. But they receive quality assistance from nursing assistants and service workers.

According to Eslamian J et al majority of the nurses believed that they had high workload, which is consistent with previous studies. On the other hand, 67.2% of the nurses believed they were not independent in taking care of the patients. About 88.7% of the nurses believed there were no adequate

nursing personnel in their work environment and 64.5% believed that they were given extra non-nursing tasks. Shortage in human resources and increase of nurses' workload act as pressure factors among nurses, which lead to professional and organizational desertion. Despite the shortage in human resources, nurses are assigned to non-nursing tasks. These dimensions of mal utilization of nursing force can increase the shortage of nursing force in a vicious cycle and affect nurses' skills and experiences [10].

Mohamed WN suggested that nurses' shortage in Malaysia is strongly related to the work environment. The factors identified to solve nursing shortage in the present study were needs for communication, opportunities for career advancement and work and home life balance. They also suggested an effective work environment is essential to maintain the nursing workforce [11].

Quality of Work Context Dimension

The study showed that the mean quality of work context was 3.52 ± 0.72 and majority 50.58% of participants were found to have high while 45.88% had moderately adequate quality of work context. It is revealed from Table 6 that out of 10 factors that were positively associated with quality of work context, were from the work context dimension. According to Said NB respect is a significant predictor for job satisfaction and has an impact on the work environment of the nurses showed that respect and recognition from the upper management or administration is essential for building trust, encouraging participatory decision making and communication between nurses improve their job satisfaction. He concluded that majority of nurses in the study reported that upper management did not pay attention to their issues and concern. Adequate supervision and interaction with the supervisors are considered as an extrinsic factor influencing job satisfaction [12]. Knox S et al also reported that favorable relationships with the supervisors are a key factor for the quality of work life [13].

Quality of Work World

The public image of nursing is diverse and incongruous. This image is partly self-created by nurses due to their invisibility and their lack of public discourse. The mean quality of work world was 2.57 ± 0.78 and majority 68.23% of participants were found to have moderately adequate and 23.52% with high quality of work world. Further item wise analysis of dimensions revealed that the major factor

affecting quality of work life of nurses is salary and the financial benefits provided.

Disproportionate salary and reward was one of the reasons for nurses' dissatisfaction with their work life quality. Behavioral theories like Mallow and Herzberg behavioral theories showed that fulfillment of primary needs is essential as the individuals cannot concentrate on higher needs if their primary needs are not met. Mohammed WN et al found that, 93.5% of nurses believed that their salary was not balanced with the inflation rate in market. Nurses' low income is one of the major reasons for their job dissatisfaction and desertion

[12]. Another study reported that the image of nurses was self-created by the nurses due to their invisibility and lack of public discourse. The factors which influence the nurses to improve their professional identity were public image, working environment, work values and educational and socio-cultural values. Registered nurses (RN) were regarded as assistants to doctors or helpers in the health care system [14]. Salary was one of the most significant reasons for young Finish nurses to leave the profession. Similar findings were reported by Fletcher also concluded that salary is major factor to cause job dissatisfaction. Quality of work life of nurses is

Table 3: Category wise distribution of Quality of work life score among nurses

Dimension	Low f (%)	Moderate f (%)	High f (%)
Work life/home life Dimension	7(8.23)	58(68.23)	20(23.52)
Work design Dimension	6(7.05)	74(87.05)	5(5.88)
Work Context	3(3.52)	39(45.88)	43(50.58)
Work World	7(8.23)	58(68.23)	20(23.52)
Total Score	1(1.17)	68(80)	16(18.82)

Table 4: Dimension wise quality of work life among nurses

Dimension	Minimum score	Maximum score	Mean ± SD
Work life/home life	3	14	2.92 ± 0.70
Work design Dimension	18	46	2.92 ± 0.54
Work Context	26	80	3.52 ± 0.72
Work World	4	14	2.57 ± 0.78
Total Score	70	144	3.27 ± 0.49

Table 5: Ten most common factors positively associated with quality of work life

Sl. No	Factors	Mean	SD
1.	There is teamwork	4.18	1.06
2.	Friendly atmosphere in the department	4.07	0.92
3.	Good communication with nursing in-charge	4.01	0.95
4.	There is good communication with other co-workers	4.0	0.91
5.	Good communication with physicians	3.97	1.07
6.	Able to provide quality patient care	3.96	0.96
7.	Nursing in-charge provides adequate supervision	3.74	1.04
8.	Hospital provides safe environment	3.71	1.14
9.	SOP'S facilitate the work	3.69	0.88
10.	Safety from personnel harm at work	3.63	1.03

Table 6: Ten most common factors negatively associated with quality of work life

Sl. No.	Factors	Mean	SD
1.	Enough nurses in the department	2.02	1.37
2.	Salary is adequate for my job	1.9	1.2
3.	Many non-nursing tasks are to be done	2.34	1.42
4.	Workload is too heavy	2.48	1.38
5.	System of working hours negatively affects life	2.62	1.16
6.	Enough time to do jobs	2.76	1.29
7.	Sufficient assistance from nursing assistants and service workers	2.85	1.34
8.	Many interruptions during daily work routine	2.89	1.16
9.	Society has a professional image of nurses	2.92	1.15
10.	Ability to balance work with family needs	2.97	1.14

Table 7: Association between dimensions of quality of work life with selected variables

Variable	Category	Low F (%)	Moderate F (%)	High F (%)	Test value	P value
Age	20-30yrs	1(1.3)	63(79.7)	15(19.0)	3.20	0.989 ^{ns}
	30-40yrs	0(0)	4(80)	1(20)		
	40-50yrs	0(0)	1(100)	0(0)		
Gender	Male	1(33.3)	1(33.3)	1(33.3)	28.52	0.001 ^{**}
	Female	0(0)	67(81.7)	15(18.3)		
Experience	1-2	0(0)	53(79)	14(20.9)	12.50	0.052
	2-3	1(14.3)	5(71.4)	1(14.3)		
	3-4	0(0)	4(100)	0(0)		
	>4	0(0)	6(85.7)	1(14.3)		
Marital status	Married	0(0)	12(70.6)	5(29.4)	1.751	0.417
	Unmarried	1(1.5)	56(82.4)	11(16.2)		

Chi-square/fishers exact test, ^{ns} not significant, ^{**} significant at 0.01 levels

influenced by the salary and financial benefits provided to them and are reported in numerous studies [15].

Association between dimensions of quality of work life with selected variables

From Table 7 it is clear that there exist a very strong association between gender and quality of work life(p=0.001). Age, years of experience, and marital status was not associated with quality of work life.

Recommendations

Nursing services is found to be the backbone of every hospital. It is one of the most important areas where patient care is concerned. So in order to provide highest quality of nursing services it is important to enhance the Quality of their work life.

- Management need to consider the family aspect of the registered nurses. Childcare facilities, convenient working hours, and sufficient vacations should be made available for nurses. These advantages will help nurses to balance work with their family requirements.
- More qualified registered nurses, sufficient and trained support personnel (that is, nursing assistants and service workers) as well as an equitable distribution of the current nursing workforce are needed to balance workload, and to ensure adequate nursing services for patients.
- Management and policy makers should encourage the professional growth of nurses through the provision of a systematic career ladder.
- Nursing department along with the media work

for making the general public aware about the vital role of nurses in the care of the community, in the provision of health care services and in the advancement of the health of the population.

- The current salary system is a major challenge for nurses. The salary of nurses should be increased commensurate with the tasks performed.
- More social, managerial, professional and organizational support should be directed to young nurses who were found in this study to be less satisfied than experienced nurses. Older nurses may require strategies like sense of appreciation, valuation and respect.

Conclusion

Findings revealed that many areas of the work life of nurses require planned reform. These include the family needs of nurses, working hours, nursing staffing, autonomy of practice, management and supervision, working environment, attitudes of public towards nursing, and salary factors. Identifying and orienting the factor influencing the work life should assist the development of nurses. Effective strategies like Childcare facilities, convenient working hours, adequate salary and sufficient and trained support personnel, should be included to improve their QWL. What is positive in these findings is that the majority of respondents are personally satisfied to be in the nursing profession. It is contended that if other factors can be addressed, the hospital will attain an outstanding nursing workforce and, in turn, will ensure good quality of services provided.

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