

# Quality of Work Life among Nurses in a Tertiary Care Hospital



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## Abstract

The largest and diverse work forces in the health care system are the Nurses. Quality of work life is an essentiality of the nurses where she is able to satisfy her personal needs through rendering a quality care to the patient's and achieving the organizational goals. In nursing outlook, Brooks define the quality of work life 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". The objective of the study was to identify the quality of work life among nurses and to associate it with their selected socio-demographic variables. Cross-sectional descriptive research design was used to conduct the study in Narayana Medical College and Hospital, Nellore. 100 nurses were chosen by nonprobability convenience sampling technique to participate in the study. The tool used to collect data was Brooks and Anderson's quality of nursing work life. Questionnaires were administered to the nurses and the data was collected. Data was analyzed by using descriptive statistics such as frequency, percentage, mean and standard deviation and inferential statistics such as one way ANOVA. Regarding the quality of nursing work life, 89% of nurses reported moderate quality of work life and 11% reported high quality of work life. In analyzing the dimensions of quality of nursing work life, highest mean score was seen in work design, followed by work life /home life, work context and the least mean score in work world dimension. The association of socio-demographic variables with quality of nursing work life younger age group, education, living area and marital status has significant association. In associating the work-related characteristics, years of experience (1-3), number of night duties (5-7 days), number of overtime duties (3-4 days), working on off days and taking break on right time had a significant association with the quality of nursing work life. The present study finds that majority of the nurses had a moderate quality of nursing work life. For achieving a high level of care, it is essential to have a quality work life and the commitment of nurses in the job.

**Keywords:** Quality of life; Quality of work life; Nurses; Job satisfaction; Nursing work life; Quality of nursing work life

## Introduction

Quality of Life is defined as individual's insight of their position in life in the perspective of the traditions and value systems in which they exist and in relation to their goals, prospect, standards, and concerns [1]. Quality of work is referred to the constructive job environment for the people employed in the organization [2].

Quality of Work Life (QWL) is defined as the level to which people who are working in the organization yield both personal and work satisfaction by achieving the goals of the organization [3]. The largest and diverse work forces in the health care system are the Nurses. In nursing outlook, Brooks define the quality of work life 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". The notion of worker contentment is more vital as people will feel comfortable where they are recognized, acknowledged, required and respected [4].

Approach, setting, kind of work, challenges, job satisfaction, professional prospects, incentive, risk benefits, amount of stress are the factors that persuade and decide the quality of work life. The factors that influence and decide the quality of work life are attitude, opportunities, nature of the job, people, stress level, career prospects, challenges involved, growth and development, the risk involved and reward [5]. To draw the attention of a new employee and to preserve them at work, a high quality of work life is mandatory [6]. Management style, work environment, worker satisfaction, organizational productivity, working

conditions, work and social life interaction are said to be the components of quality of work life [7].

Issues related to appointment and retention can be managed by a high quality of work life [8]. Employee’s joy and satisfaction can be achieved through good work environment which can cause benefits for the organization, patient and also for the employee. Mutually the employee and the employer can benefit by vigorous commitment, increasing productivity and by obtaining quality care [9].

When an organization fails to focus on the quality of work life, it can blow the recognition and revenue of the organization, affect the employee’s job satisfaction, work performance and turnover [10].

Several challenges are faced by nursing profession as there is a shortage of nurses, unavailability of trained nursing personnel, migration to other countries which in ultimatum leading to the poor quality of care [11]. To have employee’s satisfaction, to attract and retain the employee in an organization, quality of work life is essential. In the current health care industry, there is a protest on the standard of care delivered and the quality of care. It is noted that absenteeism and turnover rates of nurses are high in the hospitals where there is no quality of work life. By identifying the reason, work life can be improved to have an increased productivity, reduced absenteeism, and turnover [12].

The poor support system, advancement in technology, shortage of nurses, dealing with the patient, caring for death and dying are the main factor of stress for the nurses [13].

Due to the poor work-life condition, job dissatisfaction, a high workload is making the nurses to leave the profession itself. This study is intended to know the quality of work life of the nurses working currently with the institution and based on the findings to modify the current work environment.

**Objectives of the study**

- A. To identify the quality of work life among nurses.
- B. To associate the quality of work life among nurses with their selected socio-demographic variables.

**Materials and Methods**

**Research design**

The study used cross-sectional descriptive research design. Narayana Medical College and Hospital, Nellore was the setting of the study. It is a teaching Super specialty hospital with 1750 beds.

**Sample**

Out of 850 nurses, 100 nurses were chosen by non probability convenience sampling technique to participate in the study. The sample for the study was selected mainly from four areas- ICU, Emergency, HDU and wards (medical, surgical and orthopedic).

**Instrument**

The tool used to collect data was Brooks & Anderson’s [12] quality of nursing work life. This scale has 42 items and it has four subscales which focus on home life or work life (7 items), work organization or design (10 items), work conditions or contention (20 items) and work world (5 items). It is scored on a six-point likert scale in terms of strongly disagree, moderately disagree, disagree, agree, moderately agree, strongly agree. The score on each item is summed up to obtain the total score. The subscale scores are obtained by summing up the score obtained in the subscales. The minimum total score is 42 and the maximum score is 252. The scores are interpreted as 42-84: low quality of work life, 85-168: moderate quality of work life, 169-252: high quality of work life.

**Data collection procedure**

After obtaining permission from Institutional Ethics Committee, Medical superintendent, Nursing Dean, data collection was started. Informed consent was obtained from the nurses after explaining the nature and the purpose of the study. Confidentiality of shared information was assured. Questionnaires were administered to the nurses. Nurses were asked to rate the response in each item of the scale. It took 30-45 minutes for completing the questionnaire. Collected data was coded and grouped.

**Data analysis**

Data was analyzed by using descriptive statistics such as frequency, percentage, mean and standard deviation and inferential statistics such as one way ANOVA (Table 1).

**Table 1:** Percentage distribution of nurses based on socio-demographic characteristics.

Socio-Demographic Characteristics	%
<b>Age in Years</b>	
21-30	78
31-40	22
<b>Gender</b>	
Male	2
Female	98
<b>Educational Qualification</b>	
GNM	23
B.Sc	77
<b>Area of Living</b>	
Urban	23
Rural	77
<b>Marital Status</b>	
Unmarried	23
Married	77
<b>Type of Family</b>	

Nuclear	100
Joint	0
<b>Selection of Profession with Interest</b>	
Yes	100
No	0
<b>Support System</b>	
Family	98
Friends	2
<b>Coping Strategy</b>	
Reading books	1
Listening to music	54
Watching TV	33
Praying	12

**Results**

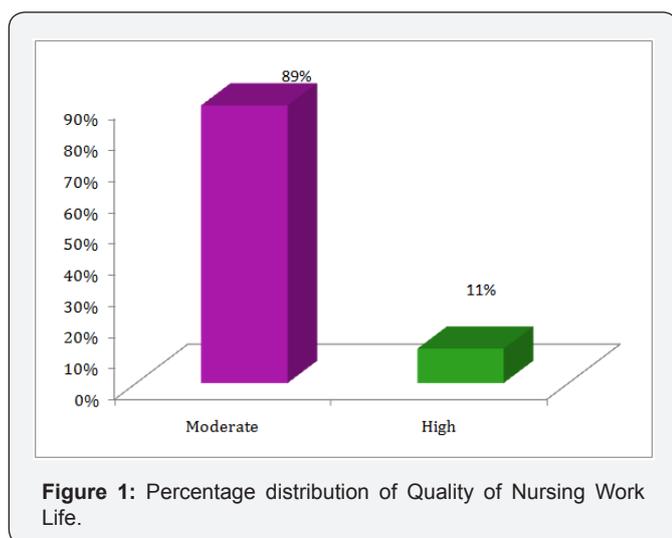
Out of 100 nurses, 78% belong to the age group of 21-30 years, 98% being female, 77% studied B.Sc (N), 77% live in rural area, 77% were married, 100% live in nuclear family, 100% had selected the profession with interest, 98% receive support from the family members, and 54% use listening to music as a coping strategy (Table 2).

In describing the work-related characteristics among the 100 nurses, 61% have an experience of 1-3 years, 77% had done more than 3-4 overtime duties in a month, 77% had done 8-10 days of night duties in a month, break is taken one time by 95% of nurses, 80% of nurses work in a permanent nursing position, 23% work in emergency, 98% work for 41-50 hours in a week, 100% stated that duty schedule is flexible, 95% there is a provision for grievance redressal, 100% feel there is no additional compensation for being certified in any courses.

**Table 2:** Percentage distribution of nurses based on work-related characteristics.

Work-Related Characteristics	%	Work-Related Characteristics	%
<b>Years of Experience</b>		<b>Flexible Duty Schedule</b>	
<1 year	20	Yes	100
1-3 years	61	No	0
4-6 years	19	<b>Grievance Redressal Mechanisms</b>	
<b>No. of Overtime Duties</b>		Yes	95
<2	22	No	5
3-4	77	<b>Additional Compensation for Being Certified</b>	
5-6	1	Yes	0
<b>No. of Night Duties</b>		No	100
5-7	23	<b>Physical Facilities</b>	
8-10	77	<b>Safe Drinking Water</b>	
<b>No. of Breaks</b>		Yes	100
1	95	No	0
2	5	<b>Toilet Facilities</b>	
<b>Principal Nursing Position</b>		Yes	100
Permanent	80	No	0
Temporary	20	<b>Dress Changing Rooms</b>	
<b>Area of Working</b>		Yes	95
Ward	22	No	5
ICU	22	<b>Seating</b>	
HDU	22	Yes	90
Emergency	23	No	10

OT	11	<b>Dining Space</b>	
<b>Average Working Hours in a Week</b>		Yes	90
< 40	2	No	10
41-50	98	<b>Lockers</b>	
<b>Income</b>		Yes	96
Rs.10000-Rs.15000	20	No	4
Rs.15001-Rs.20000	61		
Rs.> 20000	19		



**Figure 1:** Percentage distribution of Quality of Nursing Work Life.

The physical facilities provided in the organization for the nurses 100% nurses feel they have safe drinking and toilet facilities, 95% feel that have dress changing rooms, 90% accepted that they have seating facilities, and dining space

for nurses, 96% have lockers to keep their belongings (Figure 1). Regarding the quality of nursing work life, 89% of nurses reported moderate quality of work life, and 11% reported high quality of work life (Table 3).

**Table 3:** Mean and SD on dimensions of Quality of Nursing Work Life.

Dimensions of Quality of Nursing Work Life	Mean	SD
Work life /home life dimension	3.77	0.307
Work design dimension	3.825	0.935
Work context dimension	3.59	0.830
Work world dimension	3.52	0.958

In analyzing the dimensions of quality of nursing work life, highest mean score of 3.825 with SD 0.935 is seen in work design, followed by work life/home life dimension with mean score of 3.77 with SD 0.307, work context dimension with mean score of 3.59 with SD 0.830 and the least mean score of 3.52 with SD 0.958 in work world dimension (Table 4).

**Table 4:** Item wise mean and SD on dimensions of Quality of Nursing Work Life.

Dimension	Item	Mean	SD
<b>Work Life /Home Life</b>	I am able to balance work with my family needs.	3.54	1.039
	I am able to arrange for day-care when my child is ill	3.74	0.661
	I am able to arrange for child-care when I am at work	3.83	0.865
	I have energy left after work	3.62	0.528
	Rotating schedules negatively affect my life	3.99	0.772
	I am able to arrange for day care for my elderly parents	3.66	0.59
	My organization's policy for family-leave time is adequate	4.03	0.703
<b>Work Design</b>	I am satisfied with my job	3.95	0.892
	My workload is too heavy	3.77	1.033
	I perform many non-nursing tasks	3.96	0.828
	There are enough nurses in my work setting.	4.05	1.077
	I have enough time to do my job well	4.21	0.729

	I am able to provide good quality patient care	3.77	1.221	
	I have the autonomy to make patient care decisions	3.64	0.969	
	I receive a sufficient amount of assistance from support personnel(the dietary aides, housekeeping, patient care technicians and nursing assistants)	3.53	0.594	
	I receive quality assistance from support personnel(the dietary aides, housekeeping, patient care technicians and nursing assistants)	3.82	0.925	
	I experience many interruptions in my daily work routine	3.55	1.086	
	I am able to communicate well with my nurse manager/supervisor.	3.51	0.835	
	My nurse manager/supervisor provides adequate supervision	3.96	0.448	
<b>Work Context</b>	I am able to participate in decisions made by my nurse manager/ supervisor	3.6	0.804	
	Upper-level management has respect for nursing	3.7	0.745	
	I feel respected by physicians in my work setting	3.56	0.903	
	I communicate well with the physicians in my work setting	3.6	1.092	
	It is important to me to have support from my hospital in pursuing higher studies	3.16	0.564	
	Friendships with my co-workers are important to me	3.51	0.659	
	I receive feedback on my performance from my nurse manager/ supervisor	3.4	0.62	
	There is teamwork in my work setting	4.02	0.91	
	I feel a sense of belonging to my workplace	3.67	1.016	
	I am able to communicate with the other staff (physical, respiratory, etc.)	3.03	0.771	
	Nursing policies and procedures facilitate my work	3.89	0.803	
	Break area /locker room for the nursing staff in my area is comfortable	3.82	0.52	
	My work setting provides career advancement opportunities	3.69	0.581	
	I receive support to attend in-services and continuing education programs	3.27	1.081	
	I am recognized for my accomplishments by my nurse manager/ supervisor	3.3	0.937	
	I feel safe from personal harm (physical, emotional, or verbal) at work	3.77	0.973	
	The hospital provides a secure environment	4.15	0.809	
	I have adequate patient care supplies and equipment	3.52	1.159	
	<b>Work World</b>	I believe that society has correct image of nurses	3.72	0.842
		I would be able to find my same job in another organization with about the same salary and benefits.	3.52	0.979
I feel my job is secure		3.41	0.9	
I believe my work impacts the lives of patients/families		3.41	1.074	
My salary is adequate		3.54	0.999	
Total		154.46	15.835	

In the dimension of work life /home life highest mean score, 4.03 is found on the organization’s policy for family-leave time is adequate and the least being the ability to balance work with my family needs with mean score 3.54. In the work design dimension, the highest mean score is 4.21 on the adequate time nurses have to do their job well and least being the mean

score of 3.53 as nurse receives quality assistance from support personnel. In the dimension of work context, the mean score of 3.72 reveals nurses believe that society has the correct image of nurses and least is the mean score of 3.41 in feeling that the job is secure and they are able to find the same job in another organization with about the same salary and benefits (Table 5).

**Table 5:** Quality of Nursing Work Life by Socio-demographic variables and Work-related characteristics using one way ANOVA.

Socio-Demographic Variables	Mean	S.D	F	p
Age	1.19	0.394	2.78	0.04*
Educational Qualification	1.77	0.423	2.237	0.05*
Area of living	1.77	0.423	2.237	0.05*
Marital status	1.77	0.423	2.237	0.05*
Coping strategy	2.56	0.715	5.98	0.003**
Work-Related Characteristics				
Years of experience	1.99	0.628	3.23	0.01**
No. of night duties	1.77	0.423	2.35	0.05*
No. of overtime duties	1.78	0.44	2.29	0.05*
Average hours of working	1.64	0.482	3.9	0.01*
No. of breaks	1.05	0.219	1.25	0.03*

One way ANOVA reveals the association of socio-demographic variables with the quality of nursing work life which finds that variables like age (21-30yrs), educational qualification (B.Sc ), area of living (rural), marital status (married) is significant at p<0.05 and coping strategy (listening to music) is highly significant at p<0.003. In associating the work-related characteristics years of experience(1-3years), no. of night duties(eight to ten), average hours of working(41-50) and no. of breaks (one) have significant association at p<0.05.

**Discussion**

The present study has identified that majority of the nurses had a moderate quality of nursing work life as the contributing factor may that these nurses are working in a private tertiary care teaching hospital which has got well-established infrastructure and staff welfare facilities. 61.4% of the nurses had moderate quality of work life which was supported by the study finding of Nayeri et al. [14].

This study finding is contrary to the study finding by Brooks BA et al. [15] where the nurses were dissatisfied with their work life. In analyzing the dimensions of quality of nursing work life, nurses were satisfied with the work design due to factors such as good IPR, the delegation of work, receiving adequate assistance in patient care. Nurses are found to be very much satisfied with the work life or home life dimension as many of them receive support from the family members and they are able to give a focused care for the patient. Present study finding is consistent

with the results reported by Musrrat Parveen et al. [16] where the work design dimension, the mean scores were, sufficient support from others 4.12, able to provide good patient care 4.69, Quality assistance from supporting personnel 4.03 [16].

In the dimension of work context, dissatisfaction is identified as nurses were finding difficult to communicate with doctors, reduced career advancement opportunities and failure to recognize that. The work world dimension has the least obtained score as the nurses feel that still the image of nurses is poor, feel insecure about the job and the stigma that is attached by the public on the nursing profession.

Nurses on the work life or home life dimension find that organization has a flexible leave policy for the employers but nurses find difficulty in balancing the work and home. Most of the nurses have felt exhausted due to the multitasking they have to do at both home and work place which is similar to the study finding where 58% of the nurses stated that they were unable to balance the work and family as identified by Al Malki et al. [17]. It was reported by Ramesh et al. [18] that 70% of the nurses are finding it difficult to manage the work and home responsibilities [18].

The dependent family members are requiring care where the nurses feel, they are unable to care for them at the right time. Child’s health issue is another area where nurses may find it difficult to balance. Change in shifts and routines are also another factor which is affecting the quality of work life for nurses.

Nurses are satisfied with the time available to do their job and the number of colleagues they have to share the work. It is also identified that nurses have to perform too many non nursing task which affects their job satisfaction. Adequate supervision from the supervisor is making them to do their job well. Nurses feel they have heavy work load, thus they are unable to provide quality care. Though nurses have autonomy in doing a certain task, they feel insufficient due to lack of support from other health care personnel, frequent interruptions in performing their daily task and lack of communication with supervisor hinder the quality of work life.

In work context dimension, nurses are satisfied with the team work and the secured environment which is hazard free. Nurses are satisfied with the work environment, policies, and procedures, respect by the upper-level management and the relationship with the coworkers. Almaliki et al. [17] reported in their study that nurses were satisfied with the coworkers and they have a feeling of belonging to the work place. But dissatisfaction is identified in areas where nurses expressed that they don't receive support to pursue higher studies, lack of feedback on their performance, communication with other staff, support to attend in-services and continuing education programs, failure of superiors to recognize the accomplishments of nurses, no support is given by the employer to go for higher studies. These factors are considered to decrease the work performance thereby affecting the quality of work life. It was reported by Zangara et al. [19] that appropriate feedback mechanisms, appropriate communication, sympathetic guidance, acknowledgment, rewards, and support from the superiors are essential to have a job satisfaction which directly increases the quality of work life. In considering the work world dimension, nurses feel that nurses have a good image in the society. Nurses are satisfied with the salary they receive and also about the career opportunities. Much dissatisfaction was identified in areas where they feel insecure about the job and their work performance is going to affect the life of patients and families.

The association of socio-demographic variables with the quality of nursing work life finds that younger age group has a high level of quality of life as they may feel satisfied with the work they perform. Graduate nurses have high quality for work-life than comparing to the GNM nurses. Nurses living in the urban area and married nurses had a better quality of work life. Fasla [20] found that married nurses had a significant association with the quality of work life at  $p < 0.05$ . Most of the nurses used listening to music as a coping strategy to face stress. Other socio demographic variables didn't have a significant association with quality of nursing work life.

In associating the work-related characteristics, years of experience(1-3years), no. of night duties(eight to ten), average hours of working(41-50) and no. of breaks (one) have significant association at  $p < 0.05$  with the quality of nursing work life.

### Conclusion

The present study finds that majority of the nurses had a moderate quality of nursing work life. For achieving a high level of care, it is essential to have a quality work life and the commitment of nurses in the job. Also, carrier advancement is another factor to be considered. Quality of work life can be promoted by recognition of the work done, support for the nurses, providing autonomy in the work, sufficient staffing and with better working conditions. Organization and administrators should focus on these factors to improve the quality of life for nurses.

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