Original Research Article

DOI: http://dx.doi.org/10.18203/2394-6040.ijcmph20171775

Quality of work life of nurses working at tertiary health care institution: a cross sectional study

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Received: 03 March 2017 Accepted: 11 April 2017

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ABSTRACT

Background: Quality Work Life is the quality of relationship between employees and the total working environment. Nurses are the largest group of employees in health care organization. QWL of nurses is influenced by many factors. Objectives of the study were to know the perceptions about QWL and the factors contributing in QWL of nurses working in Government Medical College and Hospital, Yavatmal.

Methods: A present cross sectional study was carried out in 100 randomly selected nurses working at tertiary heath care institution. A composite scale was used for assessment of QWL in nurses. Descriptive statistics were calculated and independent sample t-test and one-way ANOVA was used to determine the relationship between quality of work life and other demographic variables.

Results: Mean age \pm SD of study participants was 39 ± 9 years. The majority (>70%) of nurse respondents indicated that they were satisfied with items in the dimension of work environment life. Quality of work life in terms of organizational culture; 78% have received cooperation from respective department. However, 61% were unsatisfied due to gender discrimination. Significant differences (P<0.05) were found according to education, marital status, work experience, night shifts, per capita per month income, and support from family members.

Conclusions: This research provides an initial step in understanding the work life of nurses in a tertiary health care setting. The present study showed that nurses' quality of work life is at the moderate level. This study also reveals significant association with socio-demographic characteristics of nurses and QWL.

Keywords: Nurses, Quality of work life, Tertiary Health care

INTRODUCTION

Nurses are the largest group and front line work force in health care system. Without their contribution quality of hospital services and patient care cannot be improved. Therefore Quality of work life QWL of nurses working in tertiary health care organization should be very high.

Today, QWL has become an important issue and many studies have been published on this topic from different

organizations.¹⁻⁸ This concept basically describes the methods by which an organization can ensure the holistic wellbeing of an employee instead of only focusing on work-related aspects.⁴⁻¹⁰ In recent decades, QWL has become a challenging issue and received increasing attention to improve QWL of nurses.^{11-14,16} QWL defined as relationship between employees and the total working environment.¹⁷⁻²⁴ Quality of work life is complex and multidimensional construct.³ It is influenced by many aspects of work and personal life like salary, financial benefits, equity pay were very important to nurses, lack

of work life balance, nursing management aspects, training and development activities and intent to stay or leave etc. 3,25-28,30-34

Autonomy is very important dimension in QWL. Autonomy of practice in nursing was found to be associated with quality of care, job satisfaction, performance and productivity. 3,36-39 Changes in any of the socio-demographic factors like gender, age, length of service experience, service status like permanent or temporary, salary, type of family, religion, education, shift duty, etc., may affect the QWL. 8,10,15,22,40-45

PubMed literature search reveals that out of 828 studies on QWL of nurse; only one Rajastan study published on QWL of Indian nurses. ⁴⁷ Nurses are the major human resources deals with human lives and quality of patient care. It is expected to maintain high QWL. Are the nurses working at tertiary health care institution able to satisfy their important personal and work place needs?

With this background present cross sectional study was planned to evaluate the perceptions about QWL in nurses working in tertiary health care facility and to know the factors contributing in satisfactory QWL of nurses working in Government Medical College and Hospital, Yavatmal.

METHODS

This cross sectional study was conducted on 100 nurses in Shri. Vasantrao Naik Government Medical College and Hospital a tertiary health care institution of Yawatmal, Maharashtra state during April to August 2016. Sample size was calculated based on a pilot study in which the mean score of quality of work-life (QWL) was 184.28 ± 22.26. On this basis, 97 participants were estimated to be needed in this study. Based on the following parameters mentioned by Swami et al, the reliability coefficient of questionnaire used in this was 0.88 Cronbach's alpha value. Factor loading of 0.50 or greater are "practically significant" for sample size of 100. Nurse's educations like ANM, PHN, GNM and BSc nursing or higher degree, working in a hospital and willing to participate were recruited in the study.

The samples were selected through quota sampling, and based on the numbers of nursing staff in each department. The required samples were randomly selected from the list of nurses working at each clinical department like Medicine, Surgery, Obstetrics, Immunization, Emergency, etc.

After selecting the participants, the researcher invited them to take part in the study during working shifts. The researcher explained the aim of the study and if they agreed to take part voluntarily, the questionnaire in local language (Marathi) was given them individually. They were requested to respond and return it back to the

researcher after completion on same day. All nurses completed and returned the questionnaire.

The data-gathering instrument consisted of two parts. The first part consisted of questions on socio-demographic information (including gender, age, education, marital status, type of hospital, monthly salary, per capita per month income, types of family, etc.). The second part was the Swami's (2015) QWL questionnaire. The questionnaire included 50 items, each having five choice answers ranging from completely unsatisfied (= 1) to completely satisfied (= 5). The two categories of QWL were determined by dividing the range of possible QWL score (1-5) into two intervals. Those score which are greater than overall mean (Grand Mean) of QWL were categorized to be satisfied and the score less than overall mean were categorized to be unsatisfied.

The QWL questionnaire evaluated the quality of 9 domains of work life including 'work environment', 'organizations culture', 'relation and coordination', 'training and development', 'compensation and reward', 'facilities', 'job satisfaction and security', 'autonomy of work', and 'adequacy of resources'. The minimum possible score was 50 and the maximum score was 250.

The content validity of the tool was confirmed by three faculty members in Shri. Vasantrao Naik Government Medical College and Hospital, Yavatmal. Those faculties had sufficient research experience in qualitative research. The ethical aspect of this study was approved by the institutional ethics committee. Permissions were also obtained from the authorities of the departments and hospital officials before data collection. All participants signed a written informed consent in which the purposes of the study were explained and they were assured of the confidentiality of their personal information.

The analysis were performed with Statistical package for social sciences (SPSS) software (SPSS V.13 Inc. Chicago Illinois). 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. Also one-way ANOVA was used to determine the relationship between quality of work life and other demographic variables. P values less than 0.05 were considered significant for all tests.

RESULTS

The questionnaire was distributed to 112 tertiary health care nurses. The overall response rate was 91.07% (n = 102); however, the effective response rate after removing incomplete questionnaires was 89.28% (n = 100). This high response rate suggests that response bias was minimal. Table 1 shows that the majority of respondents were females (n=90, 90%), (mean \pm SD) age of study participants was 39 \pm 9 years. Most of the respondents held less than a Bachelor Degree in nursing (n = 80, 80%), married (80%), Hindu and Buddhist (77%, 23%)

respectively, and (80%) received a monthly salary of 25,000 to 45,000. Per capita per month income was ranging from Rs.10000-14999 in 40%. Other source of income was reported by 32%. Majority (97%) of them received family support for existing job.

Table 1: Socio-demographic characteristics of study participants.

| Variables | No | Percentage | | |
|---------------------------------------|----|------------|--|--|
| Gender | | | | |
| Female | 90 | 90 | | |
| Male | 10 | 10 | | |
| Education | | | | |
| BSc Nursing and PHN (02) | 18 | 18 | | |
| GNM and ANM (02) | 82 | 82 | | |
| Age | | | | |
| 20-30 | 24 | 24 | | |
| 30-40 | 33 | 33 | | |
| 40-50 | 29 | 29 | | |
| >50 | 14 | 14 | | |
| Marital Status | | | | |
| Married | 80 | 80 | | |
| Unmarried | 20 | 20 | | |
| Religion | | | | |
| Hindu | 77 | 77 | | |
| Buddhist and others (03) | 23 | 23 | | |
| Type of Family | | | | |
| Nuclear | 89 | 89 | | |
| Joint | 11 | 11 | | |
| Work Experience in years | | | | |
| <5 | 20 | 20 | | |
| 5 to 10 | 20 | 20 | | |
| 10 to 15 | 8 | 8 | | |
| >15 | 52 | 52 | | |
| Night shifts | | | | |
| <3 | 57 | 57 | | |
| >3 | 43 | 43 | | |
| Monthly income | | | | |
| <25000 | 10 | 10 | | |
| 25000-35000 | 35 | 35 | | |
| 35-45 | 45 | 45 | | |
| >45 | 10 | 10 | | |
| Per capita income | | | | |
| 5000 to 9999 | 42 | 42 | | |
| 10000 to 14999 | 40 | 40 | | |
| ≥15000 | 18 | 18 | | |
| Other source of income | | | | |
| Yes | 32 | 32 | | |
| No | 68 | 68 | | |
| Support from family members (elderly) | | | | |
| Yes | 97 | 97 | | |
| No | 3 | 3 | | |

The five point scale was collapsed to two categories satisfied and unsatisfied. Satisfied category contains

response score more than overall mean = 174.58 score for items 1-50 total (Grand) score. The findings of the present study showed that the majority (58%) of the nurses had unsatisfied QWL (Table 2).

Table 2 also reveals dimension wise quality of work life scores.

1. Work environment life dimension

In the present study majority (>70%) of nurse respondents perceived that they were satisfied with items in the dimension of work environment life. However; 42% (n=42) of respondents reported dissatisfied with their need to have sufficient opportunities to take time off during their work to take care of personal or family members.

2. Organizational culture life dimension

Quality of work life in terms of organizational culture 78% have received cooperation from respective department, 61% were unsatisfied due to gender discrimination, 64% were unsatisfied and not comfortable to offer comments and suggestions on their performance. Majority (58%) of the respondents were unsatisfied with present hospital service.

3. Relation and cooperation

Around 90% of participants had harmonious relationship with their colleagues, approximately 53%, 53% and 65% of the participants were unsatisfied with relationship between matron and them, senior supervisor and incharge sister respectively.

4. Training and development

In terms of skill development for effective job performance, 75% of the respondent nurses agreed that it is important to have opportunity to further their nursing education without leaving the current job, 81% of the respondent nurses agreed about continue medical education programs aim at improving interpersonal relationships among employees. More than 50% agreed about increased frequency of training programmes.

5. Compensation and rewards

Majority 73% were satisfied about adequate and fair compensation for the current work, however; 53% were unsatisfied with salary by considering responsibilities at work, 54% were not satisfied with promotion policy and 53% were not satisfied with praise by superior when they do good job.

6. Facilities

Around 52-56% participants were unsatisfactory with social security schemes, transport facilities, safety

measures adopted by hospital, and good welfare facilities. Majority 72% were satisfied with fringed benefits provided by hospital.

Table 2: Perception about quality of work life (by items and domains) among tertiary health care nurses.

| Domains and Items | Satisfied | Unsatisfied |
|---|-----------------|---------------|
| | No/Percentage | No/Percentage |
| 50 item Grand Scale (items 1-50) | 42 | 58 |
| (1) Sub-scale Work Environment | | |
| 1. My hospital work environment is good and highly motivating. | 81 | 19 |
| 2. Working conditions are good in my department. | 73 | 27 |
| 3. It is hard to take time off during our work to take care of personal or family Matters | 58 | 42 |
| 4. My hospital authority offers sufficient opportunities to develop my own abilities | 87 | 13 |
| 5. The hospital authority or superiors provides enough information to discharge | 07 | 13 |
| my responsibilities | 73 | 27 |
| 6. I am given a lot of work empowerment to decide about my own style and pace of | 79 | 21 |
| work. | 19 | 21 |
| (2) Sub-scale Organizational culture | | |
| 7. There is cooperation among all the departments for achieving the goals. | 78 | 22 |
| 8. I feel free to offer comments and suggestions on my Performance | 36 | 64 |
| 9. I am proud to be working for my present hospital duty | 42 | 58 |
| 10. I am involved in making decisions that affect our work | 60 | 40 |
| 11. I am discriminated on my job because of my gender | 39 | 61 |
| 12. The wage policies adopted by my hospital/govt. are good | 51 | 49 |
| 13. The hospital administration communicates every new change that takes place. | 46 | 54 |
| (3) Sub-scale Relation & cooperation | | |
| 14. There is a harmonious relationship with my colleagues. | 90 | 10 |
| 15. There is a strong sense of belongingness in my organization. | 51 | 49 |
| 16. I am unable to attend to my personal work due to the demands made by my job. | 51 | 49 |
| 17. The relationship between managers (Matron,) and employees are very good. | 47 | 53 |
| 18. There is a very cordial relationship with my immediate superior. (in charge | 47 | 53 |
| sister) 19. I will get good support from my sub-ordinates. | 35 | 65 |
| | 33 | 03 |
| (4) Sub-scale Training and development | | |
| 20. Training programs in our hospital help employees to achieve the required skill for performing the job effectively. | 75 | 25 |
| 21. The training programs aim at improving Interpersonal relationship among | 81 | 19 |
| employees | 01 | 19 |
| 22. My company offers sufficient training opportunities to perform my job | 57 | 43 |
| competently. | | |
| 23. I feel that the training programs should be conducted frequently | 58 | 42 |
| (5) Sub-scale Compensation and rewards | | |
| 24. I feel that I am given an adequate and fair compensation for the work I do | 73 | 27 |
| 25. Organization will pay salary by considering responsibilities at work | 47 | 53 |
| 26. Hospital does a good job of linking rewards to job performance | 55 | 45 |
| 27. Promotions are handled fairly | 46 | 54 |
| 28. When I do my job well, I am praised by my superior | 47 | 53 |
| (6) Sub-scale Facilities for worker | | |
| 29. Fringe benefits provided are good | 72 | 28 |
| 30. Hospital administration establishment provides the social security benefits like EPF/Medical Reimbursement and so on. | 48 | 52 |
| 31. Good transportation facilities are provided by the hospital authority | 34 | 66 |
| 32. Safety measures adopted by the hospital are good | 46 | 54 |
| 33. Good welfare activities are provided by our hospital | 54 | 46 |
| 33. Good werrare activities are provided by our nospital | J -1 | ⊤ U |

| (7) Job Satisfaction and job security | | |
|--|----|----|
| 34. I feel comfortable and satisfied with my job | 87 | 13 |
| 35. I feel quite secured about my job | 77 | 23 |
| 36. Conditions on my job allow me to be as productive as I could be | 49 | 51 |
| 37. A strong trade union is required to protect employees interests | 83 | 17 |
| 38. The job security is good. | 53 | 47 |
| 39. My earnings are fair when compared to the others doing the same type of work in other private hospital | 77 | 23 |
| 40. The procedure followed for job rotation is good. | 64 | 36 |
| 41. I feel that my work allows me to do my best in a | 83 | 17 |
| (8) Sub-scale Autonomy of work | | |
| 42. My job lets me use my skills and abilities | 74 | 26 |
| 43. My company allows a flexi-time option | 36 | 64 |
| 44. A part of my job is allowed to be done at home. | 40 | 60 |
| 45. I find my work quite stressful | 57 | 43 |
| 46. I am ready to take additional responsibilities with my job | 65 | 35 |
| 47. In our company there is a balance between stated objectives and resources provided. | 51 | 49 |
| (9) Sub-scale: Adequacy of resources | | |
| 48. There are much defined channels for information exchange and transfer. | 36 | 64 |
| 49. My hospital provides resources to facilitate my performance. | 47 | 53 |
| 50. Communication and information flow between the departments is satisfactory. | 69 | 31 |

Table 3: Total score and sub score for quality of work life items.

| Scale(Item Nos) Domains | Possible range | Median | Actual Range | Mean | SD |
|---|----------------|--------|--------------|--------|-------|
| 50 item scale (1-50 items) | 50-250 | 170 | 144-233 | 174.58 | 20.25 |
| 6 item scale (1-6): Work Environment | 6 to 30 | 24 | 17-30 | 22.23 | 3.38 |
| 7 item scale (7-13): organizational culture | 7 to 35 | 24 | 17-31 | 24.28 | 3.08 |
| 6 item scale (14-19): Relation & cooperation | 6 to 30 | 24 | 19-30 | 23.43 | 2.19 |
| 4 item scale (20-23): Training and development | 4 to 20 | 16 | 11 to 20 | 15.52 | 2.39 |
| 5 item scale (24-28): Compensation and reward | 5 to 25 | 17 | 8 to 25 | 16.48 | 3.29 |
| 5 item scale (29-33): Facilities for nurses | 5 to 25 | 16 | 9 to 25 | 15.74 | 3.48 |
| 7 item scale (34-41): Job satisfaction & security | 7 to 35 | 28 | 23-40 | 29.58 | 4.78 |
| 6 item scale (42-47): Autonomy of work | 6 to 30 | 17 | 12 to 30 | 17.74 | 4.78 |
| 3 item scale (48-50): Adequacy of resources | 3 to 15 | 10 | 5 to 15 | 9.58 | 2.34 |

7. Job satisfaction and security

Around 87% were satisfied and comfortable about job, 77% were secured about job, 83% were satisfied about employee union for protection of their interest, 77% were satisfied with earning when they compare with others doing the same type of job in private hospital, 64% were satisfied with procedure adopted for job rotation, 83% were satisfied by allowing them to do the best in particular areas.

8. Autonomy of work

More positively 74% nurses were notably satisfied with job because they allowed using skills and abilities while managing patients. Around 57% nurses were ready to take additional responsibilities with current job, and 65% were satisfied with objectives and resources provided. Majority 64% and 60% were unsatisfied about flexible

time options and part time job respectively. Around 43% nurses expressed unsatisfied as they find work is quite stressful.

9. Adequacy of resources

Majority 64% and 53% of the respondent expressed unsatisfied about communication —defined channels for information exchange and transfer; resources to facilitate performance. However; 69% were satisfied with communication and information flow between departments.

Table 3 shows the possible range scores, average, actual range scores and means for total scale and subscales. The total possible score for the Swami's scale can range from 50 to 250. A low total scale score indicates a low overall QWL, while a high total score indicates a high QWL. The actual range score of the current study was 144 to 233 (mean = 174.58), which is higher than the median score

on the Swami's scale. This finding indicated that the respondents were satisfied with their work life. The mean of the work environment, relation and cooperation, training and development, facilities, and adequacy of resources were lower than average: 22.28, 23.43, 15.52, 16.48, 15.74 and 9.58 respectively. For organizational culture, satisfaction, autonomy of work subscales, means of the actual range were almost equal to the median

score, suggesting that respondents were not highly pleased with each dimension.

Table 4 shows that socio-demographic variables and quality of work life.

Table 4: Quality of work life (QWL) by demographic variables using one way ANOVA.

| Variables | No | Percentage | Mean ±SD | F/t Value | P Value |
|---------------------------------------|-----|------------|------------------------------|---------------|---------|
| Gender | 110 | Tercentage | Wicani ESD | 17t value | 1 value |
| Female | 90 | 90 | 157.58±24.08 | -2.222 | 0.0332 |
| Male | 10 | 10 | 164.20±10.06 | -2,222 | 0.0332 |
| Education | 10 | 10 | 104.20±10.00 | | |
| BSc Nursing (n=18) and PHN (n=02) | 18 | 18 | 178.83±15.64 | 4.389 | 0.039 |
| GNM (n=18) and ANM (n=02) | 82 | 82 | 168.12±20.38 | 4.309 | 0.039 |
| Aged | 02 | 02 | 100.12±20.30 | | |
| 20-30 | 24 | 24 | 176.95±21.72 | 0.56 | 0.643 |
| 30-40 | 33 | 33 | 170.73±21.72 172.78±27.89 | 0.50 | 0.043 |
| 40-50 | 29 | 29 | 175.00±20.99 | | |
| >50 | 14 | 14 | 167.20±18.77 | | |
| Marital Status | 17 | 14 | 107.20±16.77 | | |
| Married | 80 | 80 | 173.86±21.60 | 2.264 | 0.987 |
| Unmarried | 20 | 20 | 161.85±8.85 | 2.204 | 0.707 |
| Religion | 20 | 20 | 101.05±0.05 | | |
| Hindu | 77 | 77 | 185.06±22.11 | 7.739 | 0.006 |
| Buddhist and others (03) | 23 | 23 | 171.65±12.02 | 1.137 | 0.000 |
| Type of Family | 23 | 23 | 171.05±12.02 | | |
| Nuclear | 89 | 89 | 169.46±18.77 | -1.073 | 0.1447 |
| Joint | 11 | 11 | 178.57±27.44 | -1.075 | 0.1447 |
| Work Experience in years | 11 | 11 | 170.37±27. 11 | | |
| <5 | 20 | 20 | 178.65±20.85 | 2.831 | 0.042 |
| 5 to 10 | 20 | 20 | 171.35±27.25 | 2.031 | 0.042 |
| 10 to 15 | 8 | 8 | 171.75±26.29 | | |
| >15 | 52 | 52 | 184.86±15.80 | | |
| Night shifts | 32 | 32 | 104.00±13.00 | | |
| <3 | 57 | 57 | 175.46±21.84 | 96.019 | 0.000 |
| >3 | 43 | 43 | 132.57±21.44 | 70.017 | 0.000 |
| Monthly income | 73 | 73 | 132.37±21.44 | | |
| <25000 | 10 | 10 | 165.10±24.84 | 0.117 | 0.95 |
| 25000-35000 | 35 | 35 | 175.22±23.23 | 0.117 | 0.73 |
| 35-45 | 45 | 45 | 175.46±22.16 | | |
| >45 | 10 | 10 | 175.10±12.34 | | |
| Per capita per month income | 10 | 10 | 173.10±12.34 | | |
| 5000 - 9999 | 42 | 42 | 170.16±20.02 | 9.401 | 0.000 |
| 10000 - 14999 | 40 | 40 | 177.23±17.98 | 2.101 | 3.000 |
| ≥15000 ≥15000 | 18 | 18 | 187.50±18.96 | | |
| Other source of income | 10 | 10 | 107.50±10.70 | | |
| Yes | 32 | 32 | 178.16±16.08 | 2.124 | 0.148 |
| No | 68 | 68 | 172.67±18.22 | ∠. 1∠⊤ | 3.110 |
| Support from family members (elderly) | 00 | | 1/2.0/-10.22 | | |
| Yes | 97 | 97 | 173.24±18.66 | 15.97 | 0.000 |
| No | 3 | 3 | 217.66±26.58 | 10.71 | 3.000 |
| 110 | J | 3 | 217.00±20.30 | | |

An independent samples t-test and an ANOVA were conducted to determine any significant difference in the QWL scores by socio-demographic variables. Significant differences (P < 0.05) were found according to education, gender religion, work experience, night shifts, per capita per month income, and support from family members. No significant (P > 0.05) differences were found according to, age, marital status, payment per month, type of family and other source of income.

DISCUSSION

The purpose of this study was to evaluate the perception of QWL and its related factors among nurses in the tertiary health care institution of Maharashtra. The findings of the present study showed that the majority 58% of nurses had unsatisfied QWL. In the present study nine domains and 50 items were included. Analysis of their perception revealed that many factors determine the QWL of nurses. It seems that the QWL is influenced by many factors incorporated in sub-scale such as work environment, organizational culture, relation and cooperation, training and development, compensation and reward, facilities, job satisfaction and security, autonomy of work, and adequacy of resources sub-scale.

Findings of the present study shows that respondents were unsatisfied with the following domains like; work environment, relation and cooperation, training and development, facilities, and adequacy of resources. However; respondents were not highly pleased with organizational culture, job satisfaction and security, autonomy of work sub-scale.

Studies have shown that nurses have an average or satisfactory QWL. 8,10,12,15,18,22,40,41 Nayeri et al carried out a descriptive study to investigate the relationship between QWL and productivity among 360 clinical nurses working in the hospitals of Teharan University of medical sciences. Their findings showed that QWL was at a moderate level among 61.4% of the participants. 10 In Boonlod's research the overall mean score of the level of quality of working life among professional nurses in Thailand was at a moderate level. 40 Dargahi et al. reported that most nurses were unsatisfied with all components of their QWL. 42

In the present study majority >50% of the participants were satisfied with work environment. This is very important for high QWL. Work environment is a place in which one works. It consists of safe physical and mental working situations of hospital and determines reasonable work hours. This is very similar findings reported by Almalki et al, working environment, which ensure that patient become the priority and patient needs are met. 3, 29 In this study majority >50% of the participants expressed dissatisfaction about organizational hospital culture and potential source of dissatisfaction was lack of participation in decisions made by the nurse managers. This finding is consistent with previous studies. 3,26,28 In

the present study majority >90% of the participants had harmonious relations with other nurses of same rank but dissatisfaction was reported with immediate supervisor, in charge sisters and higher nursing manager like Assistant- matron and Matron. This finding is consistent with previous studies. ^{3,26,30}

In previous studies, nursing management practices were found to be associated with quality care, employee productivity, employee satisfaction and the Internet to stay or leave. 31-33

In this study majority were satisfied with opportunities for professional development reorientation training, continue medical education activities and other capacity building activities. Findings of this study are not consistent with other studies.^{3,34} Nurses as a health care professional seek to continually refresh their knowledge and skills to provide quality patient and community care and to satisfy their QWL. It has been reported that lack of training programs for nurses had impact on their competence and performance.³⁰

In this study majority >75% of the participants were satisfied with salary and compensation they receive. Compensation and rewards are motivational factors. In support of this, several research studies have found that salary, financial benefits, equity pay were very important to nurses.^{3,25} In the present study more than half of the participants were unsatisfied with the facilities food. transport and security provided by hospital authority. Number of previous nursing studies highlights concern about safety of working environment was a major factor in nurse dissatisfaction with work place. 3,26,28 Present study findings reveals that majority 73% of the participants were satisfied with current job and job security. They do not expect to lose them unexpectedly. Employee's job satisfaction is very important domain for high QWL. This result appears at odds with research conducted by.^{3,30,35} In previous studies, nursing management practices were found to be associated with quality care, employee productivity, satisfaction and the intent to stay or leave. 31-33 employee

Autonomy of practice in nursing was found to be unsatisfactory in majority of tertiary health care nurses. Such challenge may put significant pressure on nurses who provides emergency care. Similar observation was reported by Almalki et al; reveals that one third of the respondents reported that they did not have the required autonomy to make patient care decision. Autonomy is very important dimension in QWL. Autonomy of practice in nursing was found to be associated with quality of care and job satisfaction.^{3,36,37}

In the present study majority of >50% of the participants were unsatisfied with resources-equipment's provided for the patient management and 64% were unsatisfied interns of exchange and transfer of information. It is very essential for maintenance of flow of information from

working station to treating consultant about status of patient. This finding is consistent with 3, 38, 39 where essential resources for health care were not adequately available. Lack of essential patient care supplies may impact on the level of QWL of nurses and their performance and productivity.

Thus, changes in any of the socio-demographic factors may affect the QWL. 8,10,15,40,41 Also Brooks and Anderson, in an assessment of quality of nursing work life in acute care in a Midwestern state, concluded that OWL is influenced by nursing workload. Therefore, the low OWL of nurses in this study may be related to one of the reasons proposed by previous studies. 11 Results of the present study showed a significant relationship between nurses QWL and their education level. However, in his study Dargahi et al couldn't observe a significant relationship between nurses QWL and their education level.^{2,42} Sahraki- Vahed et al. reported that there was no significant relationship between the nurses QWL and their education level. 44 In this research we found that the QWL of nurses with higher education level was better than nurses with lower education. It seems that nurses with higher education levels have better skills of their working life and consequently experience less emotional exhaustion when their work environment does not meet their expectations. On the contrary Lee et al. showed that nurses with higher level of education perceived more occupational stress. 22,43 Thus, nurses with lower level of education will experience a lower level of QWL.

This study showed a significant relationship between QWL and work experience, so that nurses with more work experience had a better QWL. This finding is consistent with the results of the study by Dargahi et al Sahraki- Vahed et al also reported that employees with more than 20 years of experience had a better QWL than those with less work experience. 30,42 However, Nayeri et al. and Boonlod reported that they could not observe a significant relationship between QWL and the length of work experience. 10,40 One of the sources of occupational stress for nurses is shorter length of work experience. Thus, it seems that employees with greater work experience feel less occupational stress and more stability in their job and thus experience a better QWL. 44

The current study revealed a significant relationship between nurses QWL and more number of night shifts. In the present study majority of the nurses were married and had children. Frequent night shift increase the stress level at conscious and subconscious level thereby affecting the QWL. In addition, night shift work could have significant effects on the sleeping patterns in the long run, leading to higher cardiac sympathetic regulation. Shift work is recognized as an occupational stressor that affects the consent of job satisfaction among the hospital nurses. 45

The present study showed that all nurses were permanent employees in the study institution with higher income. Therefore QWL score was nearer to the mean score. This finding is similar to the other study where it is categorically mentioned that; better career prospects and job stability of nurses with results better QWL compared to nurses with temporary or con-tract employment.²²

In the present study, although male nurses had a higher QWL mean score than female nurses, the difference was fond to be significant. This finding is consistent with the results of Nayeri et al, Moradi et al, Darghahi et al and incongruent with the study by Heydari-Rafat et al.

In contrast, male nurses had a better QWL in a study conducted by Vahed et al and Moradi et al.^{2,44} However, the lower mean QWL of female nurses may be due to the fact that female nurses usually participate in more stressful nursing activities like office bearer of nursing Union, consistently emphasis on their demands, other domestic responsibilities and this may negatively affect their perceived QWL.¹⁵

The current study could not reveal a significant relationship between QWL and marital status. Two other studies have also shown that QWL has no significant relationship with marital status. However, Khaghanizadeh et al. reported that 82% of married and 66% of single individuals had a moderate level of QWL. Is In this study, the QWL was higher in married nurses than single individual although the difference was not statistically significant. This could perhaps be because married nurses receive greater emotional support from their spouses and this decreases their stresses and thus, they experience a better QWL and job satisfaction. 44

The results of the present study showed that there was no significant correlation between age and QWL. Two other studies also reported that there was no significant relationship between age and QWL. These findings are not consistent with the report by Dehghan et al, suggesting that there is a close correlation between age and QWL. On the other hand, Ebadi et al reported that there is an inverse correlation between age and QWL.

CONCLUSION

The present study showed that nurses' quality of work life is at the moderate level. This study also reveals that socio-demographic characteristics of nurses and QWL found to be significantly associated. The authorities in the health care system should develop strategies for improving the nurses work conditions and their QWL, so that, nurses will be able to perform better care for their patients. This research provides an initial step in understanding the work life of nurses in a tertiary health care setting. Also, there is a need for outcome-driven research examining the effectiveness, efficacy and cost benefits of specific strategies aimed at improving the QWL of nurses.

Limitations

It is difficult to compare the level of QWL by using the findings of earlier studies; as they have used different study tools.

ACKNOWLEDGEMENTS

We would like to take this opportunity to express our sincere gratitude to all those who have in some way contributed to bring this study in the final shape. In particular, we would like to thank the nurse employees. Special gratitude goes to Dean V. N. Government Medical College for their constant support. Similarly, we are very much thankful to Dr. Diwekar Assistant Professor in Community Medicine for coordinating and support for data collection. We hope this research provides an initial step in understanding the work life of nurses in a tertiary health care setting.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

REFERENCES

- 1. Khani A, Jaafarpour M, Dyrekvand-Mogadam A. Quality of Nursing Work Life. J Clin Diagn Res. 2008;2:1169–74.
- 2. Moradi T, Moghaminejad F, Fini AI. Quality work like of nurses and its related factors. Nurse midwifery stud. 2014; 32:e19450.
- 3. Almalki MJ, Gerald GF, Clark M. Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: A cross sectional study. Hum Resour Health. 2012;10:30.
- 4. Swamy DR, Nanjundeswaraswamy TS, Shriniwas R. Quality of work life: Scale for validation and development. International Jr of caring sciences. 2015;82:281-97.
- Goudarznand-Chegini M, Mirdoozandeh SG. Relationship between Quality of Work-Life and Job Satisfaction of the Employees in Public Hospitals in Rasht]. Zahedan J Res Med Sci. 2012;142:108–11.
- 6. Rose RC, Beh L, Jegak U, Idris K. Analysis of quality of work life (QWL) and Career-Related Variables. Am J Appl Sci. 2006;312:2151-59.
- 7. Daubermann D, Pamplona Tonete V. Quality of work life of nurs- es in primary health care. Actapaulenferm. 2012;252:277–83.
- 8. Heidari-Rafat A, Enayati-Navinfar A, Hedayati A. Quality of Work Life and Job Satisfaction among the Nurses of Tehran University of Medical Sciences. Dena J. 2010;53&4:28–37.
- Khodayarian M, Vanaki Z, Navipour H, Vaezi AA.
 The effects of designed clinical competency-based advancement program on the CCU nurses' quality of work life. Daneshvar Med. 2008;1575:15–26.

- 10. Nayeri ND, Salehi T, Noghabi AA. Quality of work life and productivity among Iranian nurses. Contemp Nurse. 2011;391:106–18.
- 11. Krueger P, Brazil K, Lohfeld L, Edward HG, Lewis D, Tjam E. Organization specific predictors of job satisfaction: findings from a Canadian multi-site quality of work life cross-sectional survey. BMC Health Serv Res. 2002;21:6.
- 12. Mohammadi A, Sarhanggi F, Ebadi A, Daneshmandi M, Reiisi- far A, Amiri F. Relationship between psychological problems and quality of work life of Intensive Care Units Nurses. Iran J Crit Care Nur. 2011;43:135–40.
- 13. Chiu MC, Wang MJ, Lu CW, Pan SM, Kumashiro M, Ilmarinen J. Evaluating work ability and quality of life for clinical nurses in Taiwan. Nurs Outlook. 2007;556:318–26.
- 14. Janaabadi H, Nastiezaie N. Two effective factors in the status performance quality of life and quality of working life. Zahedan J Res Med Sci. 2012;131:9–10
- 15. Khaghanizadeh M, Ebadi A, Ciratinair M, Rahmani M. The study of relationship between job stress and quality of work life of nurses in military hospitals. J Mil Med. 2008;103:175–84
- Cole DC, Robson LS, Lemieux-Charles L, McGuire W, Sicotte C, Champagne F. Quality of working life indicators in Canadian health care organizations: a tool for healthy, health care work- places? Occup Med Lond. 2005;551:54–9.
- 17. Feldman PH. Work life improvements for home care workers: Impact and feasibility. The Gerontologist. 1993; 331: 47-54.
- Louis KS, Smith B. Teacher working conditions in: Reyes P, Ed., Teachers and their Workplace: Commitment, Performance and Productivity. Sage publication 1990, Newbury Park, CA; 1990: 23-47.
- 19. Hosseini SM, Jorjatki GM. Quality of work life (QWL) and its relationship with performance. University Of Firouzkouh Branch, Tehran, 2010.
- Saraji N, Dargahi H. Study of Quality of Work Life QWL, Dept of Health Care Management, School of Allied Medicine, Tehran University of Medical Sciences, Iran. Iranian J Publ Health. 2006;354:8-14
- Ellis N, Pompli A. Quality of working life for nurses. Commonwealth Dept of Health and Ageing. Canberra. Available at: http://internationaljournalo fcaringsciences.org/docs/6_swamy.pdfLast Accessed on 7 March 2017.
- 22. Brooks BA, Anderson MA. Defining quality of work life. Nurse Econ. 2005;236:319-26.
- 23. Akdere M. Improving quality of work-life: Implications for human resources. The Business Review, Cambridge. 2006;61:173–7.
- 24. Hosseini SM. Quality of work life (QWL) and its relationship with performance. Advanced Management Science. 2010;1:559-62.

- 25. Hsu MY, Kernohan G. Dimensions of hospital nurses' quality of working life. J Adv Nurs. 2006;541:120–31.
- 26. Brooks BA, Anderson MA: Nursing work life in acute care. J Nurs Care what Qual. 2004;193:269–75.
- 27. Brooks BA, Storfjell J, Omoike O, Ohlson S, Stemler I, Shaver J, et al. Assessing the quality of nursing work life. NursAdm Q. 2007;312:152–7.
- 28. Khani A, Jaafarpour M, Dyrekvandmogadam A: Quality of nursing work life. J Clin Diagn Res. 2008.26:1169–74.
- 29. Pillay R. Work satisfaction of professional nurses in South Africa: A comparative analysis of the public and private sectors. Hum Resour Health 2009;7:15.
- 30. Alhusaini HA. Obstacles to the efficiency and performance of Saudi nurses at the Ministry of Health, study field Analytical: Region Riyadh. Riyadh: Ministry of Health; 2006.
- 31. Chen HC, Chu CI, Wang YH, Lin LC. Turnover factors revisited: A longitudinal study of Taiwan-based staff nurses. Int J Nurs Stud. 2008;452:277–85.
- 32. Chan EY, Morrison P. Factors influencing the retention and turnover intentions of registered nurses in a Singapore hospital. Nurs Health Sci. 2000;2:113–20.
- 33. Fang Y. Turnover propensity and its causes among Singapore nurses: Anempirical study. Int J Human Resour Manage. 2001,125:859–71.
- 34. Cabbage E. Predictors of intention to quit and satisfaction among nurses who work in nursing homes. TUI University, CA USA: College of Health Sciences. PhD Thesis, 2009.
- 35. Day G. Nurse morale plummets in Queensland. University of New England; 2005. PhD. Available at: https://scholar.google.com/citations?user=uSX9D8AAAAAJ&hl=en. Last Accessed on 5 March 2017.
- 36. 36. Kramer M, Schmalenberg C: Magnet hospital staff nurses describe clinical autonomy. Nurs Outlook 2003, 511:13–19.
- 37. Finn CP. Autonomy: An important component for nurses' job satisfaction. Int J Nurs Stud. 2001;383:349–57.

- 38. Khaldi Y, Al-Sharif A. Availability of resources of diabetic care in primary health care settings in Aseer region, Saudi Arabia. Saudi Med J. 2002;2312:1509–13.
- 39. Al-Sharif A, Al-Khaldi YM. Resource availability for care of hypertensives at primary health settings in South western Saudi Arabia. Saudi Med J. 2003;245:466–71.
- 40. Boonlod W. Quality of working life: perceptions of professional nurses at Phramongkutklao Hospital. J Med Assoc Thai. 2009;92 Suppl 1:S7–15.
- 41. Delgoshyii B, Riahi L, Motaghi M. Relationship of quality of working life in Kashan teaching and non-teaching hospitals with knowledge management according to the top and middle manager's point of view. J Hostpital. 2010;91&2:67–74.
- 42. Dargahi H, Changizi V, Jazayeri Gharabagh E. Radiology employees' quality of work life. Acta Med Iran. 2012;504:250–6.
- 43. Lee I, Wang HH. Perceived occupational stress and related factors in public health nurses. J Nurs Res. 2002;104:253–60.
- 44. Vahed SA, MHamuleh MM, Bidmeshki AE, Heidari M, Hamedishahraky S. Assessment of the Items of SCL90 Test with Quality of Work Life among Amiralmomenin Hospital Personnel of Zabol City. Sci J HamdanUniv Med Sci. 2011;182:50–5.
- 45. Moradi S, Farahnaki Z, Akbarzadeh A, Gharagozlou F, Pournajaf A, AM, et al. The Relationship between Shift Work and Job Satisfaction among Nurses: a Cross-sectional Study. Int Jr Hospital Res. 2014; 32:63-68.
- 46. https://www.ncbi.nlm.nih.gov/pubmed?term=qualit y%20of%20work%20life%20AND%20Humans%5 BMesh%5D))%20AND%20nurses%20AND%20Hu mans%5BMesh%5D))%20AND%20india. Accessed on 12 March 2017.
- 47. Statistical package for social sciences SPSS) software SPSS V.13 Inc. Chicago Illinois.

Cite this article as: Thakre SB, Thakre SS, Thakre SN. Quality of work life of nurses working at tertiary health care institution: a cross sectional study. Int J Community Med Public Health 2017;4:1627-36.