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Quality of nursing work life among staff nurses in a tertiary care hospital in Puducherry

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ABSTRACT

Background: Quality of nursing work life (QNWL) is degree to which nurses can satisfy important personal needs through their experiences in work organization, while achieving the organization's goals, to make meaningful contributions to their organization. Objectives of the study were to assess the quality of nursing work life among staff nurses in a tertiary care hospital in Puducherry and to study the influence of socio-demographic factors on the QNWL of these staff nurses.

Methods: We conducted a cross-sectional analytical study in a tertiary care hospital in Puducherry between January and June 2017. Based on universal sampling, all 429 nurses with more than one-year work experience were selected for the study. After obtaining Ethical approval from the institution and informed consent from the study participants, data on socio-demographic characteristics, work-related information and QNWL were collected using a semistructured questionnaire. Double data entry was done in Epidata entry client (v4.2.0) and analysed using STATA (v14) software.

Results: Among the nurses, 90% were females and 60% were from rural background. The study revealed that there was a moderate QNWL score reported among majority (60%) of staff nurses. Bivariate analysis showed higher the age, female gender, absence of dependent individuals at home, higher income, more work experience, having only a diploma degree, working in OPDs and no nightshifts were the significant factors contributing to higher QNWL scores (p<0.05).

Conclusions: The study identified factors that influence the nurses' work life quality which can be used for developing and appropriately implementing successful induction programs to improve the QNWL.

Keywords: Quality of nursing work life, Staff nurses, India

INTRODUCTION

Nursing is experiencing an unprecedented shortage of skilled professionals since 2002. The skilled shortage is hurting health care systems, patients, and other health personnel. Misuse and maldistribution show up as reduced quality of care, poorer patient outcomes, reduced job satisfaction, high staff turnover rates and increased health care costs.¹⁻³ The scarcity of qualified nurses is being highlighted as one of the biggest obstacles to

achieving the Millennium Development Goals (MDGs) for improving the health and well-being of the global population.4

The nursing profession in India is facing the same issue. Findings from studies indicate that nurses still have challenging working conditions like abuse from employers, colleagues, and patients' families; very low salary, workplace restrictions, poor work environments and no social acceptance.^{5,6} It is highly essential to identify the challenges faced by the nurses in the work setting to address issues. One promising method to explore and understand nurse recruitment and retention is to assess the quality of nursing work life (QNWL). Assessing the work life of nurses affords organizations an opportunity to understand how work environments, work design, societal influences, as well as work and home life balance issues impact nurses' work life and ultimately organizational productivity.7 A high QNWL 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 ONWL. Focusing on improving ONWL 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.^{5,7} There is dearth of studies related to quality of nursing work life (QNWL) in this setting. Therefore, this study aims to assess the quality of nursing work life and study the influence of various sociodemographic and work-related factors among staff nurses in a tertiary care hospital in Puducherry.

METHODS

A cross sectional analytical study was carried out among the staff nurses in a tertiary care hospital in Puducherry. The study was conducted during the period of January and June 2017. The study population comprised staff nurses who have completed at least twelve months of service in the study hospital. Staff nurses working under the administration division- Nursing superintendent, Deputy Nursing superintendent, etc., were excluded from the study.

The sample size was calculated using the formula required for determination of sample size for estimating single proportions.⁸ Therefore, by taking a previous study done in Bangalore, which showed 15.5% good quality of work life among nurses, 95% confidence interval, an absolute sampling error of 4% and 10% non-response rate the sample size was calculated to be 347.⁹ However, all 429 staff nurses with one-year work experience in the tertiary care hospital participated.

The list of nurses was obtained from Nursing Superintendent's office. The work place and contact details of selected nurses were collected from the Personnel Department of the Hospital. Permission was obtained from all concerned authorities of the hospital and data collection did not interfere with the daily routine of the staff. The eligible nurses were briefed about the study and tool. After obtaining the informed consent, the study participants were subjected to a self-administered questionnaire covering the following parts:

 Socio demographic profile: age, sex, marital status, residence, religion, family income, number of

- dependent individuals at home (children less than 5 years of age and elderly more than 60 years of age) and educational status.
- Work-related information: work experience, current nursing position, working area, flexibility in the duty schedule and history of chronic illness.
- Estimation of quality of nursing work life (QNWL)
 Scores and levels using quality of nursing work life scale developed by Brooks and Anderson.

The QNWL scale is a self-completion questionnaire with 41 items divided into four subscales: (a) work life/home life, (b) work design, (c) work context and (d) work world. The work life/home life dimension is defined as the interface between the work and home life of the nurse. The work design dimension is the composition of nursing work and describes the actual work that nurses perform. The work context dimension includes the practice settings in which nurses' work and explores the impact of the work environment on both nurse and patient systems. Finally, the work world dimension is defined as the effects of broad societal influences and changes on the practice of nursing. 10 The instrument asks respondent nurses how much they agree or disagree with each item on a 6-point Likert scale. Each respondent's main scale and subscale scores were calculated. The total score of the scale can range from 41-246. The Main scale and sub scale scores of each staff nurses were finally interpreted into three QNWL levels-low, moderate and high.

Procedure

This study was approved by the Institutional Ethical Committee. After establishing rapport with the nurses, the purpose and procedure of the study was explained. Informed written consent was obtained from the participants and the interview schedule was administered to the participants. The identity of the participant was kept anonymous from the stage of data collection.

Statistics and analysis of the data

The data was entered twice in Epidata Entry client (v 4.2) to check for data entry errors and analysed using STATA (v 14). Measures of central tendency, dispersion, frequency and proportions were used to summarize data. To find the socio-demographic factors influencing QNWL parametric tests for Independent groups viz. Student's t test and one-way ANOVA were used. We considered p value of less than 0.05 as significant.

RESULTS

The study population comprised of 429 staff nurses. Nearly 64% of the respondents were more than 25 years of age and the mean age was 25.6±3.6 years. The baseline characteristics of the study population and its association with QNWL scores are presented in Table 1. Majority of the staff nurses were females (89.5%), residing in rural

areas (60.6%) and belonging to nuclear family (61.8%). Most of them had dependent individuals at home (56.9%), monthly income of less than 20,000 rupees (54.8%) and work experience of less than 5 years (83.9%). Around 67% of respondents had a bachelor's degree in nursing and 52% were posted in general wards. About one-fourth of nurses had regular night shifts in between and only a few (4%) had long term medical illness. Bivariate analysis showed higher the age, female gender, absence of dependent individuals at home, higher income, more work experience, having only a diploma degree, working in wards and no nightshifts were the significant factors contributing to higher QNWL scores. No significant differences were found according to their residence, family type and presence of long term medical illness.

Table 1: Quality of work life by socio-demographic and work-related variables using student t-test and analysis of variance (n=429).

Variable		n (%)	Mean (±SD)	t/F value	P value
Age (years)	≤25	155 (36.1)	166.6 (±29.5)	2.13	0.017
	>25	274 (63.9)	172.9 (±30.4)	2.13	
Gender	Male	45 (10.5)	$161.4 \pm (31.6)$	_ 2.24	0.009
	Female	384 (89.5)	171.3 (±29.7)	2.34	
Residence	Rural	260 (60.6)	169.3 (±28.6)	1.00	0.182
	Urban	169 (39.4)	172.6 (±31.2)	1.08	
Family type	Nuclear	265 (61.8)	169.7 (±28.6)	0.98	0.216
	Joint	164 (38.2)	171.9 (±32.6)	0.98	
Dependent individuals	Yes	244 (56.9)	167.7 (±30.5)	2.02	0.002
	No	185 (43.1)	174.1 (±29.7)	2.82	
Monthly income	≤20,000	235 (54.8)	164.9 (±29.4)	2.06	<0.001
	>20,000	194 (45.2)	173.5 (±26.6)	3.96	
Work experience (years)	≤5	360 (83.9)	169.9 (±29.5)	6.15	< 0.001
	>5	69 (16.1)	174.4 (±27.4)	6.15	
Highest educational	GNM/Diploma	141 (32.9)	177.1 (±30.9)	0.65	< 0.001
status	BSc nursing & above	288 (67.1)	167.4 (±29.4)	9.65	
Working unit	Wards	119 (27.7)	170.6 (±29.4)		0.005
	Emergency & critical care	87 (20.2)	166.2 (±31.3)	5.24*	
	OPDs	223 (52)	179.4 (±26.6)	_	
Night shifts	Yes	116 (27.1)	174.9 (±27.9)	1.00	0.038
	No	313 (72.9)	169.1 (±26.9)	1.99	
Long term medical illness	Yes	17 (4)	167.1 (±24.1)	_ 1 10	0.185
	No	412 (96)	170.3 (±30.4)	1.10	

t and p value by student t test; *- F value by One-Way ANOVA; p value of <0.05 significant

Table 2: Mean QNWL scores and sub scores with frequency distribution of different QNWL levels among staff nurses (n=429).

Scale	Mean score (±SD)	Low, n (%)	Moderate, n (%)	High, n (%)
Main scale	170.6 (±30.2)	19 (4.4)	251 (58.5)	159 (37.1)
Worklife-homelife subscale	24.1 (±5.4)	59 (13.8)	296 (69)	74 (17.2)
Work design subscale	41.8 (±7.9)	13 (3)	239 (55.7)	177 (41.3)
Work context subscale	85.1 (±16)	4 (1)	135 (31.4)	290 (67.6)
Work world subscale	19.7 (±4.6)	31 (7.2)	212 (49.4)	186 (43.4)

Score interpretation¹⁰: Main scale- low (41-112) moderate (113-182) high (183-246); Worklife-homelife- low (6-18) moderate (19-29) high (30-36); Work design- low (10-26) moderate (27-44) high (45-60); Work Context- low (20-38) moderate (39-77) high (78-120); Work World- low (5-12) moderate (13-20) high (21-30).

The mean QNWL score among the staff nurses was 170.6 (±30.2). Table 2 shows the mean scores for the main scale and four sub scales along with frequency distribution of different QNWL levels. For the sub scales, the mean scores were 24.1 (\pm 5.4), 41.8 (\pm 7.9), 85.1 (\pm 16) and 19.7 (±4.6) for worklife-homelife, work design, work

context and work world domains respectively. Majority of the staff nurses had moderate QNWL scores in the main scale (58.5%), worklife-homelife (69%), work design (55.7%) and work world subscales (49.4%) whereas, in the work context subscale most of them had high QNWL (67.6%) scores.

Table 3: Key Items in QNWL hindering higher scores among staff nurses (N=429)

Dimension	Items in QNWL scale	Agree n (%)
Work life- Home life	No energy left after work	143 (33.3)
	Policy for vacations is in appropriate for me and for my family	242 (56.4)
	Inability to balance work with family needs	151 (35.2)
	Important to have on-site/near child care services	311 (72.5)
Work design	Not enough registered nurses	147 (34.3)
	Many interruptions during daily work routine	314 (73.2)
	Many non-nursing tasks	277 (64.6)
	Workload is too heavy	309 (72)
Work context	Important to have break area for nurses	280 (65.3)
Work world	Ability to find same job in another organization	249 (58)
	Salary is in-adequate	228 (53.1)

To identify key items in QNWL scale hindering higher scores (Table 3) the 6-point scale was collapsed to two categories: agree and disagree. In the worklife-homelife dimension, approximately 70% of respondents reported their need to have on-site child care services for sick children during work hours and 72.5% agreed that it is important to have on-site/near childcare services. About 56.4% of the respondents felt that the policy for their vacation was inappropriate. Over one-third of the respondents stated that they had no energy left after work (33.3%) and were not able to balance work with their family needs (35.2%). In the work design dimension, about one-third (34.3%) of the respondents indicated that there are not enough registered nurses in their Hospital. Majority of them felt that their work load was too heavy (72%) and they had many interruptions during daily work routine (73.2%). Nearly two-thirds (64.6%) of the respondents stated that they had many non-nursing tasks. In the Work context dimension, majority of the respondents expressed the importance of having a private break area (71.8%) for some time away from patients. In the work world dimension, more than half (53.2%) reported that their salary is not adequate. Nearly 58% stated that they will be able to find a similar job in another organization easily.

DISCUSSION

Perception of quality of nursing work life among staff nurses

The study found that majority of the nurses achieved moderate scores for the main scale and each of its subscales except for work context dimension where most of them had high QNWL scores. These findings are consistent with the Brooks and Anderson study (2004) and a few recent studies done among staff nurses in different settings where respondents were pleased overall with their work life situations. ¹¹⁻¹⁵

In work life/home dimension, the main factors causing dissatisfaction among nurses in this study included work

life- home life balance, system of working hours, availability of child care facilities and organisational policies for vacations. One-third of the respondents were not able to balance their work and home life and reported of not having energy after work. The increased workload often results in exhaustion and the nurses will have no energy left after the work. This often results in an imbalance between work life and home life. 11,16 Similarly, nearly one-third respondents stated that rotating shift schedules affect their life negatively. Inflexibility in the working schedule are highlighted as a strong predictor for quality of work life and job satisfaction in numerous studies. 11,12,16 Hsu & Kernohan in 2006 found that the nurses in Taiwan reported that managing the shift work schedules within the demands of the home life was important to maintain a balance. ¹⁷ Lack of support for the dependent family individuals of the nurses and inadequacy of vacations were other sources of unsatisfactory nursing work life. These findings are inline with previous literature. 12-16

The current study identified few issues in the work design component. The present study findings reported that workload of the nurses was reported to be high and many nurses performed numerous non-nursing tasks. This misutilization of the nursing workforce may increase the shortage of nurses and affect their nursing skills and experience. Such challenges may put significant pressure on nurses, affecting their perceptions towards their work lives. Only half of them claimed to have quality assistance from nursing assistants and service workers. Majority had the autonomy to make client/patient care decisions which was consistent with the findings of previous studies. 13,16

Contrary to few studies which reported lack of supervision, feedback, participation in decision making, inadequate work facilitating policies and respect shown by upper-level management among staff nurses^{11,13,16}, the current study found that the respondents had very supportive management practices. This in turn will improve their work life quality as reflected by higher work context subscale scores among staff nurses in the

present study. Knox and Irwing also reported that favourable relationships with the supervisors are a key factor for the quality of work life. ¹⁹ Majority of the nurses were satisfied with the team work, secured environment and were provided various career development opportunities. Zangara et al in her meta-analysis reported 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. ²⁰

About two-thirds of the respondents in the current study believed that society has a positive image of nurses. However, majority of staff nurses in a study by Almaki et al ¹⁶ felt that people do not have an accurate image of the nursing profession. Public stereotypes are found to negatively affect nursing practice and retention.² Payment including salary and financial incentives was a major factor in the dissatisfaction of nurses with their QNWL. Salary is considered as an important extrinsic factor which can significantly influence job satisfaction and intention to leave from the profession. 22-24 It was one of the most significant reasons for young Finish nurses to leave the profession.²⁵ Majority of respondents in this study reported that their jobs are secure, and they do not expect to lose them unexpectedly. This result appears at odds with research conducted overseas^{26,27}. Additionally, many respondent nurses had a high belief in the value of the nursing profession.

Influence of socio-demographic and work-related variables on QNWL

Significant differences in the QNWL were found according to gender, age, dependent children, dependent adults, monthly income, work experience, work unit and night shifts. In the present study, the female respondents were having better QNWL than males. In contrast, male nurses had a better work life quality in a study conducted by Vahed et al and Moradi et al. 28,29 However, the lower mean QNWL of male nurses may be because of their participation in more stressful nursing activities and working in an environment dominated in numbers by female staffs. Older nurses had significant higher mean scores of QNWL than younger nurses. Likewise, nurses with more years of work experience were more satisfied with their QNWL than those with less experience. Many studies have shown that older and more experienced nurses are more satisfied than younger and less experienced nurses. 16,30-32 This may be attributed to the ability of older nurses (as mature age-wise) to make a better adjustment to the work environment when compared with younger nurses.³¹ The years of experience may increase the familiarity and competence of nurses as well as their understanding of the work expectations. 30,32 The current study could not reveal a significant relationship between QNWL and marital status. Naveri et al also reported that there was no significant relationship between marital status and QNWL.³³ Contrary to the study done by Almaki et al where respondents with dependent children or elderly at home were more satisfied with their QWL than those who had no children, the present study revealed that staff nurses with dependent individuals at home had significantly lesser mean QNWL scores. ¹⁶ This highlights the need for the organisation to develop suitable policies that supports the dependent individuals of staff nurses. This may increase their responsibilities and in turn encourage their stabilization and job satisfaction thereby improving the quality of work life.

Staff nurses with a diploma degree had significant higher mean QNWL scores than those having a bachelor's degree or more. This finding was consistent with a study done in Iran where nurses with a lower level of education had better ONWL than nurses with higher educational status.²⁸ Another significant finding was that the nurses who receive better salary have better QNWL and it is inline with study findings elsewhere. 13,16,32,33 Staff nurses working in outpatient departments and those without night shifts exhibited a better quality of life than nurses working in other units. Similarly, a study conducted in Taiwan revealed that nurses working in outpatient departments exhibited a better quality of life than nurses working in other units.³⁴ This could relate to the fact that units other than the outpatient departments usually require engagement in night and weekend shift duty, direct patient care, and work overload which could result in lower quality of life.

The major strengths of this study include the use of QNWL scale which was exclusively developed for staff nurses and involvement of a large group of study participants. However, the information was gathered through a self-administered questionnaire leaving the interpretation to the participant. The use of self-reporting instruments may have decreased the reliability of responses due to misinterpretation of some of the items.

CONCLUSION

The present study provides an initial step in understanding the work life of nurses in a tertiary health care setting. This study found that majority of the nurses had a moderate quality of nursing work life. Moreover, specific socio-demographic and work-related factors that influence the nurses' work life quality were identified. This can be used for developing and appropriately implementing successful induction programs to improve the QNWL of these staff nurses. The Organization and Nursing administrators should focus on these factors. There is also a need for outcome-driven research examining the effectiveness and cost benefits of specific strategies aimed at improving the nurses work life quality.

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