



Quality of Work Life in Nurses

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Abstract

Introduction: The aim of this study is to make a general evaluation of the quality of work life (QWL) of the nurses working in our hospital.

Methods: This study was conducted as a prospective and descriptive study on nurses, who works at Health Sciences University Haydarpasa Numune Training and Research Hospital between August 10, 2019 and August 20, 2019 and who met the inclusion criteria. The nurses were asked to fill in the data collection form in which data such as demographic information is collected, and work-related quality of life scale for healthcare workers.

Results: A total of 244 nurses (88.9% female) working in Haydarpasa Numune Training and Research Hospital were included in this study. No significant relationship was found between the two sexes, between married and singles, between income level, duration of work in the profession and QWL. On the other hand, there was a statistically significant and weak correlation between age and QWL.

Significant results were obtained when the differences between departments were examined (ANOVA $p=0.007$). The QWL of nurses working in surgical branches was higher than those working in the emergency department ($p:0.04$) and those working in medical branches ($p=0.013$).

Discussion and Conclusion: Consistent with the literature, nurses stated that the items with the lowest satisfaction were the wages they received and the time they spared for themselves outside of work. Güçlü et al. reported that nurses working in surgical intensive care units and Liu et al. reported that nurses working in surgical clinics stated higher QWL and job satisfaction scores. In this study, the QWL of nurses working in surgical branches was found to be higher than nurses working in both medical branches and emergency services.

Keywords: Nurse; emergency service; quality of work life

Work life quality (or quality of work life-QWL) was first put forward as an idea in Sweden in the 1960s and aimed to improve the working conditions of the worker. The concept of QWL was first used in 1972 by the International Association for the Quality of Work Life at an international conference on human resource management in the United States [1].

There are two QWL approaches: Needs satisfaction and

spillover theories. The needs satisfaction approach is based on the needs satisfaction model developed by Maslow. According to this approach, people get satisfaction from their jobs to the extent that their work meets their needs. The spillover effect approach is based on the assumption that satisfaction in one area of life can affect satisfaction in other areas of life [2].

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Martel and Dupuis defined the QWL as a concept that covers the evaluation of working conditions, employee satisfaction and dissatisfaction, the productivity of the employee and the institution, the social environment in the business environment, the management style, the relationship between work life and non-work life, in short, the strengths and weaknesses of the work environment [1].

According to Schilesinger, QWL is the effort to create a work environment in which personal knowledge and skills are developed, to increase employee motivation, to evaluate and analyze continuous improvement [3].

As a result of the work environment and the nature of the work, it is known that creating quality working conditions in health institutions is more difficult than in other business lines [4-6]. In a review of QWL in nurses, it was stated that there are six main factors that determine the QWL of nurses. These are listed as leadership and management styles, shift work, wages and benefits, relations with colleagues, demographic characteristics, workload and job tension [7].

In some studies investigating how to improve the QWL in healthcare workers, items such as better wages, more convenient working hours, better management and better recognition come to the fore [8,9].

Although there are many studies on QWL in the field of health, it is seen that the measurement tools to evaluate the QWL of healthcare workers are not sufficient [9]. In 2011, Aydın et al. [10] developed the "Healthcare Workers' Work Life Scale" in order to evaluate the QWL of healthcare workers in Turkey and conducted the Turkish validity and reliability tests.

Objective

The aim of this study is to make a general evaluation of the QWL of the nurses working in our hospital.

Materials and Methods

This study was conducted as a prospective and descriptive study on nurses, who works at Health Sciences University Haydarpaşa Numune Training and Research Hospital between August 10, 2019 and August 20, 2019 and who met the inclusion criteria. Accordingly, the nurses who were actively working in a clinical field, have agreed to participate in the study, were not pregnant, did not breastfeed, did not take leave for any reason that would affect the working time, such as maternity leave, were not on annual leave or resting due to a health issue during the study period, did not use drugs that would affect CNS such as

anxiolytics, completed the work life quality scale and data collection form, and who have been working in the profession for more than one year and less than 25 years, were included in the study.

Nurses who did not agree to participate in the study, working in departments of the hospital where patient care is not actively performed, such as administrative units, not working actively for any reason such as annual leave, who were pregnant or breastfeeding, working in the profession for less than one year or for 25 years or more, who were on leave due to any reason, such as nursing leave, which would affect the working time, and who were resting due to health issues, were not included in the study. In addition, nurses using drugs that affect CNS, such as anxiolytic drugs, and who did not fully fill in the work life scale and data collection form, were excluded from the study.

The nurses Those working in medical branches, those working in surgical branches and those working in the emergency department. Included in the study were generally evaluated in three groups according to the departments they worked in:

In one-on-one interviews with nurses who met the inclusion criteria, they were asked to fill in a 'data collection form' and a 'work-related quality of life scale for healthcare workers', in which data such as their demographic information, working conditions, and history of systemic disease were recorded (Table 1). Healthcare workers' work life scale consists of 16 questions, each of which is scored from 1 to 7. In this case, the minimum satisfaction score is 16 and the maximum satisfaction score is 102 points.

After the data of the patients were collected, statistical analyzes were performed. Descriptive statistics were used to describe continuous variables (mean, standard deviation, minimum, median, maximum). Comparison of two independent and normally distributed variables was performed with Student's t-test. The comparison of two independent and non-normally distributed variables was performed with the Mann-Whitney U test. The correlation between continuous variables that did not conform to the normal distribution was analyzed using the Spearman's rank correlation coefficient. Statistical significance level was determined as 0.05.

Results

Haydarpaşa Numune Training and Research Hospital employs a total of 472 nurses; 21% male and 79% female. Of these, 80.2% work in shifts, and the rest during working hours.

Table 1. Healthcare Worker Work Life Scale

1. I feel physically safe in my workplace.	1	2	3	4	5	6	7
2. My job provides me with health insurance.	1	2	3	4	5	6	7
3. I do my best to stay healthy and fit.	1	2	3	4	5	6	7
4. I am satisfied with the wage I receive for the work I do.	1	2	3	4	5	6	7
5. I think my job at this institution is guaranteed for life.	1	2	3	4	5	6	7
6. My job offers good opportunities for my family.	1	2	3	4	5	6	7
7. I have good friends at work.	1	2	3	4	5	6	7
8. I can find enough time to devote to other things in life outside of my work.	1	2	3	4	5	6	7
9. I feel appreciated in my job at this workplace.	1	2	3	4	5	6	7
10. People at this workplace and/or my colleagues perceive and respect me as a professional in my field.	1	2	3	4	5	6	7
11. I think my job allows me to realize my full potential.	1	2	3	4	5	6	7
12. I think I am fulfilling my potential as an expert in my business line.	1	2	3	4	5	6	7
13. I feel like I'm constantly learning new things that will help me do my job better.	1	2	3	4	5	6	7
14. My job allows me to strengthen my professional skills.	1	2	3	4	5	6	7
15. There are many aspects of my job that involve creativity.	1	2	3	4	5	6	7
16. My job helps me develop my creativity outside of work.	1	2	3	4	5	6	7

Definition: Some statements that measure behaviors related to your Quality of Work Life are given in the scale. What is required of you is to indicate how appropriate these statements are to you and to what extent they reflect your situation. 1 "Absolutely not true", 2 "Not true", 3 "Partly not true", 4 "Neutral", 5 "Partly true", 6 "True", 7 "Absolutely true".

Thirteen nurses on maternity leave, 12 nurses on breast-feeding leave, 9 nurses on rest due to any health issue, 7 pregnant nurses, 6 nurses working in administrative units who did not participate in active patient care, and 19 nurses on annual leave were not included in this study. In addition, 16 nurses who worked for 25 years or more in the profession and 33 nurses who have not completed a full year in the profession, 83 nurses who did not accept to participate in the study, 13 nurses who used drugs that affect the psychological state of the person, such as anxiolytic drugs, and 17 nurses who had missing information in the data collection form or working life scale, were not included in the study. As a result, this study was conducted on a total of 244 nurses, 217 female and 27 male, with an age range of 22-52, mean age of 32.4+7.8, who were suitable for the inclusion criteria.

56.5% of the nurses were married and 43.5% were single. The total QWL according to marital status was 66.4+10.7 in married people and 64.2+11.0 in singles. There was no statistically significant difference between married and single people in terms of QWL ($p=0.148$).

39.2% of the nurses had an income level of 5000 TL or less, and 60.8% of them had an income level of more than 5000 TL. No statistically significant correlation was found between income level and QWL ($p=0.408$).

When the existence of a physical complaint was questioned, 62.3% of the nurses had at least one physical com-

plaint. Of the nurses, 41.8% suffered from fatigue, 36.9% from sleep disturbance, 27% from tension and 9.3% from a dyspeptic complaint. Sleep disturbance was the most common complaint with 41.4% in emergency department nurses. This was followed by fatigue with 40.5%.

The proportion of nurses who exercised regularly was 18%. The nurses who exercised most regularly were working in surgical branches with a rate of 21.6%, and the nurses who exercised least regularly were nurses working in medical branches with a rate of 10%. This rate was measured as 20.6% in nurses working in the emergency department. Work life scale scoring did not show a statistically significant difference according to regular exercise/non-exercise status ($p=0.372$).

The rate of nurses who smoked was 24.6%. This rate was 30.6% in nurses working in the emergency department, 14.3% in medical branches, and 24.3% in surgical branches. There was no statistically significant difference between smoking rates according to the departments that nurses worked ($p=0.055$).

Healthcare workers' work life scale consists of 16 questions, each of which is scored from 1 to 7. In this case, the minimum satisfaction score is 16 and the maximum satisfaction score is 102 points (Table 1). In this study, the mean satisfaction of nurses was found to be 65.6+11.0. The minimum satisfaction score was 33 and the maximum satisfaction score was 98.

When the items in the QWL scale were examined one by one, the item with the highest satisfaction in all branches was the item "my job provides me health insurance". This was followed by the item "I have good friends at work". On the other hand, the item with the lowest satisfaction was the item "I am satisfied with the salary I receive for the work I do". This was followed by the item "I can spare enough time for myself outside of work".

While 82.4% of the nurses participating in our study worked in shifts, 17.6% worked during the normal working hours of the hospital. While the satisfaction rate of nurses working in shifts was measured as 66.3 ± 11.1 , this rate was measured as 62.3 ± 10.2 in nurses working during normal working hours. This difference was statistically significant ($p=0.044$).

No statistically significant relationship was found between the correlation between the duration of working in the profession and the QWL score ($p=0.741$, $r^*=0.741$). However, there was a statistically significant and weak correlation between age and QWL score ($p=0.002$, $r^*=0.208$).

Statistically significant results were obtained between the inter-departmental QWL scores (ANOVA $p=0.007$). The QWL of nurses working in surgical departments was higher than those working in emergency services ($p=0.04$) and nurses working in medical branches ($p=0.013$). There was no statistically significant difference between the QWL of nurses working in the emergency department and those working in medical branches ($p=0.940$).

Discussion

It is known that creating quality living conditions in health institutions is more difficult than other business lines. Health services are personalized, complex, variable and often emergent. Healthcare workers constitute a group that has to work outside of normal working hours and days, working under intense stress and pressure. It is reported that there are many factors affecting the quality of work life, such as the difficulties faced by healthcare professionals during working hours and the structure of their relationships with their colleagues and managers [4-6].

In nurses, working conditions become more difficult due to situations that cause work-related stress and tension due to heavy workload, caring for severe and terminally ill patients, and having to provide emotional support to patients and their relatives when necessary. In addition, the inadequacies experienced in the provision of health services and the unbalanced distribution of the service and personnel create tension in the employees. Work-related tension re-

duces the employee's productivity at work, reduces job satisfaction, leads to negative consequences at the institutional level such as going to work late, not coming to work with an excuse or quitting the job completely, and not retaining experienced personnel [5-7].

Bearfield, in a study conducted with 1032 professionals consisting of doctors and nurses in Australia, questioned how the levels of QWL could be improved. Employees replied as better wage, more convenient working hours, better management, better recognition, respectively [8]. In our study, the workers stated that the items with the lowest satisfaction were the wages they received and the time they spared for themselves outside of work.

In a study of 305 nurses (82 male), working in two different hospitals, Güçlü and Kurşun found that men had a higher quality of working life [11]. Gürses et al., [12] on the contrary, reported that women's quality of work life scores were higher than men's. In another study, no significant relationship was found between gender and quality of work life [13]. In our study, no statistically significant difference was found between the two sexes in terms of quality of work life.

In a few studies examining the relationship between marital status and quality of work life, it is emphasized that the QWL is lower in single people, and it is said that this situation can be attributed to more shifts in single individuals [11, 14]. In this study, however, no statistically significant difference was found between married and single people in terms of total QWL score.

In a study by Liu et al., [14] the job satisfaction score of nurses who worked for five years or less was found to be lower than other groups. In some studies, no relationship was found between the duration of working as a nurse and the QWL [15, 16]. In our study, however, there was a statistically significant and weak correlation between age and QWL score ($p=0.002$). With the result of this study, it can be concluded that the working year affects the quality of work life in different ways.

Güçlü et al. [11] determined that nurses working in surgical intensive care units had a higher mean score of QWL than other groups. Liu et al. [14] reported that nurses working in surgical clinics had higher QWL and job satisfaction scores. In this study, the QWL of nurses working in surgical branches was found to be statistically significantly higher than nurses working in both medical branches and emergency department. On the other hand, in some studies, it was stated that the QWL of nurses working in the emergency department was higher [15], and in some studies, no

difference was found between the QWL and job satisfaction according to the unit they worked in [7]. According to these results, it can be said that the relationship between the unit of work and the QWL varies. More extensive studies are needed on this subject.

In a study conducted by Gökbalcı et al. [16] on 107 nurses in a training and research hospital, they reported that the most common complaint in nurses was fatigue with a very high rate of 76.9%, followed by the complaint of constant sleep disturbances with 52.8%. In our study, 62.3% of all nurses had at least one physical complaint. While fatigue was the most common complaint with a rate of 41.8% of nurses throughout the hospital, sleep disturbance was the most common complaint with a rate of 41.4% in nurses working in the emergency department.

As a result, more extensive studies are needed on the quality of work life in nurses, the factors affecting it, and the rehabilitation of these factors.

Ethics Committee Approval: This study was conducted as a prospective and descriptive study on nurses, who works at Health Sciences University Haydarpaşa Numune Training and Research Hospital between August 10, 2019 and August 20, 2019 and and who met the inclusion criteria.

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