Original Article

Quality of Work Life of Nurses in a Government Hospital, Nepal

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ABSTRACT

Background and Objectives: Work is an integral part of life where employees spend about one third of their entire life in workplace, thus working environment must be favorable. When the quality of work-life is stable, productivity is bound to increase. It seeks to benefit employees, their families, and the organization as well. The objective of the study is to identify the quality of work life of nurses working in Bharatpur hospital, Nepal.

Materials and Methods: A descriptive cross sectional study design was used. The total number of 84 nurses from Bharatpur Hospital were purposively selected. Non-probability convenience sampling techniques was used to select a nurse working in Bharatpur Government hospital, Bharatpur, Chitwan having maximum of 6months job experience. Data were collected using standardized Brooks' Quality of Nursing Work Life Survey tool. Data analyzed using the statistical package of social science (SPSS) version 20.0. Inferential statistic was used to measure the association between quality of life of nurse and selected variables.

Results: The study revealed that overall Quality of Work life were moderate (79.8%) of respondents. The findings on dimension wise Quality of Work Life of nurses were 83.3%, 67.3% and 65.5% of respondents had moderate level of quality in work design, home life/ work life and work world dimension respectively, while 57.1% of respondents had high level of quality of work life of nurses in work context dimension. The Quality of Work Life of nurses was associated with level of education ($\chi2$=11.027, p= 0.004).

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Conclusion: The majority of nurse had moderate level quality of work life. The authorities in the health care system should develop strategies for improving the nurses work conditions and their quality of work life so that, nurses will be able to perform quality care for their patients.

Keywords: Bharatpur Hospital, Nurses, Work life, Quality,

INTRODUCTION

Work is an integral part of our life where we spend about one third of our entire life in workplace, thus working environment must be favorable to an employee. Quality of Work Life (QWL) is a multifaceted concept that expresses how employees feel about various aspect of work. When the quality of work-life is stable, productivity is bound to increase. It seeks to benefit employees, their families, and the organization as well. Therefore, QWL is becoming an increasingly popular concept in recent times [1-3].

QWL has become a significant issue today, and numerous studies have been published on this topic. It has two goals: to increase the consistency of the employees work experience while at the same time increasing the organization's overall profitability. Therefore, the idea of employee satisfaction is more than just having a job and a wage for people. It's about giving people a place they feel welcomed, valued and appreciated [4]. Modern social and demographics changes view that individual will function very effectively only when the personal life and working life are balanced. This footing gives rise to the study on QWL [5].

Whereas, the traditional management (like scientific management) gave inadequate attention to human values. In the present scenario, needs and aspirations of the employees are changing. Employers are now redesigning jobs for better QWL. Human resources play a very important role in success of an organization and thus, management of human resource assumes importance. Many aspects affect the management of human resources. One such aspect is Quality of Work Life (QWL) [6]. Since, the human resource in the organization is considered to be the most valuable asset, it is necessary to treat the asset in a better way. For making the employees more satisfied and loyal towards the organization, the management should work upon it [7].

The quality of nursing and health care is directly interlinked to levels of job satisfaction among nurses and on the quality of nurse's work life. The rapidly changing health care environment has had an impact on the nursing work environment, workload and quality of nursing work life. QWL is an indicator of how much people are satisfied with their jobs, how they feel in relation to opportunities as they see them, and how they find fulfillment in their work [8, 9].

QWL among nurses in different countries varies from low level to moderate level. In Saudi Arab 52.4%, in South Africa 45.6%, in Iran 69.3%, in Ethiopia 67.2%, and in Indonesia 28.6% of nurses are dissatisfied with their quality of work life. In India, 89% of nurses reported moderate QWL and 11% reported high QWL [10-15].

Likewise, another study in Tamilnadu, India showed 67.2% of the nurses were dissatisfied with their QWL where monthly income, working unit, and work environment were strong predictors of dissatisfaction among nurses. In Bangladesh shows more than half

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i.e.57.03% had low job satisfaction among which 30% were dissatisfied with the work environment and job security [16, 17].

Beside that hindering factor that contribute in low QWL are related to lack of independence to make patient care decisions, increased workload, role conflicts, lack of opportunities for career advancement, low salary, inappropriate working environment, lack of professional autonomy, lack of stakeholder's support and insufficient welfare services, attitude of society towards nursing, higher level of education, and longer professional experience affects the quality of work life. Nurses with low QWL tend to leave their employment, or they may remain at their posts for purely fiscal reasons [18, 19]. Thus, the objective of this study was to identify the level of quality of work life of nurses working in Bharatpur hospital, Nepal.

MATERIALS AND METHODS

Descriptive cross-sectional research design was adopted for the study to identify the quality of life of nurse working in a Bharatpur hospital, Nepal. All nurse working in Bharatpur Government hospital, Bharatpur, Chitwan having maximum of 6months job experience was selected as a study sample. Non-probability convenience sampling techniques was used. The sample size was calculated by using the Solvin's infinite population formula which is $n=N/1+Ne^2$. Adjusting above formula for infinite population where, Population size (N) = 301, Margin of error (e)= 10% i.e. 0.1, So, n = $N/1+Ne^2$, n=76. Sample size was 76. Lastly, adding 10% of non- response rate, the sample size was 84. Data was collected from to 7 to 14 February 2021. Approval for research was

taken from research authorities of Nepal Polytechnic Institute- Narayani Samudayik Hospital (NPI-NSH) of Bharatpur-10, reference no-38/2077/078. Permission was taken from Bharatpur Hospital, reference no-2118/2077/2078.

Pre-tested, structured, self-administered questionnaires was used to collect the data. The questionnaire consisted of two parts: Part one included questions related to socio demographic characteristics and job-related information. Part two was Brooks' Quality of Work Life Survey [20].

This tool was used with taking permission with authors. It is a validated standard tool and frequently used in research carried out among nurses. This tool consists of 42 items which under 4 sub-scales (work life/ home life, work design, work context and work world). It is a six point Likert scale ranging from strongly disagree (1) to strongly agree (6). Twenty questions are negative items which are reverse to positive. The Higher total score represents higher the quality of work life. The score was interpreted based on Interpreting score for Brooks' Quality of Work Life Survey. The total score of the scale range from 42-246. The level of Quality of Work Life (QWL) will be categorized as – Low (42-112) Moderate (113-182) and High (183-246).

It is a six point Likert scale ranging from strongly disagree (1) to strongly agree (6). Twenty questions are negative items and reverse coding was done. The Higher total score represents higher the quality of work life. The Cronbach Alpha coefficient of the original scale is 0.83 [20]. To test the reliability, the, Cronbach's alpha was applied

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which shows the result was 0.92 with 42 items.

Content validity was maintained by consulting with the peer discussion, research subject faculties and the questionnaire was contextualized to meet the local context and the multicultural environment of the hospital nursing workforce where changes to the demographic questions were performed. Pretesting was done in 10% of the sample of the total sample size to find out the feasibility, practicability, and applicability of the tool. To reliability of the tool was established by testing the Cronbach's alpha which shows the result was 0.92 with 42 items.

Objectives of the study was explained to each participant. Written informed consent was received from each participants before instruments were given to the participants; and requested to rate nursing work life how they feel. Then they were asked to fill questionnaire within 20-25 minutes. Confidentiality of the information was maintained by not disclosing the information of the participants with others and using the information only for the study purpose. Anonymity was maintained by assigning code number to the questionnaires. The participants had the right to refuse to answer any of the questions, and to withdraw from the study at any time. All data was used for research purposes only.

In addition, permission to use the research instrument was obtained from the original author and no conflict of interest has been declared. All the collected data was checked for accuracy, completeness and then reviewed and organized. Then organized data are coded and entered in Epi Data software and then analyzed in SSPS (Statistical Package for Social Science) version 20.0. The data was analyzed using descriptive statistic method (mean, median, percentage, frequency) and likelihood ratio test was used to identify the association between variables and level of quality of work life.

RESULTS

Table 1 regarding socio-demographic characteristics of the respondents, out of 84 respondents, more than half (54.8%) were more than 25 and least 3.6% were below 20 years of age. Concerning marital status, majority (59.5%) of the respondents were married. With respect to educational status, majority (58.3%) of the respondents had PCL nursing education and 9.5% had B.Sc. nursing education. Concerning the nature of job, nearly half of the respondents (44%) were temporarily employed and quarter of them (25%) were permanent and 13.1% were employed in daily wages.

Table 1: Socio-demographic characteristics of the respondents (n=84)

Variables	Frequency	Percent
Age group		
< 20	3	3.6
20-25	35	41.7
> 25	46	54.8
Marital status		
Married	50	59.5
Unmarried	34	40.5
Education		
ANM nursing	9	10.7
PCL Nursing	49	58.3
BN Nursing	18	21.4
BSC Nursing	8	9.5
Nature of Job		
Permanent	21	25.0
Temporary	37	44.0
Daily wages	11	13.1
Contract basis	15	17.9

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Table 2: Overall and dimension wise level of quality of work life among the respondents (n=84)

Level of Quality of Work Life	Frequency	Percent
Overall Level of Quality of Work Life		
Low	5	6.0
Moderate	67	79.8
High	12	14.3
Level of Home life/ Work life		
Low	8	9.5
Moderate	57	67.9
High	19	22.6
Level of Work Design		
Low	5	6.0
Moderate	70	83.3
High	9	10.7
Level of Work Context		
Low	1	1.2
Moderate	35	41.7
High	48	57.1
Level of Work World		
Low	12	14.3
Moderate	55	65.5
High	17	20.2

Out of 84 respondents, above three-fourth (79.8%) had moderate level of overall quality of work life whereas, 6% had low overall quality of work life. Concerning dimension wise level of quality of work life of nurses 83.3%, 67.3% and 65.5% of respondents had moderate level of quality in work design, home life/ work life and work world dimension respectively whereas 57.1% of respondents had high level of quality of work life of nurses in work context dimension as shown in table 2.

Table 3 illustrate the findings on association of respondent's level of home life/ work life quality with selected socio-demographic variables. Out of 84 respondent's quality of home life/ work life is statistically not significant with their age group ($\chi2$= 0.726, p= 0.695), marital status ($\chi2$= 2.234, p= 0.327), education ($\chi2$= 1.240, p= 0.538) and nature of job ($\chi2$= 7.165, p= 0.306).

Table 4 reveals the result regarding association of respondent's level of work

Table 3: Association of Respondents Level of Home life/ Work life Quality with Selected Socio-demographic Variables (n=84)

Variables	Home life/Work life			$\chi2$ Value	p value
	Low	Moderate	High		
Age group					
≤ 25	4	27	7	0.726	0.695#
> 25	4	30	12		
Marital status					
Married	4	32	14	2.234	0.327#
Unmarried	4	25	5		
Education					
ANM/ PCL Nursing	5	38	15	1.240	0.538
BN/ BSC Nursing	3	19	4		
Nature of Job					
Permanent	1	16	4	7.165	0.306#
Temporary	4	28	5		
Daily wages	1	5	5		
Contract basis	2	8	5		

#Likelihood ratio

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Table 4: Association of Respondents Level of Work Design Quality with Selected Socio - demographic Variables (n=84)

Variables	Work Design			χ2 value	p -value
	Low	Moderate	High		
Age group					
≤ 25	2	32	4	0.065	0.968#
> 25	3	38	5		
Marital status					
Married	2	42	6	0.973	0.615#
Unmarried	3	28	3		
Education					
ANM/ PCL Nursing	3	46	9	7.207	0.027#
BN/ BSC Nursing	2	24	0		
Nature of Job					
Permanent	1	19	1	5.580	0.472#
Temporary	1	33	3		
Daily wages	1	8	2		
Contract basis	2	10	3		

#Likelihood ratio

design quality with selected socio-demographic variables. Out of 84 respondent's quality of work design is statistically significant with their education ($\chi2=7.207$ p=0.027) whereas, age group ($\chi2=0.065$ p=0.968), marital status ($\chi2=0.973$ p=0.615) and nature of job ($\chi2=5.580$ p=0.472) were not statistically significant.

Table 5 represent the result regarding association of respondent's level of work context quality with selected socio-demographic variables. Out of 84 respondent's quality of work context is statistically significant with their education ($\chi2=9.126$, p= 0.010) whereas, age group

Table 5: Association of Respondents Level of Work Context Quality with Selected Socio-demographic Variables (n=84)

Socio-demographic Variables	Work Context			χ2 Value	p value
	Low	Moderate	High		
Age group					
≤ 25	0	12	26	4.473	0.107#
> 25	1	23	22		
Marital status					
Married	1	22	27	1.412	0.494#
Unmarried	0	13	21		
Education					
ANM/ PCL Nursing	1	18	39	9.126	0.010#
BN/ BSC Nursing	0	17	9		
Nature of Job					
Permanent	1	11	9	5.180	0.521#
Temporary	0	13	24		
Daily wages	0	4	7		
Contract basis	0	7	8		

 # Likelihood ratio

(χ2=4.473, p= 0.107), marital status (χ2=1.412, p= 0.494) and nature of job (χ2=5.180, p= 0.521) were not statistically significant.

Table 6 reveals the findings on association of respondent's level of work world quality with selected socio-demographic variables. Out of 84 respondent's quality of work world is statistically not significant with their age group (χ2=0.526, p= 0.769), marital status (χ2=0.433, p= 0.805), education (χ2=2.134,

Table 6: Association of Respondents Level of Work World Quality with Selected Socio-demographic Variables (n=84)

Socio-demographic Variables	Work World			χ2 value	p -value
	Low	Moderate	High		
Age group					
≤ 25	5	24	9	0.526	0.769
> 25	7	31	8		
Marital status					
Married	7	34	9	0.433	0.805
Unmarried	5	21	8		
Education					
ANM/ PCL Nursing	7	37	14	2.134	0.344
BN/ BSC Nursing	5	18	3		
Nature of Job					
Permanent	3	15	3	4.346	0.630#
Temporary	3	24	10		
Daily wages	2	7	2		
Contract basis	4	9	2		

 # Likelihood ratio

Table 7: Association of Respondents Overall Level of QWL with Selected Socio-demographic Variables (n=84)

Variables	Overall Level of QOL			χ2 value	p- value
	Low	Moderate	High		
Age group					
≤ 25	2	31	5	0.147	0.929#
> 25	3	36	7		
Marital status					
Married	3	39	8	0.308	0.857#
Unmarried	2	28	4		
Education					
ANM/ PCL Nursing	2	44	12	11.027	0.004#
BN/ BSC Nursing	3	23	0		
Nature of Job					
Permanent	1	18	2	8.338	0.214#
Temporary	1	33	3		
Daily wages	2	6	3		
Contract basis	1	10	4		

 # Likelihood ratio

p= 0.344) and nature of job ($\chi 2$=4.346, p= 0.630).

Above table 7 reveals the findings on association of respondent's overall level of QWL with selected socio-demographic variables. Out of 84 respondent's quality of work world is statistically significant with education ($\chi 2$=11.027 0.004) whereas, age group ($\chi 2$=0.147 0.929), marital status ($\chi 2$=0.308 0.857) and nature of job ($\chi 2$=8.338 0.214) were not statistically significant.

DISCUSSION

This descriptive cross-sectional research was carried out to find the quality of work life of nurses in Bharatpur hospital. The total number of participants were 84 selected using purposive sampling technique. Study result shows that out of 84 respondents, above half (54.8%) were more than 25 and least 3.6% were below 20 years of age. Regarding gender 84 respondents (100%) were female. Concerning marital status, majority (59.5%) of the respondents were married. With respect to educational status, majority (58.3%) of the respondents had PCL nursing and 9.5% had B.Sc. nursing. Concerning the nature of job, nearly half of the respondents (44%) were temporarily employed and quarter of them (25%) were permanent and 13.1% were employed in daily wages.

With regard to overall quality of work life, out of 84 respondents participated in this study, above three-fourth (79.8%) had moderate level while, 6% had low overall quality of work life. The finding is consistent with the study conducted among 200 nurses in Kashans Hospital to analyze the quality of work life of nurses and its related factors. The result of this study showed that 60% of nurses reported that they had moderate level of quality and 2% had undesirable level of quality of work life [21]. The findings also supported by the study of Urmia University of Medical Sciences, Iran which showed 30.9% of nurses had poor quality of life, 67.6% had average and only 1.5% had desirable working life quality [22]. Another study conducted in Public health clinics in Tampico, shows that there is low level of Quality of Work Life in nursing professional's in public health clinics in all dimensions which is inconsistent to the finding of present study [23].

Considering dimension wise level of quality of work life of nurses 83.3%, 67.3% and 65.5% of respondents had moderate level of quality in work design, home life/ work life and work world dimension respectively, whereas 57.1% of respondents had high level of quality of work life of nurses in work context dimension. These findings were supported by the study carried out among 429 staff nurses in a tertiary care hospital in Puducherry where Majority of the staff nurses had moderate QNWL scores in the main scale (58.5%), work life/home life (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 [24]. This finding is inconsistent with the finding from the study conducted at Narayana Medical College and hospital, Nellore where 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

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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 [25].

When an association was sought between overall level of quality of work life with selected socio-demographic variables such as age, marital status, education and nature of job. Among these a significant association was found between education ($\chi 2$=11.027, p= 0.004) and other socio-demographic variables such as age group ($\chi 2$=0.147, p= 0.929), marital status ($\chi 2$=0.308, p= 0.857) and nature of job ($\chi 2$=8.338, p= 0.214) did not show any significant association.

In this study an association was sought between level of home life/ work life quality with selected socio demographic variables such as age, marital status, education and nature of job. Among these no significant association was found with their age group ($\chi 2$= 0.726, p= 0.695), marital status ($\chi 2$= 2.234, p= 0.327), education ($\chi 2$= 1.240, p= 0.538) and nature of job ($\chi 2$= 7.165, p= 0.306).

When an association was sought between level of work design quality with selected socio demographic variables such as age, marital status, education and nature of job. Among these a significant association was found between education ($\chi 2$=7.207 p=0.027) whereas, other socio-demographic variables such as age group ($\chi 2$=0.065 p=0.968), marital status ($\chi 2$=0.973 p=0.615) and nature of job ($\chi 2$=5.580 p=0.472) did not show any significant association.

In the present study an association was sought between level of work context quality with selected socio demographic variables

such as age, marital status, education and nature of job. Among these a significant association was found between education ($\chi 2$=9.126, p= 0.010) and other socio-demographic variables such as age group ($\chi 2$=4.473, p= 0.107, marital status ($\chi 2$=1.412, p= 0.494) and nature of job ($\chi 2$=5.180, p= 0.521) did not show any significant association.

When an association was sought between level of work world quality with selected socio demographic variables such as age, marital status, education and nature of job. Among these no significant association was found with their age group ($\chi 2$=0.526, p= 0.769), marital status ($\chi 2$=0.433, p= 0.805), education ($\chi 2$=2.134, p= 0.344) and nature of job ($\chi 2$=4.346, p= 0.630). It was difficult to compare the association between level of QWL with selected demographic variables by using the findings of earlier studies; as they have used different study tools.

CONCLUSION

The study concluded that nurse had moderate level of quality of work life whereas most of nurse had good quality of work like, moderate level of quality in work design. However, more than half high level of quality of work life of nurses in work context dimension. Nurse who are higher level of education were significantly high quality of work life.

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Author's Contribution

*Research concept and design, literature review, Data collection, analysis and interpretation-**AR;** Data analysis and interpretation, Supervision and revision of the 1st draft of manuscript-**SL;** decisive approval of article of final draft-**MR;** Research instrument- Brooks Beth; Literature review; revision of 2nd draft of manuscript; reference management and final revision **-TKC**. All the authors read the final draft of manuscript.*

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