Quality nursing work life among nurses in Hail Region, Kingdom of Saudi Arabia: Redefining the boundaries of work and life

Dr. Hamdan Albaqawi
Assistant Professor
College of Nursing, University of Hail

ABSTRACT

Defining the boundaries of work and life can increase the contentment and satisfaction of the workers. This research employed a quantitative cross-sectional design to investigate the quality nursing work life amongst nurses. The respondents include the staff nurses from the Ministry of Health hospitals of Hail City, Kingdom of Saudi Arabia. The instrument used was adapted from Turkish version of quality of nursing work life scale as it is relevant to the local context of Hail Region. The instrument was subjected to reliability test resulted to high reliability of .93. Ethical considerations were fully ensured throughout the research process. Generally, the quality nursing work life as regards work environment revealed 3.72+0.97; relation with managers resulted to 3.78+1.06; work conditions revealed 3.23+1.18 on job perception revealed 3.92+0.83 and 3.83+0.91 on support services. Further result shows pronounce significant differences on the age of the nurses and work condition (p=0.011); Civil status and support services (p=0.012); and education to relation with managers (p=0.000). Specific variables can greatly influence the quality nursing work life of staff nurses in the hospitals of Hail Region, Kingdom of Saudi Arabia. The pronounce significant difference between the demographic variables such as age, civil status, and education suggest that staff nurses in the hospitals of Hail Region, Kingdom of Saudi Arabia needs to go beyond the expected standard. These specific variables can be of importance in making programs to improve the quality nursing work life.

Keywords: Boundaries, staff nurses, quality, work, life, nursing

INTRODUCTION

The quality of work and life is a process where the workforce and stakeholders settle together to improve the quality of work and life while simultaneously contributing to the organizational output. [1, 2] This work and life as a concept has a significant role to intensify the productivity of workers in the organization, [2] hence, it can be a critical component of health care delivery. Indeed, defining the boundaries of work and life can increase the contentment and satisfaction of the workers, [3] where managers need to continuously provide support to achieve quality of work and life. While the definition of the work and life may vary, however, the concept may settle towards greater opportunity to achieve organizational goals while employees enjoying quality life. Of note, the quality of work and life is related to the vital personal needs and this can be associated to the fulfillment of basic psychological demands. [4] In itself, work and life serve as a vigor as well as limitation in the over-all organization.[5] In nursing perspective, in order to perform better care for the patients, an improvement on the boundaries of work and quality life for nurses must take place. Henceforth, there needs an approach for the organization to preserve the holistic integrity of the workers instead of solely focusing on job related aspects.[1]

Numerous researchers investigated on the quality work and life of nurses in different settings. [2,6,7,8] nonetheless, it is always pointing out the need to improve on the quality of work and life. Evidently, results demonstrate that demographic status plays a big role in the settlement of the

differences in the quality of work and life. The research of Moradi et.al,[2] who demonstrated the quality of work life of nurse was at moderate level, yet, there is a significant relationship on the demographic status of the nurses such as education, type of hospital, and work experience. In the study of Sadat et.al [9] it has found that age, education, position and location of job predict quality nursing work life. Likewise the study of Thakre et,al [10] which revealed that there was a significant relationship with socio-demographic characteristics of nurses. Further, Almalki, et.al [11] found that there were significant difference as to gender, age marital status, dependent children/adults nationality, nursing tenure, organizational tenure, positional tenure, and payment per month. With the aforementioned, it demonstrates that demographic status' predict quality nursing work life, however, other researchers show debatable results. Researchers like Dehghan Nyieri et al. [12] and Koushki et al. [13] argued that there is no significant relationship of age, sex, work experience, and job location. Morevover, Thakkar's [14] study demonstrated that there was no significant association of quality nursing work life with education. Such considerations on the earlier premises, these contrasting results in the literature imply a need to further investigate the phenomenon. As such, it is essential to contextualize the quality of nursing work and life in the local context. This is to understand the dimensions of quality of work and life that requires specific intervention. Moreover, as to the researcher's knowledge, only the study of Almalki, et.al [11] was widely published and known to investigate the quality of work and life in the Kingdom of Saudi Arabia. This current research adds to address the dearth of literature of quality nursing work life in the Kingdom of Saudi Arabia.

This research is significant as it looks to the gap of work and life of the nurses in the most demanding field of nursing practice. Exploring the gaps of work and life of nurses in the defined context can easily target the essential intervention. As such, it is one of the aims of this research to help nurses to face the demands of work and life towards improvement on their productivity, hence improves patient satisfaction. According to Farjad and Varnous [15] refining quality of work and life of the employee is as much needed as equally improving quality of care of patients. Interestingly, quality of working life is important because it is associated with employee commitment. Generally, this research aims to investigate the quality nursing work life in the region of Hail, Kingdom of Saudi Arabia. Specifically, it seeks to assess the current quality nursing work life and its association to age, gender, years of experience and nationality.

METHODS

The researcher employed a quantitative cross-sectional design to properly represent the phenomenon of quality nursing work life. The study was conducted at the Ministry of Health hospitals of Hail City, Kingdom of Saudi Arabia which provides care from general to specialized area.

The respondents of the study were the staff nurses from the Ministry of Health hospitals of Hail City, Kingdom of Saudi Arabia. The researcher employed random sample technique to represent the target population and eliminate sampling bias. Data gathering started from first week of January and ended last week of February.

Instrument

The researcher utilized the quality nursing work life questionnaire. This questionnaire has been adapted from Turkish version of quality of nursing work life scale by Sirin and Sokmen.[16] From an operational viewpoint, this instrument deemed well-matched and relevant to the local context of Saudi Arabia. The instrument has five dimensions of the quality nursing work life which include; work environment, relation with managers, working condition, job perception, and support services. Sirin and Sokmen [16] in their study suggested that the instrument needs

repeat validity and reliability with different sample groups for the purpose of the scale evaluation. Hence, the researcher subjected the instrument for validity and reliability having high reliable results of .93.

Ethical Consideration

This research has been subjected to the approval of the Ministry of Health authorities in each of the participating hospitals. With their approval, the protocol has been subjected for the review of the ethics committee of the Region and found ethically sound. Anonymity, confidentiality and the rights of the participants were fully ensured throughout the research process.

Data Analyses

The data gathered were processed through SPSS Version 21 . The demographic profile was treated using frequency count and percentage. Weighted mean was used to determine the extent of their agreement on the statement. The age, years of experience, and nationality were treated with Mann-Whitney U and Kruskall Wallis test.

RESULTS

Most of the participants were 35 years old and below (75.2%; n=352). Female nurses dominate the male nurses having 94.7%(443) and 5.3% respectively. Majority of the respondents were married with 77.1 %(361), only 22.9 % (107) of the samples are single. Most of the practicing nurses were a holder of Bachelor of Science in nursing having a 72.6% and less are a diploma holders with 27.4%. (See Table 1).

TABLE 1
Profile of Respondents

Characteristics (*N*= 468)	*n (%)*
Age (Years)	
≤35	352 (75.2)
>35	116 (24.8)
Gender	
Female	443 (94.7)
Male	25 (5.3)
Civil Status	
Single	107 (22.9)
Married	361 (77.1)
Education	
Diploma	128 (27.4)
BSN	340 (72.6)

Table 2 shows the Quality of Nursing Work Life of the staff nurses in five domains. As to work environment and their relation to managers, the staff nurses generally perceived it as very often with mean response of 3.72(S.D=0.97), and 3.78(SD=1.06) respectively. However, the staff nurses believe that work conditions may occasionally affect their quality nursing work life having a mean response of 3.23(SD=1.18) or "neither". Interestingly, on the job perception and support services, the staff nurses perceive as very often with mean response of 3.92(SD= 0.83) and 3.83(0.91) respectively.

Table 2. Quality nursing work life among staff nurse in five domains
(N = 468)

Statement		Mean	Interpretation
Work Environment			
1. Society has positive opinion about nurses		3.65$\pm$0.94	Agree
2. Institution gives professional opportunities		3.54$\pm$0.88	Agree
3. I communicate with other team members like physiotherapist and respiratory therapist.		3.42$\pm$1.02	Neither
4. I receive support for in-service training and constant education		3.94$\pm$0.91	Agree
5. Nursing policies and procedures facilitates any job		4.01$\pm$0.93	Agree
6. Safety provides a safe environment		3.97$\pm$1.04	Agree
7. I feel safe protected against damage (physical, moral,verbal.)		3.62$\pm$0.98	Agree
8. I believe my job is safe		3.57$\pm$1.07	Agree
9. Managers respect nursing.		3.77$\pm$1.03	Agree
	Mean	**3.72+0.97**	**Agree**
Relation with Managers			
10. I have good communication with my manager/supervisor nurse		4.07$\pm$1.04	Agree
11. Manager/supervisor provides adequate supervision/inspection		4.02$\pm$1.01	Agree
12. Manager/supervisor provides feedback about performance		3.74$\pm$1.07	Agree
13. Manager/supervisor ask our opinions		3.60$\pm$1.10	Agree
14. My achievements are recognized by manager/supervisor		3.49$\pm$1.10	Neither
	Mean	**3.78+1.06**	**Agree**
Work Conditions			
15. I am overworked		3.46$\pm$1.18	Neither
16. I can manage a good balance between work and family		3.68$\pm$1.12	Agree
17. I do a lot of work irrelevant to nursing.		3.16$\pm$1.29	Neither
18. I have energy outside of work.		3.15$\pm$1.03	Neither
19. My daily affairs are frequently disrupted.		3.02$\pm$0.93	Neither
20. I have enough time for work.		3.41$\pm$1.23	Neither
21. The number of nurses is adequate in my unit.		2.87$\pm$1.31	Neither
22. Shift work negatively affects my life		3.02$\pm$1.30	Neither
23. My salary is adequate for my job.		3.40$\pm$1.31	Neither
24. Institutional policy is suitable for saving time for family.		3.18$\pm$1.14	Neither
	Mean	**3.23+1.18**	**Neither**
Job Perception			
25. I am content with my work.		3.89$\pm$0.76	Agree
26. I have autonomy in deciding patient care.		3.62$\pm$0.83	Agree
27. Team work is present in my unit.		4.02$\pm$0.83	Agree
28. I feel attached to work.		4.03$\pm$0.84	Agree
29. I feel approved by doctors at work.		3.90$\pm$0.84	Agree
30. I can communicate with doctors at the work environment.		3.91$\pm$0.83	Agree
31. My job is effective for patients and their family life.		4.04$\pm$0.88	Agree
	Mean	**3.92+0.83**	**Agree**
Support Services			
32. I receive adequate support from support service staff (meal, cleaning and care staff).		3.84$\pm$0.97	Agree
33. I have adequate materials and equipment for patient care.		3.63$\pm$1.03	Agree
34. I can give good quality patient care.		4.10$\pm$0.81	Agree
35. I receive qualified support from support services staff (meal, cleaning and care staff).		3.73$\pm$0.86	Agree
	Mean	**3.83+0.91**	**Agree**

Data collected was non-normally distributed based on Shapiro-Wilk Normality test. Thus, non-parametric analyses such as Mann-Whitney U test and Kruskall Wallis test were utilized as statistical treatments. Table 3 shows pronounce significant difference between the demographic variables and QNWL. More specifically, there was a significant difference between the age of the nurses and work condition (p=0.011); Civil status and support services (p=0.012); education and relation with managers (p=0.000).

TABLE 3

Association of Demographic Variables and QNWL

	Subscale					Total
	Work	Relation	Condition	Perception	Support	
Age	.451	.820	**.011***	.531	.980	.089
Gender	.448	.183	.105	.358	.992	.670
Civil Status	.052	.059	.890	.845	**.012***	.080
Education	.544	**.046***	.118	.945	.070	.724

Note. *Sig. $p<.05$

DISCUSSION

While the hospital is known as the most demanding workplace for the practicing nurses, this needs attention to improve the boundaries of quality of work and life. Of note, the study findings suggest that work environment, relation to manager, job perception and support services found as 'agreeable' in relation to their professional and personal well-being. This implies in general that staff nurses quality nursing work life is within customary level. As such, boundaries of work and life are demonstratively appreciated amongst nurses in this study. Indeed, well-defined boundaries of work and life in the working place play a significant role towards achievement of the organizational goal. Researchers like Martins, Robazzi and Bobroff [17] believed that job environment needs to be more motivating and humane for all health care workers, and that their efforts must be fully acknowledge. Likewise, having a good relation to managers play a big role to support the enthusiasm of the workers towards positive job perception, hence resulted to quality work. The study of Papastavrou, et.al, [18,19] settled that such constructive job environment are significant in the realization of patient and workers safety, thus it favors quality care and patient outcomes. Meanwhile, the staff nurse are neither agree or agree as regards work conditions. This implies that staff nurses are less likely to report working conditions that requires attention. This working condition can include overwork; work irrelevant to nursing; frequent disruption of daily work; time of work; adequacy of staff; work shift, adequacy of salary, and; institutional policy. Failure to address the aforementioned can result to failure of achieving organizational objectives. This has been in support to the earlier studies that the working conditions can negatively impact on the well-being and job performance of the employees.[20, 21]

The results of the study revealed that there is a pronounce significant difference between the demographic data of the staff nurses and the quality nursing work life specifically on age to work condition, the civil status to support services, and nationality to relation with managers, job perception, and the support services. The results indicate that there so much to do as regards quality nursing work life and concerted effort of the managers needs to focus on these variables. As such, this helps the nurses increase their individual commitment and output in supports to the achievement of the organization outcomes. Generally, earlier studies found out that there is a close relation between age and quality work life [22] however, this has been debated by the study result of Dargahi, Changizi, Jazayeri , and Gharabagh [23] that there was no significant relationship between age and quality work life. Likewise, earlier research by Moradi, Maghaminejad, and Azizi-Fini [2] found out that there was no significant relation between quality work life scores of nurses with their job status, salary, age, gender, and marital status. Specifically, this present study demonstrates that gender has no significant relationship among the five dimension of quality nursing work life. This current finding may in contradict to the study result of Almakli[11] where significant difference was found on gender. Also, previous study results have demonstrated that female nurses had a better quality work life compare to male nurses.[24,25] On the other hand, studies conducted on the relationship of civil status to

quality work life revealed that married employees with children have a higher quality of work compared to single. [26]

Meanwhile, as to level of education, the results suggest that there is a relationship between the nurses' level of education with their relation to managers. It is assumed that regardless of the level of education of the employees, it is expected that the relation to managers still fosters good communication. As such, this serves as a vehicle to open relation with both the managers and the nurses' performance, thus enhancing quality nursing work life. The foregoing premise however, differs from the earlier studies demonstrating that nurses with lower level of education will experience a lower level of quality work life. [2, 27, 28] On the other hand, research revealed that there was no relationship between the level of education of the employees to nurses quality work life. [29] While it can be seen that level of education can be a factor to weaken the boundaries of work and life among nurses, managers need to give freedom regardless of level of education to act autonomously in accordance with the institutional policies.

CONCLUSION

Specific variables can greatly influence the quality nursing work life of staff nurses in the hospitals of Hail Region, Kingdom of Saudi Arabia. The pronounce significant difference between the demographic variables such as age, civil status, and education suggest that staff nurses in the hospitals of Hail Region, Kingdom of Saudi Arabia needs to go beyond the expected standard. These specific variables can be of importance in making programs to improve the quality nursing work life.

References

Daubermann D, Pamplona Tonete V. Quality of work life of nurses in primary health care. Acta paul enferm. 2012;25(2):277–83. doi: 10.1590/S0103-21002012000200019. [

Moradi T, Maghaminejad F, Azizi-Fini I. Quality of working life of nurses and its related factors. Nurs Midwifery Stud. 2014;3(2):19450. [PubMed: 25414904]

Swamy DR, Nanjundeswaraswamy T S. &Rashmi S. Quality of Work Life: Scale Development and Validation, International Journal of Caring Sciences.2015. May-August 2015 8(2):281-300.

Gayathiri, R., and Ramakrishnan L. (2013): QWL – Linkage with Job Satisfaction and Performance. International Journal of Business and Management Invention; 2 (Issue 1): 01-08.

Vagharseyyedin SA, Vanaki Z, Mohammadi E. The nature nursing quality of work life: an integrative review of literature. West J Nurs Res. 2011. 33(6):786-804.

Kelbiso, L., Belay, A., Woldie, M. Determinants of Quality of Work Life among Nurses Working in Hawassa Town Public Health Facilities, South Ethiopia: A Cross-Sectional Study. Nursing Research and Practice. (2017).

Sadat,Z., Aboutalebi,M., Alavi, N. Quality of Work Life and Its Related Factors: A Survey of Nurses. Trauma Mon. 2017 May; 22(3):e31601

Faraji, O. Salehnejad, G, Gahramani, S. Valiee, S. The relation between nurses' quality of work life with intention to leave their job. Nursing Practice Today.2017; 4(2):103-111.

Sadat, Z. and Aboutalebi, M.S. and Alavi, N.M. (2017) *Quality of work life and its related factors: A survey of nurses.* Trauma Monthly, 22 (3).

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(5): 1627-1636.

Almalki MJ, Fitzgerald G, Clark M. Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a crosssectional study. Hum Resour Health. 2012;10(30). doi: .1186/1478-4491- 10-30. [PubMed: 22971150].

Dehghan Nyieri N, Salehi T, Asadinoghabi AA. Assessing the quality of work life, productivity of nurses and their relationship [in Persian]. Iran J Nurs Res. 2008;3(9):27–37.

Koushki MS, Akbari Sari A, Arab M, Ahmadi Engali K. Quality of working life and its relation with productivity of nurses' performance in Shahid Beheshti University of Medical Sciences hospitals [in Persian]. J School Pub Health Inst Pub Health Res. 2013;10(4):81–90.

Thakkar MG. Assessment of Quality of Nursing Work Life. Aims Int. 2012;6(3):231–45

Farjad, H. R. & Varnous, S. Study of Relationship of Quality of Work Life(OWL) and Organizational Commitment. International Journal of Contemporary Research in Business.2013. 4, 9, 449-456.

Sirin, M. Sokmen,S. Quality of Nursing Work Life Scale: The Psychometric Evaluation of the Turkish Version. International Journal of Caring Sciences. 2015; 8(3): 54.

Accessed from: http://www.internationaljournalofcaringsciences.org/docs/4_Sirin_original_8_3.pdf

Martins JT, Robazzi ML, Bobroff MC. Pleasure and suffering in the nursing group: reflection to the light of Dejour psychodynamics. Rev Esc Enferm USP. 2010; 44(4):1107-11.

Baumann, A. International Council of Nurses (ICN) positive practice environments: quality workplaces quality patient care, information and action tool kit [Electronic version]. 2009. Retrieved: http://www.icn.ch/indkit2007.pdf Google Scholar

Papastavrou, E. Efstathiou,G., Lemonidou,C, Kalafati, M, Katajisto,J. Suhonen, R. Cypriot and Greek nurses' perceptions of the professional practice environment. Int Nurs Rev. 61 (2014), pp. 171-178.

Bhaga, T. The impact of working conditions on the productivity of nursing staff in the in the midwife obstetrical unit of Pretoria West Hospital. Thesis. 2010. University of Pretoria. From:https://repository.up.ac.za/bitstream/handle/2263/27211/dissertation.pdf?sequence=1

Sirgy MJ, Efraty D, Siegel P, Lee D-J. A new measure of quality of work life (QWL) based on need satisfaction and spillover theories. Social Indicators Res. 2001;55(3):241–302.

Nayeri ND, Salehi T, Noghabi AA. Radiology employees' quality of work life. Contemp Nurse. 2011; 39(1):106-18.

Dargahi H, Changizi V, Jazayeri Gharabagh E. Radiology employees' quality of work life. Acta Med Iran. 2012; 50(4):250-6.

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;5(3&4):28–37.

Al Juhani AM, Kishk NA: Job satisfaction among primary health care physicians and nurses in Al-Madinah Al-Munawwarah. J Egypt Public Health Assoc. 2006, 81 (3–4): 165-180.

 Gaither, C.A, Nadkarni, A, Mott, D.A, Schommer, J.C., Doucette, W.R, Kreling, D.B, & Pedersen, C.A. (2007). Should I stay or should i go? the influence of individual and organizational factors on pharmacists' future work plans. Amsterdam Pharmacy Association. 47(2):165-173.

Lee, I, Wang,HH. Perceive occupational stress and related factors in public health nurses. J. Nurs. Res.2002; 10(4):253-60

Nabirye RC, Brown KC, Pryor ER, Maples EH. Occupational stress, job satisfaction and job performance among hospital nurses in Kampala, Uganda. J Nurs Manag.2011;19(6): 760-8

Sharhraky Vahed A, Mardani Hamuleh M, Asadi Bidmeshki E, Heidari M, Hamedi shahraky S. Assessment of the Items of SCL90 Test with Quality of Work Life among Amiralmomenin Hospital Personnel of Zabol City. Sci J Hamdan Univ Med Sci. 2011;18(2):50–55.