

Original Article

Evaluation of quality of working life and its association with job performance of the nurses

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Abstract

BACKGROUND: Nurses often complain about overwork and underpay. It seems that the association between "quality of working life" (QWL) and the degree of nurses' involvement in their carrier is the critical factor in achieving a higher level of quality of care. This study aimed to assess the quality of working life and its association with "job performance" of the nurses in educational hospitals affiliated to Isfahan University of Medical Sciences in 2007.

METHODS: This was a descriptive-correlation study. Target population included all the nurses who were employed in hospitals affiliated to Isfahan University of Medical Sciences. Sample size was 120 of the mentioned nurses. Sampling method was stratified random and data collection tool was a questionnaire. Data analysis was done using mean, frequency distribution and spearman test.

RESULTS: Finding of the study showed that the most common kind of quality of working life in the nurses (56.7%) was moderate one. The most frequent nurses' task performance (79.2%) was also related to the moderate performance. There was a direct and significant relationship between job performance and quality of working life in all the aspects.

CONCLUSIONS: According to the research findings, it is important to consider the workplace and quality of working life of the nurses for improving productivity and performance of the nurses. Organization and nursing managers should use programs that can improve quality of working life of the nurses.

KEY WORDS: Nursing, quality of life, task performance.

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In recent years, programs of "Quality of Working Life" (QWL) had an important and key role in increasing working labor productivity in many large companies and organizations.¹ Recently, productivity methods and QWL have been such important and popularity so that they can be called ideological movement.² And a number of experts believe that part of the productivity and product quality reduction in some of the large industrial countries was due to deficiencies in quality of working life and also changes that had appeared in staff interests and privileges.³

Studies indicated that nursing staff are in face of relatively weak work environment,

high mental and physical pressure, irregular scheduling or shifting, limited job promotion, and social-emotional pressures in connection with the patients and partners⁴ and they are dissatisfied from their job and want to have optimal working environments.⁵ Nurses believed they have not been given enough reward to their work experiences, their morale was low, there is not diversity in their professional skills and do not have enough time for implementing the tasks.⁶ Based on the current research, among 130 studied jobs in the society, nurses obtained 27th rank for referring to the physicians for mental health problems.⁷ According to the statistics of American Association of Employment,

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the displacement rate of the nurses was 32 percent and the rate of leaving their job was 40 percent so that 1 in every 10 nurses quit his/her job per year.⁸ On the other hand, unfortunately participation which is a vital element of quality of working life is often ignored in nursing profession and has been marginalized in health care scenes.⁹ Brooks and Anderson in a study on QWL of 1500 ICU nurses in the U.S. found that job satisfaction, displacement, volume of the work, personnel issues, multiple skills, communication, option, rewards, empowerment and human force shortages were the problems which are still remained.¹⁰ Johnson in a study conducted on 500 American companies found that the companies, which had high QWL, gained better profitability and high growth compared to other companies. The results of this study indicated that there was a positive association between QWL and job performance.¹¹

Emphasis on the tangible and objective factors in the work environment strengthens this theory that increasing these factors can increase human resource productivity.¹² The bottom line is that considering QWL and productivity usually means emphasis on the methods that transform the organization so that increase job satisfaction and productivity of the staff, increase their involvement in work and their performance, and decrease mental pressure, quitting the job and absenteeism. It seems that these objectives can simultaneously be achieved.³

Nursing forces employed in the health and treatment centers of the country with their own potential capabilities can be well considered and also can play important and crucial role in order to achieve health development and health of the community. Considering the importance of providing health and treatment services by the hospitals and essential nursing role to do so, this study aimed to evaluate the quality of working life and its association with job performance of the nurses in the educational hospitals affiliated to Isfahan University of Medical Sciences in 2007.

Methods

This was a descriptive-correlation study. The target population included all the nurses who were employed in hospitals affiliated to Isfahan University of Medical Sciences. Sample size was 120 of the mentioned nurses. Sampling was stratified random method in two phases. The study hospitals were classified according to the type of hospital (for they were different in terms of quality of life aspects). Then, by simple random sampling, the required samples were selected from the list of nursing staff in each hospital. The inclusion criteria included having BS or MSc in nursing, at least one year work experience, and employed in one of the hospitals affiliated to Isfahan University of Medical Sciences.

Data collection tool was a questionnaire consisted of three parts. The first part included demographic data of the study subjects. The second part included 48 questions related to measuring the quality of working life of the nurses which were developed according to the questionnaires of Hsu and Kernohan¹³ and Brooks and Anderson.¹⁴ This questionnaire assessed 12 dimensions of QWL of the nurses as the following: adequate and fair payment (3 questions), safety and healthy working environment (4 questions), continuous progression and safety in nursing profession (5 questions), law abiding in the organization (5 questions), satisfaction from the organization policy (2 questions), work balance and total living space (4 questions), suitable work volume (4 questions), development of human capabilities (5 questions), social cohesion in the labor organization (5 questions), appropriate communications (4 questions), participation (3 questions) and social importance of the nursing carrier (3 questions). The questions were scored based on Likert scale, ranged from "very low" (score 1) to "very high" (score 5). The total score of 48 to 112 indicated low QWL, 112.1 to 176 indicated average QWL and 176.1 to 240 indicated high QWL.

The third part of the questionnaire included 44 questions related to assessing job performance of the nurses from Schwirian¹⁵ The ques-

tionnaire assessed using five-degree Likert scale from "very low" (score 1) to "very high" (score 5). The total scoring of 44-102 demonstrated poor job performance, 102.1-162 indicated average job performance and 162.1-220 indicated good job performance. To determine the validity of the questionnaire, content validity was used. To determine the reliability of both questionnaires, Cronbach's alpha test was used. The reliability of nurses QWL questionnaire was 0.93 and job performance questionnaire was 0.95 which were approved. The data analyzed using software SPSS 11.5. Analyzing of the data was done through calculation of mean and frequency distribution; and for association between the variables of nurses QWL and job performance, Spearman test was used ($r = 0.512$, $p = < 0.05$).

Results

The results of the study showed that the most frequent categories in the study subjects were related to the age group ≤ 30 (45%), females (74.2%), married ones (66.7%), those with BS degree (98.3%), work experience between 1 to 5 years (36.6%) and rotating work shift (80.8%). The most frequent characteristics of QWL of the nurses were as follows: adequate and fair payment 73.3%, safety and health working environment 62.5%, continuous progression and safety in nursing profession 55%, law abiding in the organization 56.6%, satisfaction form organized policy 54.2%, work balance and total living space 62.5%, and suitable work volume 53.3% which were all related to the low performance rate; and development of human capabilities with 62.5%, social cohesion in the labor organization 54.2%, appropriate communications 74.2%, participation 60% and social importance of the nursing carrier 81.7% which were related to the average performance rate; and the total QWL 56.7% which was related to the average performance rate. The most frequent nurses' performance was 79.2% which was related to the average performance. There was direct and significant association between job performance and QWL and all the dimensions using statistical spearman test ($r = 0.512$, $p < 0.05$).

Discussion

This study conducted based on the QWL and job performance concepts of the nurses. In terms of fair and adequate payment, more than two thirds of the nurses believed that their salary was low. This was in accordance with the study of Lee et al,¹⁶ and Hegney et al,⁶ While, in the study of Brook and Anderson, 57% of the U.S. nurses agreed that they have appropriate wages.¹⁰ Underpay was one of the main reasons of dissatisfaction and quitting the job.¹⁷ No organization can keep working with low salaries in long-term. The nurses' salary should be increased along with shift work and job's difficulty payments.

More than half of the nurses believed to have low working environment and safety and hygiene. The difficulties of the work condition include compressed working hours, multiple working shifts, rotation shifts and night shifts. High working hours and comfort in the workplace are the health and environmental factors which cause complications such as neurological and physical disorders, family stress and ultimately job burnout. Reducing working hours of the staff is a human goal which is observed and done in all the countries. Such a principle causes more employment, reduces unemployment, and ultimately increases the quality of working life. The results of the study indicated that over half of the nurses believed to have low law abiding in the organization. When in an organization, regardless of the organizational hierarchy, all the staff authentically feel that they are all equally at the same individual level and all of them are considered equally important, and also in the meetings, all the official and organizational posts are ignored, so they can discuss freely and with no limitation, their job satisfaction would significantly be increased.

More than two thirds of the nurses believed that the balance between work and the total life environment was low. In the study of Asghari et al, 96% of the respondents believed nursing had caused family problems.¹⁸ The results of above study were in accordance with the present study. Programs which enable the

nurses to make a balance between job and family needs, or can reduce nursing shifts and give them rewards as daily rests are so important. In the present study, the nurses were moderately satisfied from cooperation with the partners, physicians and managers. Nurses' group communications with other health staff can affect their job satisfaction and can have positive effects on the patient, nurse and the physician. In the participation dimension, the nurses believed to have average participation which was in accordance with the studies of Norouzei Nejad et al,⁹ and Brooks and Anderson.¹⁰ It is recommended that nursing managers use the behaviors which increase the decision-making of the nurses in participation, and if already done, make it more palpable for the nurses.

In terms of social importance of the nursing carrier, the majority of the nurses believed that this was moderate. The study results of Chung et al, (2003) in the public hospitals of Taiwan confirmed that there was a significant association between job satisfaction and work motivational conditions such as job's social rank and status.¹⁹ The cultural level of people should be enhanced about nursing profession through interviewing with the patients who had gained their health because of nurses' good and effective services in addition to medical services and ask media cooperation for increasing the knowledge of nursing role among people.

About total QWL, two thirds of the nurses believed that they had average QWL which was in accordance with Brooks and Anderson.¹⁰ The workplace of the nurses should be adjusted for improving working life of the nurses and organizational productivity and job performance;

otherwise, people in the communities and organizations would be transformed to heedless humans who would bring about devastating the human dignity and democratic permutation. According to spearman correlation coefficient test, there was a direct and positive association between each one of the QWL dimensions and job performance of the nurses. This also was in accordance with the studies of Johnson,¹¹ Hans Pruijt,²⁰ Knox and Irving²¹ and Brooks and Anderson.¹⁰ It seems that association between QWL and degree of participation of the nurses is a critical factor for achieving a high level of care. Increasing quality of working life would not be achieved without qualitative and quantitative improvement. The causes of low productivity and performance in some of the organizations are lack of understanding of organizational managers and leaders from the current community and cultural context and existing organizational culture, not to meet staff requirements systems, lack of collective participatory and organizational democracy, and leadership of an organization that is affected by narcissistic personality disorder and mania. Considering the QWL and nurses' problems and solving them can increase and improve performance of this group and can cause the patients satisfaction and provided services.

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