

A STUDY ON THE RELATIONSHIP BETWEEN QUALITY OF WORK LIFE (QWL) AND HAPPINESS AMONG ICU NURSES IN SEVERAL HOSPITALS OF TEHRAN UNIVERSITY OF MEDICAL SCIENCES

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ABSTRACT

Background & Aim: Nurses, have undeniable role in services to patients as the largest group of health care and the intensive care unit nurses are particularly important because of direct contact with clients. Quality of working life as a human resource background empowers health care system is needed. Therefore, nurses should have a good quality of work life in order to offer patients optimal care to their. The health system also need to healthy, happy and motivated, because a happy person make decision more easily, find their favorite jobs, have sense of cooperation and helping others, further as well as supply information lead them to happiness. If the relationship between quality of work life and happiness would be characterized, Quality of work life will improve; career field managers can provide more happiness for their employees. This study examined the relationship between quality of work life and happiness among intensive care unit nurses.

Methods & Materials: This descriptive - co relational study were carried out among 384 nurses working in ICUs, CCU wards in affiliated Hospital, Tehran University of Medical Sciences via convenience sampling. The data were gathered by three questionnaires included demographic, quality of work life Walton questionnaire and Oxford Happiness Questionnaire. The data were analyzed by descriptive and inferential statistics (Chi-square, Spearman, Fisher tests) via 16 version of SPSS software.

Result: The results showed that more than half of the nurses have quality of working life and happiness at low levels in the intensive care unit CCU, ICU. Also relationship between quality of work life and happiness in the intensive care unit nurses was significant ($p < 0.001$, $r = 0.263$) so that the quality of work life, happiness increases. All of the eight dimensions of quality of work life and happiness were correlated significantly direct and positive. Among demographic data gender, marital status and education were not significantly related to the Q.W.L. 30-40 old nurse, years 1-5 years, 5-10 years of experience, working in night shifts had the lowest quality of life. Between men and women there was no significant difference in happiness. More than 50 years old nurses, 1-5 years experience, single, had the lowest levels of happiness.

Conclusion: The finding shows that nurse whom have a higher level of happiness; they have also higher quality of working life. Must nurses work to improve working life and increased happiness is adjust.

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Introduction

The professional mission of nurses, as one of the critical members of any health team, is to maintain and improve the quality of care at standard levels. Nurses play a vital role in the Iranian health care system[1]. There have been several strategies proposed so far to improve efficiency at organizations providing health care services. Hospital managers have focused on a

new concept known as quality of work life (QWL)[2]. The concept of quality of work life currently concerns an organizational philosophy serving to enhance the dignity of employees, make certain changes in the organizational culture changes and increase the physical and mental well-being of the employees. In organizations, QWL plans intend to increase trust, involvement and ability to solve problems among employees, thereby to expand organizational satisfaction and effectiveness[3]. The QWL among nurses involves four dimensions: 1) the quality of work-family life, which refers to the balance between the nursing profession and family life, 2) work plan refers to a set of nursing tasks and related factors, 3) work context reflects the environment and conditions in which nurses work, and 4) work world describes the widespread social impact and role of changes on the nursing practice[4]. The QWL among nurses is influenced by various factors such as social, executive, managerial and cultural conditions. Any obstacles in this respect would lead to job dissatisfaction, lower motivation, psychological exhaustion, and sometimes turnover [5]. An improvement in QWL among nurses will improve the treatment of patients as well as their relatives. QWL has been recognized as a key factor contributing to stability of the treatment system [6].

The work life and personal life are two parameters mutually affecting and reinforcing each other. Any deficiency in this regard can affect professional focus, job satisfaction, happiness in the workplace and organizational productivity among individuals [7]. The most important factors in QWL are relationship with friends, building an affectionate atmosphere, successful experiences, suitable work environment and physical space crucial for emotions and happiness. There are a few factors, such as the salaries and rewards systems, affecting the people's happiness [8]. In a study on the factors contributing to job motivation and job satisfaction, happiness is considered one key factor greatly affecting mental health and life satisfaction. Happy people tend to be more active and more efficient than others. Psychologists interested in positive psychology focus their attention on potential sources of positive emotions such as happiness. Hope and happiness are two cognitive-motivational constructs widely emphasized in this field [9]. Researchers believe that happiness is a personality variable with a biological background. Positive emotion, satisfaction from life, lack of negative emotions, positive relationships with others, purposefulness of life, development of personality, love of others and nature are necessary requirements for happiness. Happy people make the world safer, make decisions easier, find their favorite jobs, have a sense of cooperation and help others and also interpret information in a way that leads to their happiness [10]. Owing to its direct link to human health, the health sector is one of the most important areas of sustainable development in human societies. It requires healthy, happy and highly motivated therapists provided through appropriate management of human resources [11]. Previous research barely explored QWL among nurses. For this reason, the relevant literature is limited [12]. In a study, Dargahi indicated that QWL was low among all employees at Tehran University of Medical Sciences hospitals. This suggested that the majority of employees were dissatisfied with the most important aspects of work life [5]. In another research, Mohammadi examined the psychological problems and quality of work life in ICU nurses[13]. The results indicated a significant relationship between anxiety and quality of work life among ICU nurses. So far, the effects of factors such as gender, economic status, education, health, job satisfaction, quality of leisure time, personality traits, leadership styles and social relationships on happiness have been explored in other groups[14, 15]. In terms of QWL and happiness, however, there have been no studies especially on nurses. Therefore, the researcher attempted to investigate the relationship between the quality of work life and happiness among ICU nurses.

Methodology

This was a descriptive-correlational research. The samples were 384 nurses from CCUs and ICUs at Medical/Training Centers of Imam Khomeini, Shariati, Rasool Akram, Sina, Amir Alam, Hasheminejad and Firoozgar, affiliated to Tehran University of Medical Sciences. The subjects were held either a BSc and MSs in nursing with a work experience of over one year at the ICUs. These medical/training centers were selected because they trained nurses and were equipped with both ICU and CCU. Using a randomized quota sampling method, the quota for each hospital was specified and the samples were selected from among the personnel employed at two hospital wards. Data were collected through a personal information form, including age, gender, education level, work shift, employment status, marital status, work area, service record in ICU, and emotional crisis in the last two weeks. Moreover, the Walton's QWL and Oxford Health Questionnaire (OHQ) were adopted. The Walton's QWL scale was developed by Richard Walton in 1973. The questionnaire consists of 24 items based on a five-point Likert scale (very low, low, moderate, high, and very high). The responses are scored from 1 (very low) to 5 (very high), while the options are scored from 1 to 5, respectively. In eight dimensions of quality of work life, the Walton's QWL assesses fair and adequate payment, safe and hygienic work environment, providing opportunities for continuous growth and security, legality in the organization, social affiliation of work life, overall living space, integration, social cohesion and development of human capabilities. In each scale, a score of 2-4 was low, 5-7 points was average and 8-10 was high. The levels of QWL was specified based on total values of eight dimensions with a score from 24 to 120. Thus, the overall levels of QWL on this scale were specified to be 1) low (24-55), 2) average (56-87), and 3) high (88-120)[16]. It was first used in Iran by Morteza Khaghanizadeh (2008) in a study on nurses. Cronbach alpha was obtained to be 0.95. [7]

The second questionnaire is OHQ, which is the revised version of Oxford Happiness Questionnaire (1989), developed by Hilson Argyle. After consulting with Beck, Argyle reversed the depression scale producing 21 items. An additional 11 articles were then included to cover the other aspects of happiness. The questionnaire contains 29 options, assessing the

following seven psychological constructs: self-concept, life satisfaction, psychological readiness, self-esteem, aesthetic feeling, self-efficacy and hope. Oxford Happiness Questionnaire has been built on a 6-point Likert Scale (totally disagree to totally agree). Each response takes a score from 1 to 6. Nonetheless, the negative items were scored in reverse [17]. The total score of happiness index was calculated based on all scores assigned to items. HadiNejad and Zarei (2009) examined the validity and reliability of OHQ and standardized it by testing high-school students in several cities of Zanjan, where Cronbach alpha was obtained to be 87% [18]. Accordingly, there was no need for a reassessment of reliability.

This research obtained an approval from the Ethics Committee of Tehran University of Medical Sciences as well as a permit from the Faculty of Nursing Midwifery. The data were collected during 2 months (April and May). Adequate information was provided to ICU nurses about the subjects and confidentiality of personal information. After receiving written informed consent, the questionnaire was handed to the participants. The nurses completed all three questionnaires and submitted them to the researcher within one week. Data analysis involved descriptive and inferential statistics, Spearman correlation coefficient, Fischer, Chi-square through SPSS 16.

Findings

The majority of nurses were between 30-40 years of age working at ICUs and CCUs by 9.58% and 47.3%, respectively. The work experience ranged from 5 to 10 years by 1.40%, 89.2% in ICUs and CCUs, respectively. The majority of nurses in the ICU (78.1%) and CCU (7.67%) who rotating shifts. Most nurses were female by 6.68% and 88.5% in ICU and CCU, respectively. In terms of marital status, the majority of CCU nurses (9.48%) were married, while 46.9% in ICU were single. The nurses had a bachelor's degree in the CCU and ICU by 93.7% and 92.2%, respectively. The CCU nurses (77.9%) were regularly employed, while 78.1% of ICU nurses were regularly employed. In the ICU and CCU, 97.8% and 2.93% of nurses reported no emotional crisis (Table 1).

Based on the findings, the CCU and ICU nurses indicated a QWL of 54.7% and 73% and happiness of 35.4% and 35.7%, respectively. The mean of QWL and mean of happiness among ICU nurses did not show any statistically significant difference, i.e. there was homogeneity in terms of hospital ward (Table 3 and Table 2). There was a direct correlation between QWL and happiness ($P < 0.001$ and $R = 0.263$). In fact, an increase in QWL lead to greater levels of happiness (Table 4). All eight dimensions of QWL were in a statistically significant relationship with happiness (Table 5).

Discussion

According to the findings, QWL was low among CCU and ICU nurses. In their study on nurses of Tehran University of Medical Sciences, Dargahi et al. showed that 74.5% of nurses had a low level of QWL [5]. Mosadegh Rad et al. also examined the QWL among employees of university hospitals in Isfahan. They found that QWL was low by 64.7% and the overall QWL was weak [19].

Based on the results, happiness was low among CCU and ICU nurses. Similarly, Bahrami et al. also showed the level of happiness among employees of Isfahan University of Medical Sciences was less than average [14]. In this study, there was a direct and statistically significant relationship between happiness and quality of work life and its dimensions among ICU nurses. An increase in QWL led to greater levels of happiness. It is noteworthy that there were no relevant studies directly examining the relationship between QWL and happiness among ICU nurses. However, several studies have been conducted on the quality of life and its relationship with other variables such as psychological problems, job satisfaction and productivity. The results of these studies were consistent with those of the current study. In their study on nurses of Tehran University of Medical Sciences, Heidari Rafat et al. found that there was a positive and significant relationship between job satisfaction and QWL [20]. In another study on nurses of Bushehr hospitals, Bagheri et al. found a significant relationship ($p = 0.008$ and $r = 0.365$) between spiritual intelligence and happiness [2].

The results were consistent with those obtained by Khaghanizadeh et al. on nurses working in the Iranian Armed Forces. Their findings suggested that QWL was positively and significantly related to occupational stress in all dimensions [7]. In a study on the relationship between QWL and productivity of nurses in Yazd, Salamzadeh et al. revealed a direct and significant relationship between the dimensions of QWL and productivity [21]. Given the eight dimensions of QWL, according to Walton's theory, it can be concluded that among ICU nurses, happiness is correlated with the desirable work environment and belonging to the organization (organizational integrity) and availability of opportunities such as independence, self-control and enjoyment of various skills (development of human capabilities) better than other dimensions of QWL. Furthermore, the low levels of other dimensions may be due to poor monitoring and delay in payment of salaries in proportion to work and payments not fulfilling social standards (fair and adequate payment), unavailability of physically safe work conditions and logical hours of work (safe and healthy environment), lack of opportunities for progress and security in terms of income and employment (opportunity for growth and security), lack of freedom of speech without fear of harsh responses from superiors and lawfulness against human domination (legalization in the organization), weakened employee understanding of responsibility in the organization (social affiliation) and imbalance between work life and other parts of life, including leisure, education and family (overall living environment). Meanwhile, the effects of problems in personal life on happiness are undeniable.

Conclusions

According to the findings, QWL and happiness were low among CCU and ICU nurses. Moreover, nurses with a higher QWL tend to be happier. It is recommended that managers focus also on the quality of life among nurses and improve the QWL of their personnel. It is crucial to prioritize the factors contributing to QWL and happiness in an effort to make certain interventions in improvement of QWL and happiness, while exploring their effectiveness. It is suggested that changes be made in the work environment and different training methods for ICU nurses as practical and theoretical workshop courses, including Fordyce Happiness Education Program and other in-service training programs to improve QWL among nursing managers, supervisors, head nurses and nursing practitioners. These programs can raise awareness among nurses and promote their performance in the health and treatment areas, while improving the health status of patients and ultimately the entire society.

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Tables:

Table 1). Absolute and relative frequency distribution of personal information for nurses working at ICUs by hospital wards

Hospital ward Personal Information		CCU		ICU	
		Count	Percentage	Count	Percentage
Age	20-30	53	37.6	75	40.8
	30-40	113	58.9	87	47.3
	40-50	26	13.5	14	7.6
	≥50	---	---	8	4.3
Total		192	100	184*	100
Work experience in ICUs	1-5	55	28.6	89	48.3
	5-10	77	40.1	75	40.8
	10-15	42	21.9	6	3.3
	15-20	18	9.4	14	7.6
Total		192	100	184*	100
Work shift	Morning	58	30.2	30	15.6
	Evening	4	½	12	6.3
	Rotating	130	67.7	150	78.1
Total		192	100	192	100
Sex	Male	25	13.1	22	11.5
	Female	167	86.9	170	88.5
Total		192	100	192	100
Marital status	Single	92	47.9	90	46.9
	Married	94	48.9	87	45.3
	Divorced/Widow(er)	6	3.1	15	7.8
Total		192	100	192	100
Education level	Bachelor's	180	93.7	177	92.2
	Master's	12	6.3	15	7.8
Total		192	100	192	100
Employment status	Regular-contract	148	77.9	150	78.1
	Temporary	24	12.7	20	10.4
	Project-based	18	9.4	22	11.5
Total		190*	100	192	100
Emotional crisis	None	188	97.1	179	93.2
	Yes	4	2.9	5	6.8
Total		192	100	184*	100

*Not responded.

Table 2. Absolute and relative frequency distribution of QWL among nurses working at ICUs by hospital wards

Hospital ward \ QWL	CCU		ICU	
	Count	Percentage	Count	Percentage
Average	87	45.3	68	35.4
Low	105	54.7	124	64.6
Average	51.72		53.78	
Standard deviation	12.88		14.18	
Total	192	100	192	100
Test result	Independent Samples t test 382 df= 48/ 1 t = - 0.178 p value = Insignificant			

Table 3. Absolute and relative frequency distribution of happiness among nurses working at ICUs by hospital wards

Hospital ward \ Happiness	CCU		ICU	
	Count	Percentage	Count	Percentage
High	61	31.8	57	29.7
Average	63	32.8	64	34.6
Low	68	35.4	71	35.7
Average	117.87		117.42	
Standard deviation	17.67		16.05	
Total	192	100	192	100
Test result	Independent Sample t test T= 260 df=382 Pvalue=748.0 Insignificant			

Table 4). Absolute and relative frequency distribution of QWL and happiness among nurses working at ICUs

QWL \ Happiness	Average		Low		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
High	64	40	72	32.1	136	35.4
Average	64	40	56	25	120	31.2
Low	32	20	96	42.9	128	33.3
Total	160	100	224	100	384	100
Test result	Spearman R=263.0 P<001.0 Significant					

Table 5. Absolute and relative frequency distribution of QWL and happiness among nurses working at CCUs

QWL \ Happiness	Average		Low		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
High	36	41.4	32	30.5	68	35.4
Average	35	40.2	28	26.7	63	32.8
Low	16	18.4	45	42.9	61	31.8
Total	87	100	105	100	192	100
Test result	Spearman R=213.0 P<003.0 Significant					

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