



A REVIEW: INVESTIGATING THE QUALITY OF WORKING LIFE OF NURSES IN SOCIAL SECURITY HOSPITALS OF ISFAHAN CITY

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ARTICLE INFO

Received:

03th Jun 2017

Accepted:

29th Nov 2017

Available online:

14th Dec 2017

Keywords: quality of working life, nurses, social security hospital

ABSTRACT

Background: the quality of working life is one of the variables considered recently by many managers who aim to improve the quality of their human resources. High quality of working life leads to satisfaction of employees and improved learning in the organization and it helps employees to cope with changes. This study was conducted to examine the quality of working life of nurses in social security hospitals in Isfahan in 2015.

Methods: The sample of study consisted of 125 nurses who were selected by convenience sampling. Walton's quality of life questionnaire was used to collect data. The data of study were collected using SPSS 19 software through descriptive statistical tests (mean and standard deviation) and inferential statistics of T-test and ANOVA.

Results: The highest frequency observed (50.4 percent) in nurses with moderate quality of working life. The highest frequency distribution was seen in dimensions of fair and adequate distribution (46.4 percent) and health and secure environment (49.6 percent) in nurses with high quality of working life. The highest frequency distribution of nurses' scores was in dimensions of providing growth opportunities and continuous security (56.8 percent), rule-orientation in the organization (56.0 percent), social dependence of working life (48 percent), general space of life (57.6 percent), social integration and cohesion (56.8 percent), and the development of human capabilities (56 percent) related to nurses with low job satisfaction.

Conclusion: Quality of working life of nurses is in moderate status and programs and solutions should be considered to improve the quality of their working life.

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To Cite This Article: Fatemeh Omidfar, Behnaz Turkan, Seyed Ali Najji, (2017), "a review: investigating the quality of working life of nurses in social security hospitals of isfahan city", *Pharmacophore*, 8(6S), e-1173027.

Introduction

Human resources are the most important strategic resources of any organization. Undoubtedly, the success base of organizations, workplaces, [1,2] and various jobs depends on effective use of this resource, comprehensive understanding of the concepts, and structures related to its human resources and special tools [12-14]. Due to such ideas about human resources, studies have discovered important predictors of quality of working life of human resources. Quality of working life is one of the variables considered recently by many of managers who aim to improve the quality of their human resources. [3] While studying the indicators useful or harmful for the quality of working life has a long history [4-7], quality of working life (QWL) is a comprehensive program improving the satisfaction of employees and their learning. It also helps employees understand conditions and changes well in the organization. Dissatisfaction with the quality of working life is a problem that affects majority of employees, regardless of their position and status. Many managers are looking for ways to reduce the dissatisfaction at all organizational levels, even at the managers' level. This is a complex issue, [8] because it is difficult to separate and identify all indicators that affect the quality of working life. [9] In recent years, health system reform has been widely discussed in the world, especially in the developed countries. Although, proposed programs to reform the health system in each country

vary based on cultural, historical, social and political situations, these countries have common goals such as improving health care quality, efficiency, customer satisfaction, and limiting costs and achieving equity in health. The quality of working life of nurses is the degree to which nurses are able to meet their personal and necessary needs through working in medical centers and achieve organizational goals. The study conducted by [10,11] indicates that 74.5 % of nurses are dissatisfied with their life quality. It seems that there is a high and strong relationship between the quality of working life and nurses' involvement in their jobs so that quality of working life is a vital factor to achieve high quality of cares. Managers should pay attention to mental relaxation of employees as one of the important factors playing an important role in improving the quality of working life and preventing conflict among them [15]. Studies show that implementing quality of working life program reduces the complaints of employees, reduces rate of absenteeism, increases positive attitude of employees, and increases their participation in the programs of the proposal system. On the other hand, meeting the needs of employees leads to improvement and long-term function of organization. [16] Human resources are the most important strategic resources of any organization. Undoubtedly, the success base of the organizations, working environments, and various jobs depends on effective use of human resources. To cope with the challenge of effective use of this resource, deep and comprehensive understanding of concepts and structures related to human resources and specific tools is required. The quality of working life is one of the variables considered by many managers who seek to improve the quality of their human resources. [17] Although the study of indicators harmful or beneficial to quality of working life has long history, when the organization provides quality of working life to its employees, it adopts an excellent approach in order to absorb their employees. In fact, it causes the formation of the idea that the organization is able to manage appropriate working environment to its employees. [18] Therefore, this research seeks to investigate the status of the quality of working life of nurses in the hospitals of Isfahan city.

Methodology

This descriptive-analytical study was conducted using cross-sectional method in Isfahan province in the year 2015. The population of study included all nurses of social security hospitals of Isfahan province, who are working in CCU, ICU, and ACU units. [19] Sample of research in the research included nurses working in social security hospitals in Isfahan province. A standard questionnaire was used to collect information, which includes two parts under title of nursing demographic information and Walton quality of working life for nurses of units. Reliability of quality of working life questionnaire has been reported 0.993 after translation and its compliance with the society culture by Ghalavandi in 2010. [20,21] Analysis of the collected data was carried out using descriptive statistics of mean and standard deviation and in order to compare the mean quality of life in different groups, independent t-test, linear regression, and ANOVA and SPSS 19 software were used. [23]

Results

Sample of the study was selected and tested among all nurses of social security hospitals in Isfahan. In this study, nurses were examined and analyzed based on gender, age, education and quality of working life of nurses. Among 125 nurses selected as sample, 52.8% were in the age range of 39-30%, 97.6% had master degree, 68.0 were female, 82.4% were married, and 36.0% had the work experience for 5-10 years.

Based on the results presented in (Table 1), the highest frequency distribution was in dimensions of fair and adequate payment (46.6 percent) and health and safe environment (49.6 percent) in nurses with moderate quality of working life. The highest frequency distribution of nurses was dimensions of providing growth opportunities and continuous security (56.8 percent) and rule-orientation in organization (56.0 percent), social dependence of working life (48 percent), overall living space (57.6 percent), social integration and cohesion (56.8 percent), and the development of human capabilities (56 percent) related to nurses with low job satisfaction. In general, in terms of quality of working life of nurses, the highest observed frequency distribution (50.4 percent) related to nurses with working life quality.

Table 1: Distribution of absolute and relative frequency of nurses based on the quality of working life and its dimensions

Life quality level	Dimension	Low		Moderate		High		Total	
		n	%	n	%	n	%	n	%
Adequate and fair payment		57	45.6	58	46.4	10	8.0	125	100.0
Health and safe environment		57	45.6	62	49.6	6	4.8	125	100.0
Providing growth opportunities and continuous security		71	56.8	40	32.0	14	11.2	125	100.0
Rule-orientation in organization		70	56.0	46	37.6	8	6.4	125	100.0
Social dependency of working life		60	48.0	54	43.2	11	8.8	125	100.0
Overall space of life		72	57.6	49	39.2	4	3.2	125	100.0
Social integration and cohesion		71	56.8	47	37.6	77	5.6	125	100.0
Development of social capabilities		70	56.0	45	36.0	10	8.0	125	100.0
Quality of working life		61	48.8	63	50.4	1	80.	125	100.0

Additionally, according to the results of (Table 2), the result of independent t-test showed a significant difference between the quality of life of male and female nurses (p<0.05), and quality of working life of male nurses was significantly more than in male nurses.

Table 2: The relationship between demographic characteristics and quality of life of nurses

Variable	Category	n	Mean	SD	Statistical test statistic	p-value
Gender	Female	85	2.44	0.44	2.346=-t	0.021
	Male	40	2.65	0.46		
Age	20-29 years	22	2.36	0.41	2.791 =F	0.065
	30-39 years	66	2.60	0.45		
	Higher than 40 years	37	2.44	0.46		
Work experience	3-9 years	45	2.43	0.38	3.056 ² = X	0.383
	10-15 years	43	2.57	0.45		
	16-20 years	29	2.56	0.57		
	21 years and higher	8	2.48	0.43		
Marital status	Single	22	2.35	0.37	0.867=U	0.84
	Married	103	2.54	0.47		
Education level	Bachelor	3	2.60	0.74	---	---
	master	122	2.51	0.45		

Based on the results of the Kruskal-Wallis test, a significant difference was observed between the quality of working life for nurses in different age ranges ($p>0.05$).

The Kruskal-Wallis test result also showed no significant difference between quality of working life of nurses and various work experience ($p>0.05$). Mann-Whitney test result did not show significant difference between single and married nurses' quality of working life ($p>0.05$). Nurses with master degree included only 2.6 percent of the total sample, so they were not compared in terms of the education level.

Discussion and conclusion

According to [Table 1] findings, among 125 nurses selected as sample, 52.8 percent were in the age range of 30-39 years, 97.6 percent has bachelor education level, 68 percent were female, 82.4% were married, and 36 percent have work experience for 5-10 years. Nursing personnel (36%) had work experience less than 10 years, which it is inconsistent with study conducted by Barati Marnani entitled investigation of organizational culture in Shahid Hashemi Hospital of Tehran. This difference can be related to recruitment of new human force by treatment management of social security organization in 2012 when wide nursing personnel were employed in social security hospitals.

In the research conducted by Shams in 2015 entitled investigation of the impact of using training workshop on nurses' performance and their satisfaction with the unit, it was found that compared to males females have a higher chance to work in the hospital, since many of females choose this field of study than males, since males believe that wage of this job alone does not meet their needs. This result is in line with result of the study conducted by Gudarzi in 2014, who found that female nurses have higher satisfaction.

Both of these papers stated that most of the nurses are married. The high percentage of bachelor degree is in line with the result of the study conducted by Ahmadian in 2010 entitled organizational culture of from the perspective of nurses and the result of the study conducted by Khanke in 2014 entitled investigating the organizational culture and employment. According to [Table 1], the highest frequency of nurses related to the fair and adequate payment (46.6) and safe and healthy working environment (49.6), which quality of working life was announced moderate. This study was in line with the study conducted by Mogreb et al in 2013, who examined quality of working life in nurses of Birjand hospital. It was also in line with study conducted by Habibzadeh et al in 2011 in examining the relationship between quality of work life and nurses' clinical competence and they reported nurses' quality of working life at moderate level. High quality of working life is necessary for organizations to act successfully in retention and maintaining the successful employees, and this has become a standard for all small and big organizations. Organization has high quality of working life that creates and maintain working environment. With the creation of open communication, respect, gratitude, confidence, well-being feeling support, sense of satisfaction of its members to improve the quality of working life at a high level, group meetings to use the experiences of the old and experienced nurses in units in and reviewing the rights and advantages of nurses and paying attention to 8 components of working life are recommended.

According to (Table 2), a significant difference was seen between the quality of working life of male and female nurses, and the quality of working life in male nurses was more than that in female nurses. This finding is inconsistent with result of the study conducted by Abdi et al in 2014, entitled the relationship between cultural intelligence and job performance and quality of working life of nurses in Kermanshah hospitals. However, it is consistent with the research conducted by Talim Khani et al in 2013, entitled the relationship between postural deformities of the spine and quality of life in nurses. It is also in line with the research conducted by Yazdi Moghaddam et al in 2005, entitled as investigating the quality of work life of nurses in Sabzevar, but a significant relationship was not seen between gender, age, education, and work experience.

In addition, a significant relationship was not found between the quality of life and gender. A significant relationship was not found between the quality of life and age, education, marital status, and work experience. The results of the present study represent the higher quality of life in males compared to females. To improve the quality of life for this group of society, executive and educational planning seem to be necessary, which it could be due to hardness of the nursing work due to frequent visits and hard work conditions, and due the fact that life quality of males is more than that in females in most of the jobs.

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