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The Quality of Working Life among Nurses in Pediatric Setting

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Abstract

Nursing profession is high demand career, nurses usually are exposed to situations that affect their quality of working life (QoWL), the aim was to measure the quality of working life among nurses in pediatric departments. We used a quantitative cross sectional study approaches to assess the quality of working life (QoWL) of nurses working in the four pediatric departments in Faro Hospital-Portugal, using Work-Related Quality of Life (WRQoL) scale. The findings showed that most of respondent nurses experienced low QoWL, there was no effect of studied variables such as age, gender, education level and other variables on QoWL. As a result nurses need more efforts and programs to enhance and achieve good QoWL. Further researches needed to find the causes of low QoWL.

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1. Introduction

Nursing is very demanding career. In nursing work nurses work not only have tons of things to get done, but also forced to make some decisions. Most of nurses have a lot of things they are responsible for, and to make quick decisions about patient care and well-being.

In order to improve quality of care of patients it's important to improve quality of working life of the staff especially nurses. Quality of working life affecting different faces of nurses such as their productivity, patient satisfaction, commitment, and quality of their life (Rai, 2013). There are many predictors for nursing quality of working life such as; shift working, managerial support, interpersonal relationships, workload, job tension (Vagharseyyedin et al. 2011). Many authors and researchers have proposed models for quality of working life among healthcare especially nurses, which include a wide range of factors that affecting the quality of working life.

Van Laar, Edwards & Easton (2007) defined Quality of Working Life as “that part of overall quality of life that is influenced by work, the widest context in which an employee would evaluate the influence of work on their life” (p 325). According to them, there are six factors related to QoWL, which are: Job and career satisfaction, general well-being, stress at work, control at work, home-work interface and working conditions.

1.1 Job and Career Satisfaction

When nurses enjoy their jobs they will have the willing to stay longer in their works, then when they are satisfied we will have positive patient outcomes. Job satisfaction is a challenge for healthcare organizations, as high labor costs and shortages of nurses. Job satisfaction and retention affected by many factors include; autonomy, job stress, and team (nurses and doctors) collaboration, whereas shortage and the high turnover rate of nurses increase conflicts and reduce satisfaction (Hsu et al. 2010). Locke (1976) defined employee satisfaction as “a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences” (p. 1300). Job satisfaction among nurses is considered an important factor particularly in the retention of nurses in a pediatric setting. Bratt, Broome, Kelber and Lostocco (2000) found in their study that job stress and nursing leadership were influencing factors of job satisfaction in pediatric intensive care nurses.

1.2 General Well-Being

According to Karasek (1979) theory or Job Demand-Control model (JDC model), which identified job demands and job control as essential job characteristics influencing well-being, and job demand-control-support (JDSCS) model (Johnson & Hall, 1988) which adapted from JDC model, predicts the work situations, which is high demands, low control, and low social support, to be most harmful for workers' well-being. So there is agreement of the importance of job demand, control, and support as predictors of general well-being (Baba et al. 2013).

1.3 Stress at Work

Usually nurses are potential to exposure to a wide range of stressful situations (Kovács et al. 2010). Job stress defined as the “harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker” (National

Institute for Occupational Safety and Health 1999, p. 6). Work environment and employment conditions both can lead to occupational stress (Wu et al. 2011; Yoon & Kim, 2013), this stress in combination with burnout are associated with negative work attitudes and performance (Laschinger & Leiter, 2006). Several factors such as new technology, staff shortages, unpredictable workload, and poor workflow can contribute to job stress (Zangaro & Soeken, 2007).

1.4 Control at Work

JDC model, introduced the relationship between job strains with job demands, job control, and negative health and psychological outcomes. So this model identified two dimensions regarding work environment: job demand and job control. Karasek (1979) defined job control as “a working individual’s potential control over his task and his conduct during the working day” (pp. 289-290).

In Kovács et al. (2010) study, nurses showed less job control affected by less autonomy, which means that autonomy is important factor to control the nursing Work, also they demonstrated less job control affected by decreased in emotion and interaction control.

1.5 Home-Work Interface

Home-Work Interface or home life/work life interface is defined as the interface between the life experiences of nurses in work place and home environment, such cases could have this interface, the female nurses who are mothers (Brooks & Anderson, 2005). Many cases arise for nurses which will be a challenge for them to match between the home-work life, such of these issues balancing between work and the family needs, also balancing between work and child care in case of sickness, special child needs, managing home stress and work stress, following home needs after exhaustion from work, also if conditions at home affecting work productivity and care quality. Brooks & Anderson (2004) study showed that many of participants expressed their stress, work conditions, such as staff shortage, unsupportive management, also they showed their inability to balance work with their family needs, and they agreed that rotating shifts negatively affected their lives.

1.6 Working Conditions

“Working Conditions assess the extent to which the employee is satisfied with the fundamental resources, working conditions and security necessary to do their job effectively” (“Quality of Working Life (QoWL) WCS Page”). “Nursing is an occupation which often includes adverse psychosocial job characteristics that affect the psychological state of nurses, their job performance, relationship with clients and their relatives” (Malinauskiene et al. 2011, p. 2390). Working conditions that allow a balance between work and life improve worker satisfaction and motivation, it prevents separation from employment, and it promotes retention (Tanaka et al. 2010). Also the relationships between colleagues are important to the workplace quality, which also can improve the mutual understanding and good communications between the staff (Brooks & Anderson, 2004).

2. Research Methods

2.1 Design

A quantitative cross sectional study approaches to assess the quality of working life (QoWL) of nurses working in pediatric departments, using Work-Related Quality of Life (WRQoL) Scale validated to Portuguese community by Gomez et al. (2011).

2.2 Study setting

The study is conducted Algarve, Portugal in Faro Hospital, data were collected over a 2 months in 2013. It involved the four pediatric departments in Faro's hospital (Emergency Pediatric Department (ER), General Pediatric Department (GPD), Neonatal Intensive Care Unit (NICU), Outpatient Clinics (OPC)).

2.3 Population and Study sample

The sampling is purposive sample; it involved all nurses who are working in one of the four pediatric departments of Faro's hospital. It's not limited for age, sex or any criteria. Total nurses working in the pediatric departments are 84 nurses, of them 5 nurses have maternity leave, 3 nurses have annual leaves, and 1 nurse has a sick leave, in a total 9 nurses. In ER 16 nurses answered, GPD 10 nurses, NICU 35 nurses, OPC 5 nurses and 10 nurses don't have welling to participate. The total nurses involved are 66 nurses; the response rate was 85.7%.

3. Findings

Descriptive statistics for demographic and contextual information are presented in table 1, Gender, marital status and education level statistics are presented in table 2, area specialty, work flexibility, presence of elderly parent care and child care are presented in table 3, working department statistics are presented in table 4, QoWL and its components statistics are presented in table 5.

The Kolmogorov-Smirnov for Work-Related Quality of Life was (0,200), which was normal distribution, then parametric tests used, at level of significance 0.05.

One-Anova test of Work-Related Quality of Life (WRQoL), General Well-Being (GWB), Stress at Work (SAW), Control at Work (CAW), with Working department, Academic Qualification and Marital Status didn't show any statistically significant difference on studied variables ($p > 0.05$).

One-way ANOVA test of Job and Career Satisfaction (JCS) with working department, showed that there was a statistically significant difference between groups ($p=0.019$), in other words there is effect of working department on JCS, which means that GPD have more satisfaction than NICU nurses. In another hand, one-way ANOVA test of JCS with Academic Qualification and Marital Status didn't show any statistically significant difference.

One-way ANOVA test of Home-Work Interface (HWI) with working department, showed that there was a statistically significant difference between groups ($p=0.002$), in which GPD showed greater HWI than NICU nurse, in other words there is effect of working department on HWI. Whereas one-way ANOVA test of (HWI) with Academic Qualification and Marital Status didn't show any statistically significant difference ($p > 0.05$).

One-way ANOVA test of Working Conditions (WCS) showed correlation with academic qualification. There was a statistically significant difference between groups ($p=0.039$), in other words there is effect of academic qualification on WCS.

T-test of WRQoL, JCS, GWB, CAW, HWI and WCS with Gender, Area Specialty, Working Flexibility, Parent Care and Child Care, didn't show any statistically significant difference on studied variables($p > 0.05$).

Pearson correlation of WRQoL, JCS, GWB, CAW, HWI and WCS with age, years of experience as nurse, years of experience in current work, number of working members in the family, number of dependent family member, didn't show any statistically significant difference on studied variables ($p > 0.05$).

The study conducted to measure the quality of working life among nurses in pediatric settings in Faro hospital, most of respondents are female nurses (83.3 %), age mean for all respondents 37 years, and working as a nurse mean about 10 years, the majority are married nurses (60.6 %), also having License degree about 87.9 %. The majority don't have specialty in the unit where they are working, also the majority working in NICU (53 %), 92.4 % agreed they have working flexibility this used as indicator for autonomy, the majority don't have parents care (60.9 %), and the majority have child care (53 %).

Different factors were studied to find the most effecting on QoWL among respondent nurses. The overall QoWL was low about (43.6 %), average was (24.6 %) and high QoWL was (30.8 %), the other categories for the six dimensions in table 2. Whereas other studies found nurses have moderate QoWL (Aalaa, Sanjari, Tootee, Mirzabeigi, & Salemi, 2012).

Current study showed working department has effects on some dimensions, this is may be as a result of working conditions, workload, staffing, equipment and materials, financial as salaries and awards, and other factors that could lead to decrease of satisfaction (Van der Doef et al. 2012, Wyatt & Harrison 2010), this is could be one of the reasons why nurses experienced low JCS. Valizadeh et al. (2012) studied the sources of stress for nurses in NICU, in their study they categorize the factors that possible cause stress for nurses into two categories, environmental factors such as availability of spaces, lighting, atmosphere, and noise, the human factors such as interactions with infants and colleagues (watching the infants suffering, times taking care of very ill infants, having responsibilities in the NICU without sufficient experience, not having enough time to finish all nursing tasks, conflicts with the supervisor and/or physician, emotional bond with the those babies), as well as unorganized working shift schedules, according to them human factors caused higher levels of stress than environmental factors. Thus NICU nurses they have special emotional feelings, and their place a source of stress and pressure, feelings such as insufficiency and insecurity that will impact on interpersonal relationships (negative effect) and colleague conflicts.

Working flexibility which considered in this study as autonomy has no effect on some dimensions, in contrary, Kacel et al. (2005) founded that their participant showed high satisfaction in presence of autonomy, which means it's a positive relation with JCS. Also other study participants showed that autonomy had a moderately positive correlation with job satisfaction (Zangaro & Soeken 2007). The result of Rai (2013) study showed that autonomy and effective communication among nurses have influence on quality of working life among nurses.

Furthermore, Kacel et al. (2005) conducted a study about the satisfaction of Nurse Practitioner, they concluded that highest satisfaction scores were all intrinsic factors, which included sense of accomplishment, autonomy, challenge, and ability to deliver quality care.

Gender has no effect on JCS, but female nurses have more satisfaction than male nurses, this could be that male nurses have second job, or they have higher demand in their life comparing with female, also may be they are not motivated to their job, or they don't have life work balance, as a result male are not satisfy in their work as female nurses.

The other variables such as area specialty, parent and child care, age, years of experience as nurse, years of experience in current work, sick days last year, working family members, and dependent family members have no effect on QoWL or its dimensions, in contrast findings from previous studies indicated that as nurse become more experienced, more time demands are placed upon them. This will increase demand for their expertise and time may lead to work dissatisfaction (Ernst et al. 2004). Furthermore nurses with more experience attached with more tasks (more job demand), "Working in long-term healthcare services, a stressful work environment, role conflict, an unequal position comparing to other healthcare professionals and limited staffing resources were all related to job stress", furthermore nurses with less job stress will have increase in job satisfaction. (Hsu et al. 2010, p. 1594). In contrast Ernst et al. founded that job stress correlated inversely with age, years of nursing experience, and years at the facility. That means older nurses with more years of experience and more years at the hospital had less job stress than their younger counterparts. Looking to the relation of work and absentees, greater work overload associated with higher rates of both short-term and long-term sick leave among nurses, means the possibility of work overload to contribute to occupational health problems among nurses (Rauhala et al. 2007).

Nurses in current study demonstrated high SAW, high GWB, low CAW, low HWI and low WCS, it's not clear in current study the causes, but it could be same why nurses have low JCS. According to Häusser et al. (2010) employees who are dissatisfied with their job will report higher levels of demands and lower levels of control and social support. In current study nurses experienced low JCS and high SAW, it's consistent with the Zangaro & Soeken (2007) meta-analysis in which they concluded that job stress had the strongest negative correlation with job satisfaction, another study found that age correlated negatively with stress, also it leads to more absenteeism (Gardner et al. 2005), high SAW could be caused by different factors such as work overload coupled with insufficient time, training, and coping skills at work (Wu et al. 2011, Hemingway & Smith 1999). Also the study that conducted in six hospitals in China, included 947 female nurses, in which they suffer from occupational stress, as a result of work overload coupled with insufficient time, training, coping skills at work (Wu et al. 2011).

The low CAW among respondent nurses could be as a result of high job demands, negative work conditions (Chou et al., 2012, Gelsema et al. 2006). Work-related well-being is important for nurses, it's a key factor in determining an organizations performance. In addition it's identified that nurse's well-being such as low job satisfaction and burnout as causes of nursing personnel turnover (Chou et al. 2012).

The Home-Work Interface was low, this indicates that nurses perceived to support family and home life is low, or nurses are not capable to well balance personal and work life, or balancing between work and the family needs, this consistent with another study that nurses showed their inability to balance work with their family needs (Brooks & Anderson 2004).

Nurses in this study showed high working conditions, which means that nurse agree with current working conditions, and workplace meets an individual's basic requirements, but this may indicate the conditions of safety, autonomy, good relationship between nurses and physicians, teamwork, and unit manager support. Good working conditions have effect on job satisfaction, it lead to balance between work and life which improve worker satisfaction and motivation (Tanaka et al. 2010). This study consistent with current study results which revealed the positive correlation between JCS and WCS. Also there is positive correlation between QoWL and WCS, this consistent with Brooks and Anderson (2005) study which revealed that quality of nursing working life could be influenced by many factors and issues such as staffing, workload, physical or verbal abuse, safety, availability of equipment, continuing education, respect, and scope of practice. Liu et al. (2011) study showed that nurses (more than 50% of nurses included in the survey) work environments were poor, also they were dissatisfied with their job, dissatisfied with inadequacies of staffing and resources in their work environments, and suffered from high burnout, some of nurses planned to leave current employers, thus better work environments were associated with better nurse outcomes. Similar to Hinno et al. (2012) study that showed the nurses intentions of leaving their current unit, employer and changing their profession, experiencing the negative feeling as a result of high workload, the need to work overtime to finish tasks, lack of time for breaks and feelings of frustration after working shifts. So the adequacy of resources and supportiveness of management promotes positive job outcomes, in other words improving working conditions in the hospitals is important to maintain adequate staffing, high-quality care, nurses' job satisfaction and promote their retention. When there is insufficient nursing staff to provide a high quality care, nurses are more likely to be exhausted. Sometimes heavy workload doesn't allow for nurses to have breaks, and insufficient sleep leads to unrelieved fatigue, as a result workload can be perceived in a higher state if nurses have less sleep, short breaks during their work (Chen et al. 2011).

None of the socio demographic variables showed effect on QoWL, other studies showed the effect of socio demographic status on QoWL, for instance Hsu and Kernohan (2006) studied the dimensions of hospital nurses' quality of working life, which is descriptive study was carried out with a convenience sample. For 16 focus groups in one medical center and five regional hospitals informed a quality of working life framework. The nurses included are Registered Nurses; they identified 56 QoWL categories and fitted into 6 dimensions, which are socio-economic relevance, demography, organizational aspects, work aspects, human relation aspects and self-actualization.

4. Conclusions

Findings of current study showed the level of overall quality of working life among pediatric nurses which is low. None of the studied factors showed effect on QoWL. Working department has effect on job satisfaction; also female nurses have more satisfaction than male nurse. Working department showed effect on Home-Work Interface. Academic qualification showed effect on Working Conditions. It's needed to have plans focus on support and educational programs to increase and improve the QoWL among nurses, also encourage nursing awards and recognition, assure adequate staffing and promote autonomy among nurses. Improving working condition and availability of resource are important.

In order to reduce occupational stressors it's important to improve nursing working environment, as well as long working hours that contribute to occupation stress, which have a negative effect on the quality of life and increase job burnout, therefore it's better to reduce the workload. All mentioned are efficient preventive measures for reducing occupational stress, also can prevent job burnout and improve QoWL among nurses.

Further research is needed to understand the exact cause of low QoWL among paediatric nurses regarding management and supervision style, management support, financial issues and resources in the hospital, also to understand if working with paediatric patient has effect on QoWL.

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