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Facilitators of quality of work life among nurses: A qualitative study

Nasima Akter[1]*, Mosammet Khaleda Akter[2]

[1]Lecturer, Fouzder Hat Nursing College, Chittagong, Deputed to Chittagong Nursing College, Chittagong- 4203, Bangladesh
[2]Nursing Instructor Nursing Institute Mitford, Dhaka-1000, Bangladesh

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***Corresponding Author**

Nasima Akter
nasimamonir2012@gmail.com

ABSTRACT

Nurses have to manage the work and their own life. Some factors can facilitate their quality of work life. The literature review revealed there are very limited studies related to facilitators of quality of work life among nurses in Bangladesh. The objective of this study was to determine the facilitators of quality of work life among nurses **in** Bangladesh. A qualitative research was conducted using a three focus group discussion with 30 registered nurses at three tertiary level hospitals in Bangladesh between May 2015 and January 2016. The data were analyzed using content analysis. Six major categories were accommodation facilities, position of ward-in-charge, higher education and training, patient care resources, communication skills and salary that emerged from data analysis. Nurses who stay in government accommodation near to the hospital, received higher education and training, received higher salary, being a ward incharge have adequate resources for patients care and can communicate well perceived a better quality of work life. Findings provide information for nursing and health policy makers to develop policies to improve the facilitators in order to improve the quality of work life among nurses that can contribute to quality of nursing care.

INTRODUCTION

Quality of Work Life (QWL) is an important sphere among employees' lives that affects the general wellness of organizational members, as well as of other people at the community, national, regional, and even at global levels (Al-Qutop & Harrim, 2011). QWL comprises both satisfactions with job pay, and with interpersonal relationships within the work organization. QWL is important to improve communication and job security (Kanten, 2014; Nair, 2013). Furthermore, QWL provides job enrichment, as well as job satisfaction (Cummings et al., 2008). QWL is an important strategic tool of organizations to attract and retain talented employees to ensure employees' quality performance; it can also enhance their commitment to the work organization (Chib, 2012). There are four dimensions of quality of work life among nurses: work/home life; work design; work context; work world (Brooks and Anderson, 2005). Facilitators of QWL are the factors that can influence the level of QWL positively; are suitable for or satisfy nurses, they support quality of work life among nurses.

Couple of studies have been performed by some authors and identified various factors that influence the QWL of nurses in different setting. Some factors that tend to affect the QWL of nurses, 1) internal factors and 2) external factors (O'Brien-Pallas and Baumann 1992). Internal factors are the factors that focus on nurses and the environment in which they work. These factors are: nurses' personal factors; social or environmental factors; operational factors; and administrative factors. External factors are the factors that are external to nurses and their environment. These factors are: client demands on systems; health care policy; and the labour market (O'Brien-Pallas & Baumann, 1992). The factors that might positively influence the QWL among primary health-care nurses in Saudi Arabia were: 1) relationship with co-workers; 2) satisfaction as nurses; and 3) a sense of belonging in their workplaces. The negative influencing factors of QWL among primary health care nurses were: 1)

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unsuitable working hours; 2) lack of facilities for nurses; 3) inability to balance work with family needs; 4) inadequacy of vacation time for nurses and their families; 5) poor staffing, management and supervision practices; 6) lack of professional development opportunities; and 7) an inappropriate work environment in terms of the level of security; patient care supplies and equipment; and recreation facilities. Other essential factors include the community's view of nursing and inadequate salaries (Amalki et al. 2012). Hsu and Kernohan (2006) identified some issues concerning QWL among nurses including: 1) managing shift work within the demands of family life; 2) accommodation; 3) support resources; 4) nurses' clinical ladder system; and 5) salary system.

For the identification of facilitators related to the QWL among nurses in Bangladesh, the researcher reviewed all the factors that can influence QWL among nurses. The above studies discuss both internal and external factors related to QWL (O'Brien-Pallas & Baumann, 1992); positive and negative influencing factors (Almalki et al., 2012); and major issues concerning QWL among nurses (Hsu & Kernohan, 2006) However, no study has researched or discussed the facilitators related to QWL among nurses. The perceptions of facilitators related to QWL may also be different in different organizations and countries. Therefore, there is a need to explore facilitators of QWL among nurses working at tertiary-level hospitals in Bangladesh, as perceived by nurses themselves. Therefore, the present study has aimed to identify the facilitators related to QWL among nurses working at tertiary-level hospitals in Bangladesh.

METHODS AND MATERIALS

Design

A descriptive qualitative study was conducted to identify the facilitators of quality of work life among nurses working in tertiary level hospitals, Bangladesh. It is hoped that the trustworthiness of information will be greater in qualitative approaches because qualitative approaches presents its results through participants' words, experiences and stories, which are more convenient applied to nursing care practices (Jennifer & Ann, 2010).

Subject and setting

Participants were selected for the focus group discussions by using the purposive sampling technique from nurses working in three tertiary level hospitals in Dhaka. The study participants were selected based on the willingness of the participants and the availability of their time. A total of three focus-group discussions were conducted in three hospitals. Ten nurses were included in each focus group. The three hospitals in Dhaka were purposively selected, for reasons of convenient location near the researcher's residence. They included: 1) Sir Salimullah Medical College & Mitford Hospital (SSMC & MH); 2) Shaheed Suhrawardy Medical College Hospital (ShSMCH); and 3) Dhaka Medical College Hospital (DMCH).

Research Instruments

The instruments used for data collection included as the researcher was a main research instrument of the qualitative study (Holloway & Wheeler, 2010). A focus group guide developed by the researcher was used to collect the data for the study. The questions for the focus group discussion were developed by researcher and were revised and checked accuracy of content by experts and modified according to their suggestions. Digital tape recorders were also used to record all information during the sessions of the focus group discussions. The researcher set up two recorders, in order to avoid any possible interruptions related to problems in recording. All information was transcribed verbatim from the recorder into Bengali language and then translated into English language.

Rigour of the Study

The trustworthiness of the study was determined by credibility and confirmability. Credibility enhanced by member checking and peer debriefing (Holloway & Wheeler, 2010). Member checking is the process of checking accuracy of data by actively involving the research participant in checking and confirming the results. The

researcher summarized and paraphrased participants' words and asked participants whether or not the interpretation was true and fair and whether or not it represented their perceptions of the facilitators of quality of work life from their perspectives (Holloway & Wheeler, 2010). Peer debriefing was used to reduce bias of the qualitative researcher. Peer debriefing was gained by close contact and regular discussions among researchers. Researcher analyzed the data by herself with directions from experts. Confirmability refers to the maintenance of neutrality. The findings must reflect the participants' voice and conditions of the inquiry, and not the researcher's biases, motivations, or perspectives. The technique for establishing confirmability is an audit trail through checking and rechecking the raw data, analysis products, and synthesis products throughout the study (Elo et al., 2014).

Ethical considerations

Regarding the ethical consideration the researcher submitted an information sheet and Focus Group Guide to the Research Ethics Committee at the Faculty of Nursing at Chiang Mai University and received approval. The potential participants who were willing to participate in the study were invited by the researcher. All participants gave their informed consent before participating in the study, and their anonymity, privacy and confidentiality was respected. The participants were also informed that they have the right to withdraw from the study and discontinue the discussion and also to stop the recording at any time without consequences. Participants were informed that the study would not benefit them directly; however the information about facilitators of QWL might help to develop policies and strategies to improve QWL among nurses in Bangladesh.

Data collection

After receiving approval from the Research Ethics Committee of the Faculty of Nursing, Chiang Mai University, the Researcher discussed the purpose of the study with the Nursing Superintendent and the Hospital Director for official permission to conduct the session with the nurses in each hospital. After obtaining official permission, the researcher communicated with the potential participants; explained the purpose of the study; and invited them to participate in the study. Data were collected using focus group discussions (FDG). FDGs were conducted in the local languages. These focus group discussions took place during office hours. The focus group discussion was conducted of each hospital in a room near the Nursing Superintendent's office at the workplace of each participant who decided signed informed consent prior to the discussion. The time and place were set, based on the ideas of the participants. Each focus group lasted about 50 to 60 minutes and ended when a point of saturation was reached. Each focus group discussion was conducted by the researcher and one assistant researcher from each hospital. The researcher asked permission of the participants for use of the tape recorder to record the discussion. All of the participants were encouraged to share their perceptions of the facilitators to the quality of work life, and how those facilitators can influence one's quality of work life. The researcher announced the closing of each session and thanked the participants. Immediately after all participants left each session, the researcher and assistant labeled all the recordings and notes as to date; time; and the name of each group by hospital name, while the recorder was still running.

Data analysis

The data were analyzed by the method of content analysis. Qualitative content analysis processes involve three main phases: preparation, organization, and reporting of results. The preparation phase includes of collecting appropriate data for content analysis, making sense of the data, and choosing the unit of analysis. The organization phase consists of identifying and labelling or coding data in order to categorize it into similar or different categories. In the reporting phase, findings are explained by the content of the categories describing the context using a selected approach. The data were prepared before analysis. The recordings of the discussion were transcribed, verbatim, immediately after completion of the discussion in Bangla language. All of the recordings were translated into English from the participants' language, and the transcripts were labeled in three separate documents

(Holloway & Wheeler, 2010). Then the researcher coded the data by reading several times (Holloway & Wheeler, 2010). The researcher analyzed the data with directions from experts and categorized them and discussed with experts, in order to ensure that the facilitators of QWL were characterized accurately, as perceived by participants.

RESULTS

Demographic characteristics indicate that the majority of subjects were female (80%), with an average age of 40.90%. The largest age groups of nurses were between 40-49 years (60.30%). The majority of the nurses was Muslim (53%); married (90%); and hold a master degree (53%). The half of subjects received a monthly income between 16,000-20,000 Taka (50%). Most of the subjects have work experience of more than 10 years (86%); 60% have 2 children and 86% have to take care of their elderly parents.

Facilitators were defined as factors that make quality of life happier for nurses working at tertiary level hospitals and included the following factors as: accommodation facilities, position of ward-in-charge, higher education and training, patient care resources, communication skills and salary.

Government accommodation refers to the government provided residence for nurses near the hospital. Those participants who live in the government residence perceive the accommodation facilities as a facilitator of QWL. If nurses live in government accommodation, then they spend less money on accommodation. In addition, the nurses staying in the government accommodation near the hospital can perform their nursing activities properly.

Position of ward-in-charge refers to one particular position of the nurses in the hospital that tends to be imbued with great responsibility for all the aspects of units and have the autonomy to make patient care decisions. Each ward in-charge is selected by the Hospital Director and the Nursing Superintendent. Therefore, they receive some respect for their responsibilities from patients, from doctors and from other colleagues. Those participants in the focus groups who were working as ward-in-charges perceive that the position of ward-in-charge facilitates their quality of work life. A ward-in-charge is responsible for the overall management of each unit, and for ensuring that all patient care is conducted properly and according to their needs. In addition, a ward-in-charge has to maintain good relationships with everyone on her team. This is exemplified by another participant, who finished her 2-year post basic Bachelor of Science in nursing course and has been working for 17 years.

Higher education and training refers to the post basic educational degree of nurses, which includes the post basic Bachelor of Science in nursing course for 2 years and the Master's program for 2 years. The term "training" refers to the short, practical courses given for 2 months in any specialty areas. The focus group participants who completed higher educational degrees perceive that education and training help them to update their knowledge and skills in order to provide better care to the patients and to manage the ward properly. It also helps them to develop good nursing care plans, utilizing the standard nursing process in order to provide the best care to the patients. In addition, nurses have the opportunity to attend training programs abroad in some specialty areas they are able to increase their knowledge about health problems and nursing care.

Higher education and training both tend to increase nurses' knowledge related to ward management. After completing this education, the nurses are able to manage their wards, using the standard processes of nursing management.

Patient care resources refers to all the supplies including medicines, injections, saline and other materials necessary to provide care to the patients that are available and sufficient in the hospital. The focus group participants mentioned that patient care resources facilitate their QWL. Some of them stated that the available resources facilitate the provision of care to the patients. In addition, adequate resources from the hospital help nurses to provide care properly to their patients several focus group nurses mentioned that the government budget for hospital resources is increasing.

Communication skills of the nurses refer to nurses' ability to share ideas and/or exchange opinions with other people. That includes talking to people; listening to people; and also understanding what other people say when they work in the hospital. Participants mentioned that communication skills facilitate their quality of work life, because they need to communicate with patients in the hospital. In addition, the nurses in the study must regularly communicate with physicians and with their colleagues about their work for the patients.

Salary refers to the money that the nurses can draw from their work organizations every month. The participants in the focus groups perceive that salary facilitates their QWL, and that it helps them to satisfy their personal and family needs. Moreover, from their salaries, the nurses can deposit a definite amount of money for their future needs.

DISCUSSION

The findings go with four dimensions of quality of work life among nurses (Brooks & Anderson, 2005) as mentioned earlier. An important issue in this regard is the ability to balance one's work with one's family needs. Often, suitable accommodation facilities near the hospital can facilitate nurses improved work/home life balance. The concept of work design dimension is a configuration of nursing work and the explanation of actual work that the nurses do. The position of ward-in-charge provides one for the opportunity to have the autonomy to make patient care decisions. Thus, the position of ward-in-charge is perceived by the nurses as an important facilitator of the work design dimension of QWL. The dimension of work context, nurses working in tertiary-level hospitals perceive higher education and training; patient care resources; and communication skills to be facilitators of the work context dimension of QWL. The work world dimension is effects of broad societal influences and change on the practice of nursing. It includes image of profession, economic issues, and job security. When nurses get adequate salaries they can contribute to the family and help other people in the society. Thus salary is the facilitator of work world dimension of QWL among nurses.

CONCLUSION

There are 6 facilitators related to QWL that were identified by nurses working in three tertiary-level hospitals in the capital city, Dhaka of Bangladesh. The facilitators of QWL, as perceived by nurses, were accommodation facilities, position of ward-in-charge, higher education and training, patient care resources, communication skills and salary.

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