

QUALITY OF NURSING WORK LIFE: A LITERATURE REVIEW

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Abstract

The nursing profession in India is going through tough times. It is a paradox that even though nurses play a key role in saving lives, the profession itself is often marginalized and the quality of life enjoyed by the nurses is not high. Findings from many studies indicate that nurses still face challenging working conditions, shortage of manpower, abuse from employers, colleagues, and patients' families; very low salary and workplace restriction and poor work environments and no social acceptance. All over India there have been agitations by nurses, for improvement of their working conditions and salaries. It is highly essential to identify the challenges in work life faced by the nurses to address issues. A few Indian studies have addressed the concept of quality of nursing work life (QNWL).

Keywords:

QWL;

QNWL;

Job satisfaction;

Performance;

Attrition;

Nurses.

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1. Introduction

The lack of quality patient care and the poor standard of service delivery are generally observed in the healthcare service industry. Also the skills and productivity of nurses is reportedly found low. According to Halls “to maintain and improve the quality of work life experienced by professional nurses requires that nurses be more skilled and productive in their work settings”. Hospitals those are lacking good quality of work life, the absenteeism and turnover rates are observed usually very high with their nurses. In order to improve nurses’ performance and to reduce burnout among nurses the quality of work life of nurses must be assessed and improved. This in turn may decrease the absenteeism and turnover rates.

Nurses’ dissatisfaction with their quality of working life can cause various serious problems and their adverse effect on patient care. This may include problems like job dissatisfaction, burnouts, turnover, emotional and physical exhaustion. This will ultimately affect the quality of care provided by nurses to their patients. There is a need to pay serious attention to hospital nurses’ physical and emotional needs as the organizations success in achieving its goals depends on the quality of its own human resources.

Quality of work life: Quality of Work Life is a well-known and important process for any organization in order to develop the quality of life of employees and also to attract and retain them in the workplace. However there are multiple studies that are published on this topic in various fields, it has become an important topic and issue nowadays. When this concept came into light in 1930s, it has described various methods to make sure the happiness and welfare of the employees working in the organization. Quality of work life concept does not focus alone on the work related aspects but it focuses on various other social and personal aspects as well. In this quality of work life approach both the employees and the employers work together to enhance the organizations effectiveness by achieving better employees’ quality of work life. In spite of all the importance to this topic of quality of work life, one cannot find any accepted definition for the same till date. Although according to the Griffin “Quality of work life of employees is the capability of employees to please their significant personal needs, through what they have learned in their organization”

Quality of nursing work life: In Nursing Quality of Work Life nurses assure their essential personal needs through their own experience at workplace, while doing so they achieve the organization's goals and also contribute meaningfully to their work organization. Quality of nursing work life is a concept of quality of work life of nurses working in hospitals, which is as well not defined properly as quality of work life concept. There are various dimensions to Quality of Nursing Work life (QNWL) derived from various available literatures reviewed. They are as follow:

- a) Working Life and Personal Life:-The working life and personal life is an interface between the nurses' working and their own personal life.
- b) Work Design: - The work design better describes the actual work done by nurses in the hospitals and is a composition of nursing work.
- c) Work environment:-The work context investigates the effect of the work environment on both nurses and patients. It is the environment in which nurse's work.
- d) Work world: - The work world defines how societal influences affect and change the nursing practice.

Various studies are available who measure the quality of work life among nurses. Quality of work life studies shows number of components that influence the quality of work life among nurses, but the findings related to quality of work life were not found uniform in those research studies.

2. Conceptual Framework: Quality of Nursing Work Life

1. Irvine and Evans (1995), Blegen (1993): In the meta-analyses of Blegen (1993) and Irvine and Evans (1995), factors with the strongest relationships to job satisfaction were found to be related to work content and environment. This remains true for more recent research findings as can be seen by the themes highlighted. From the four themes discussed, three were organizational factors (leadership, stress and pay) and only one an individual/demographic factor (educational attainment). This has implications for improvements in retention as organizational changes may be more easily addressed than those involving age, education and tenure for nurses already employed.

2. Blegen (1993), Hinshaw et al. (1987): Previous studies have shown that there is a adverse relation between stress and burnouts, retention, autonomy, communication with colleagues and recognition. (**Blegen (1993), Hinshaw et al. (1987)**). With the changes affecting nursing practice over recent years and the corresponding increase in demands on nurses, it is unsurprising that stress is still an issue for today's profession. It is unclear, however, what stage along the continuum of stress to distress is being measured, and whether the amount of stress reported in recent work has increased or decreased from those of earlier studies. Additionally, specific stressors were not identified with any consensus in the papers studied although various stressors such as workload (Yin and Yang, 2001) and unstable work schedules (Shader et al., 2001) were identified as important for some samples. In an occupation as diverse and challenging as nursing, assessing stress is difficult (McVicar, 2003). A full understanding of the stress phenomenon is necessary to facilitate appropriate policies and interventions, yet the fact that nursing environments are not generic makes achieving this complicated. In view of this, interventions that seek to support the individual, such as stress-management training, which enables individuals to utilize their most effective coping strategies, and increasing support from colleagues and senior staff have both been suggested as appropriate measures to counteract stress within the nursing profession (McVicar, 2003). The UK Government recognizes the need to address low retention in health care, with initiatives designed to reverse the trend in turnover. Introduction of flexible working practices are part of the Government's commitment to improving the work-life balance of staff (DH, 1999). This may be particularly relevant for retention of younger nurses who were found to perceive stress from lack of control over work scheduling (Shader et al., 2001). An increase in staffing levels via improved retention is also a means to address the cited stressor of workload (Yin and Yang, 2001). With an increase in demand for health care, the burden of high workload can only be ameliorated by increasing nurse numbers. The RCN (2002) maintains this point, and adds that recruitment efforts will produce little significant improvement in workload stress in the near future and should perhaps be seen as a medium to long-term measure. Government initiatives designed to meet needs of the majority is a starting point, but in view of the individual nature of stress may not provide the answer for all nurses (McVicar, 2003). In view of the fact that organizational change is a recognized source of stress (Kouzes and Posner, 2003) and that changes constantly

occur in the health services in line with modernization plans, this issue is unlikely to be solved imminently within the British NHS.

3. Sorrentino (1992), McNeese-Smith (1995), Chiok Foong Loke (2001), Fang (2001), Fletcher (2001), Yin and Yang (2002), Larrabee et al. (2003): Leadership The variable of leadership, or supervisory relationship, has a consistent relationship with job satisfaction and intent to leave in both early and recent studies (Sorrentino, 1992; McNeese-Smith, 1995; Chiok Foong Loke, 2001; Fang, 2001; Fletcher, 2001; Yin and Yang, 2002; Larrabee et al., 2003). Nursing leadership style, or supervisory relationship, is a phenomenon of international relevance that is linked to the work environment. Fletcher's (2001) study suggested that job dissatisfaction ensues when nurse managers fail to give due recognition and support, disregard staffing issues and neglect to address problems. Furthermore, Larrabee et al. (2003) asserted that the main effect on intent to leave was a decrease in job satisfaction through a lack of empowerment perceived by nurses to be a result of leadership style. Transformational leadership style engenders motivation of others to pursue high standards, concentrates on creating open communication and a willingness to embrace change (Morrison et al., 1997; Upenieks, 2003). This would seem most desirable for a profession that experiences much change and that has expressed concern about supervisory relations to a point that it negatively affects turnover and possibly quality of care (McNeese-Smith, 1993; Davidson et al., 1997; Needleman and Buerhaus, 2003). Introduction of participative styles of management is central to the human resource proposals of the NHS Plan (DH, 2000), but change in leadership behavior may not be easily obtained if this is not placed high on the agenda for managers (Finlayson et al., 2002).

4. Blegen and Mueller (1987), Blegen (1993), Irvine and Evans (1995): Nurses' pay has been measured as a component on many scales, although early studies found it to contribute little to job satisfaction (Blegen and Mueller, 1987; Blegen, 1993; Irvine and Evans, 1995). However, the issue of pay and its contribution to job satisfaction increases in importance when nurses perceive discrepancies between their remuneration and that of other professions (Tovey and Adams, 1999). This was reiterated in the written comments obtained in the studies of Fletcher (2001) and Cowin (2002). It has also been suggested that perceived lack of reward contributes to role disengagement (Demerouti et al., 2000) and, although pay was not found to exert an effect

on intent to leave in these studies, such perceptions have the potential to become influential. Comments from the participants of Cowin's (2002) study suggesting that pay was not an issue only when other factors were satisfying reiterates this possibility. It is further supported by the dissatisfaction expressed by participants regarding the discrepancy between the high responsibility of the job and perceived low pay. As roles for nurses expand, and their responsibility increases, the potential for dissatisfaction and intent to leave could be amplified in the UK. Addressing pay via the Agenda for Change (DH, 2003) program, which aims to modernize the salary system of the British NHS by providing competency based pay (a variant of performance-related pay), has been suggested as a potential source of conflict for employees' expectations, norms of fairness and practice (Grimshaw, 2000) although such a perspective has its detractors. In a case study undertaken as a precursor to Agenda for Change evaluation, Meerabeau et al.(2004) found that a competency-based pay system was valued by staff who felt that it provided structured role development. This dissonance demands that close attention be paid to evaluation of this system when it is introduced nationally. ARTICLE IN PRESS 310 B. Coomber, K. Louise Barriball / International Journal of Nursing Studies 44 (2007) 297–314

5. Tzeng (2002), Yin and Yang (2002), Rambur et al. (2003): Inconsistencies were apparent in overall results for the relationship between levels of education and job satisfaction. However, some findings contradicted the earlier research of Price and Mueller (1981) and Cavanagh (1992) by suggesting that higher educational attainment led to greater satisfaction at work and lowered intention to leave (Tzeng, 2002; Yin and Yang, 2002; Rambur et al., 2003). This contradiction may have occurred as a result of changes to nursing education that have developed over recent years in the countries where these studies were located (i.e. Australia, Singapore, Taiwan, US).

6. Irvine and Evans (1995): The findings of this review were found to reflect the model of nurse turnover proposed by Irvine and Evans (1995). Although Irvine and Evans conducted their meta-analysis in a different employment climate to that which currently exists, the major findings of leadership/ supervisory relationship and stress remain inextricably linked to intent to leave. These factors comprise part of the work environment, which was found to have a stronger relationship with job satisfaction and intent to leave in both their meta-analysis and the findings

of this paper. Changes over time have occurred regarding the effects on intent to leave for educational attainment and pay. This suggests that it is imperative that sources of satisfaction are reassessed in the light of changes over time. The empirical evidence shows that stress and issues concerning leadership consistently exert both direct and indirect effects on job satisfaction and intent to leave. Despite the improvement in techniques to analyze results from nurses' job satisfaction studies, the reliance on quantitative methods for data collection has overshadowed qualitative investigations (McNeese-Smith, 1999). Nevertheless, some qualitative inquiry has been used, often as a small component of a larger investigation. This is exemplified in Cowin's (2002) and Fletcher's (2001) studies where additional written comments served to clarify issues raised in results from scale measurement. The information gained from qualitative inquiry could be utilized more widely to provide a relevant data source to complement quantitative methods. Not only would this serve to enhance contemporary and specific knowledge of nurses' job satisfaction, but would also assist in providing the nursing profession with a methodology evolved from, but independent of, non nursing areas.

7. Tovey and Adams, 1999: Variables which are statistically and consistently related to nurses' job satisfaction remain elusive (Tovey and Adams, 1999). The demonstration of variation in the factors influencing job satisfaction in different levels of the profession (e.g. of ward managers and staff nurses) and in differing environments (e.g. hospitals, communities, geographical regions) reflects the difficulties faced when searching for authoritative results. Furthermore, there are discrepancies regarding sampling that involves mixing data from samples of nurses whose jobs have distinctive features such as pediatric, intensive care or mental health, as well as the inclusion of health care assistants. This lack of distinctiveness serves to invalidate generalizability of results to ward-based medical and surgical adult nurses. Additionally, the generalizability of research based on theories and frameworks developed in one culture or nation and then undertaken in dissimilar countries has been questioned (Rosenzweig, 1994). However, in response to this, some international research work done on job satisfaction has provided a comparative analysis across nations, contributing to empirical generalization (Fang and Baba, 1993).

8. B. Coomber, K. Louise Barriball (International Journal of Nursing Studies 44 (2007) pg 297–314,311): Implications for research Given the multitude of issues surrounding the study of job satisfaction components and their effects on to leave, generalized conclusions should be drawn with caution intent (B. Coomber, K. Louise Barriball / International Journal of Nursing Studies 44 (2007) 297–314 311). The analytical methods used for other occupational groups may not be appropriate for studies on nurses, and a unique approach needs to be developed is required.

Studies to help determine specific stressors and methods early stress detection may be useful to identify the impact of work place stress on job retention.

3. Literatures reviewd and factors affecting Quality of Work Life:

Various QWL components in view of different researchers are listed below:

Payne and Pheysey (1971)	1. Job satisfaction.
Pestonjee (1973)	1. Job satisfaction, 2.Working conditions, 3. Employee moral
Costello and Sang (1974)	1. Job security, 2.Social needs, 3.Self-esteem, 4.Autonomy, 5.self-actualization
Walton (1975)	1. Fair Compensation, 2 Healthy Working Conditions, 3 Developing Human Capacities,4 Continuous Growth And Security opportunities, 5 Social Integration In The Work place, 6 Work-Life Space , 8 Social Relevance Of Work Life
Balkrishnan (1976)	1. Physical security, 2.social security, 3.financial security, 4.achievement, 5. responsibility, 6.recognition, 7.growth
Taylor (1977)	1. Job satisfaction, 2.job characteristics
Hackman et al. (1978)	1. Job environment
Kumar and Bohra (1978)	1. Job satisfaction, 2.Organisational climate
Sayeed and Sinha (1981)	1. Job satisfaction, 2.Performance
Ambrosini (1983)	1. Growth, 2.work experience, 3.stress, 4.work flexibility
Singhal (1983),	1. Economic aspect, 2.family aspect, 3. health aspect, 4.psycho-socio change, 5.organizational change

Stein (1983)	1. Autonomy; 2.Recognition and rewards; 3. Belongingness ; 4. Self Development
Kontbluh (1984)	1. Increased worker's participation in decision-making
Hartenstein and Huddleston (1984)	1. Management and labor values, 2.workers sense of involvement, 3.responsibility, 4.autonomy, 5.workers lack of commitment
Levine, Taylor and Davis(1984)	1. Recognition and trust from supervisor ;2.Work change; 3.Work challenge; 4.Development opportunity ;5.Self esteem;6.work and life beyond work ; 7.Contribution to society
Mirvis and Lawler (1984)	1. Healthy work environment, 2 safe wages,3 equal employment opportunities 4 advancement opportunities
Rice (1984-85)	1. Job satisfaction, 2.family interaction, 3. Leisure activities, 4.levels health and energy, 5. changing environment
Baba and Jamal(1991)	1. Job satisfaction, 2 Involvement in work,3 ambiguity in work load,4 conflict in workload, 5 Overload,6 stress,7 organizational commitment and 8 turn-over
CAI Hui-ru(1994)	1. Compensation, employee welfare, job safety; 2.relationship with the superiors, colleagues, and customers; 3.workers participation in management, promotion, self-growth, self-esteem and job characteristic
Lau RSM, Bruce EM (1998)	1. Job security 2. Rewards 3. Training 4. Development 5. Workers Participation in decision in decision making
Donaldson, et al. (1999)	1. Organizational Commitment, 2.absenteeism, 3.tardiness frequency.
Ellis and Pompli (2002)	1. Work environments, 2 workload, 3 inability to deliver quality of care preferred,4. Work life balance, 5 working in shifts, 6 involvement in decision making,7 professional development,8 recognition,9 relationships with supervisor/peers,10 work role conflict, 11 Training

Sirgy et al. (2001)	1. Health and safety needs 2. Family needs, 3.Social needs, 4.esteem, 5.self actualization, 6. Knowledge needs, 7.Aesthetic needs.
Morin and Audebrand (2003)	1. Financial growth, 2.health, 3.social welfare, 4.Technology
CHEN Jia-sheng, FAN Jing-li(2003)	1. Work environment;2.wages and bonus;3.Welfare;4.Promotion; 5.Work nature;6.Training and development;7.Leadship style ; 8.Relatinship with colleagues; 9.Enterprise image;10.Communication;11.Organizational regulations; 12.Organization culture; 13.Workload
JIA Hai-wei (2003)	1. Survival need; 2. self needs
G Nasl Saraji, H Dargahi (2006)	1. Autonomy 2.Job security 3. Rewards 4. Training and development 5.opportunities, and 6.participitation in decision making 7 Job characteristics 8. Trust in senior management. 9. Recognition 10. Health and safety 11.Balance between work and family life 12. Workload 13. stress experienced at work 14.occupational health and safety
Raduan Che Rose, LooSee Beh, Jegak Uli and Khairuddin Idris(2006)	1. Career Satisfaction , Achievement And Balance
Qing Tao, Peng Tian-yu and Luo Jian(2007)	1. work autonomy, feedback on work, significance of the work; 2 team spirit, interpersonal relationship, management style; 3.social and psychological support, mutual respect, social image of the enterprise, economic position of firm
Dargahi et al. (2007)	1. Organizational Commitment, 2.trust, 3.support, 4.monetary compensation, 5.non-monetary compensation, 6.leadership, 7.attendance management, 8.communication between managers and employees, 9.Communication between managers and managers, 10.overall communication, 11.respect, 12.recognition.
Guna et al. (2008)	1. HR policies, procedures and strategies.

Seyed Mehdi Hosseini, Gholamreza Mehdizadeh Jorjatki(2010)	1. Adequate pay and benefits, 2 safety and health at work,3. development, 4 Work life, 5.Integration of social improved human abilities
Pugalendhi et al (2010)	1. Work environment

Many reviews were taken from Blegen and Mueller (1987), Sorrentino (1992), Blegen (1993), Irvine and Evans (1995),McNeese-Smith (1995), Chiok Foong Loke (2001), Fang (2001), Fletcher (2001), Yin and Yang (2002), Tzeng (2002), Yin and Yang (2002), Rambur et al. (2003), Larrabee et al. (2003).

Interpretation: This study of literature review mainly indicates major factors affecting the quality of work life of employees such as job satisfaction, trust in senior management, leadership style of the organization, decision-making style, health and safety at work, salary and fringe benefits, rewards and recognition, stress, training and development, shift working, work environment, relationship with colleagues, superiors and subordinates, workload and various demographic characteristics of employees working in the organization.

4. Methodology

This paper is based on the literature review of various papers, books, articles on Quality of work-life. The secondary data is use for this paper. The objective is to know about the theories and concepts proved for the study of Quality of work-life. Before undertaking any research, it is important that a researcher should examine closely his or her research problem its aims and objectives thoroughly in order to carry out a research program more scientifically. In the present research our focus was given to explore the components of Quality of Work Life and its consequences in nursing profession. Therefore, it has become need of hour to study the effect of Quality of Work Life of hospital nurses.

5. Conclusion

Quality of work life is an essential element as it gives expected outcomes to the organization who implement this concept. QWL helps employees and the organizations itself to achieve their predictable goals. Various literatures reviewed shows that QWL is very vital during the process

of job design. They also show that there are many other components of QWL which directly contribute in employee satisfaction and employees requirement of QWL.

It is observed from the previous studies that quality of nursing work life in India has not been reviewed in few years. Thus, the current study aims to systematically review and identify the major components of the nurses' QWL and find out the relation between QWL of nurses and their performance and their intention to leave the current job. It will help finding out root causes of attrition rate in nursing profession in India. In this study of literature review we mainly force on indicating major factors affecting the QWL of nurses like: leadership style of the organization, decision-making style, salary and fringe benefits, shift working, relationship with co workers, superiors and subordinates, workload and demographic characteristics of nurses working in hospitals. Different researchers have different views on the QWL in nursing, some view it as a process, and some view it as an outcome, some as a subjective phenomenon.

Besides being much important factor in India we have limited research studies and literatures based on quality of nursing work life specifically. Indian hospital industry is facing a high attrition problem and poor quality of patient care due to poor quality of nursing work life. In order to find out the root cause of this serious problem, a study may be undertaken by considering the important components affecting Quality of nursing work life specifically in context of Indian hospital nurses. Further research should identify the importance of QWL factors, and successful implementation the QWL for better patient care and reduced intention to leave the organization.

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