

# Quality of nurses work life: a comparative study at public and private sector tertiary care hospitals of Peshawar, Pakistan

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**ABSTRACT**

**Introduction:** Among all health care providers, nurses have a significant role to provide physical, psychological, spiritual, and emotional care to individuals, families, and communities. The quality of work provided by nurses can be improved by knowing their physiological, psychological well-being and involvement at work. Moreover, different environments and setups of public and private sectors hospitals can have positive or negative impact on the quality of nurse's work-life.

**Objective:** To assess and compare the quality of nurse's work-life in public and private sector hospitals.

**Materials & Methods:** The cross-sectional descriptive study was done at Khyber Teaching Hospital, and Rehman Medical Institute, Peshawar from April 05, 2020 to July 25, 2020 on 218 participants through the pretested and structured Brooks Nurses' Quality of Work-life Questionnaire (QNWL). Data were entered in SPSS for descriptive and comparative data analysis, keeping  $p \leq 0.05$  as significant.

**Results:** A total of 218 nurses from Rehman Medical Institute and Khyber Teaching Hospital, Peshawar participated in the research with a mean age of  $28.47 \pm 6.41$  years. A major portion of the sample (80.3%) had moderate quality of nurses work life, 18.8% had high quality of nurses work life, while less than 1% of the sample had low quality of nurses work life. The overall mean QNWL score both for public and private hospital nurses was  $165.23 \pm 18.37$  (scores ranging from 67-217). The mean quality of nurses work life score for public hospital was  $160 \pm 15.15$  while for the private hospital it was  $172.07 \pm 20.57$ .

**Conclusion:** Despite inadequate salaries and poor job security private-sector nurses were shown to have a higher QNWL than public-sector nurses.

**Keywords:** Quality of Life; Work-Life Balance; Nurses; Hospitals, Public; Hospitals, Private.

*The authors declared no conflict of interest. All authors contributed substantially to the planning of research, data collection, data analysis, and write-up of the article, and agreed to be accountable for all aspects of the work.*

**INTRODUCTION**

The concept of quality of nurses' work-life developed in the 1970s from socio-technical system theory. Socio-technical system theory is based on two principles: first is social and the second is technical, both need to be improved at the same time to improve productivity.<sup>1</sup> In our organization of health, nurses are considered assorted and most important employees. Nurses play an increasingly large role not just in providing care but their role is shifting to all aspects like patient advocacy and administration.<sup>2</sup>

Despite their major contribution to the health sector, nurses are facing a lot of issues that need to be addressed. Some of the issues which nurses are facing include: principal positions at a high level are limited for nurses and also, they are not getting the opportunity for higher positions in the health system.<sup>3</sup>

Good quality of nursing care will ultimately result in goodwill-being and care, and both of these are interrelated to work fulfillment. Inadequate quality of work-life might be a contributing factor to a terrible proficient state of mind and a chance of restorative blunders and suicide for serious care medical attendants.<sup>4</sup> These challenges and hurdles are workload burden, no accommodation and transport facility, poor health status of nurses, lack of support from supervisors and administration, lack of promotion and upgradation, poor hospital, and health policies for nurses. Night shifts are difficult to perform, as compared to day shifts but still they are not getting night shift and risk allowance.<sup>5</sup>

Approximately 63.25% of Chinese & 46% of Canadian nurses feel mild to moderate level of employment related burnout.<sup>6</sup> Nursing is a bursting job but because of continuous stress and exhaustion usually lead to fatigue and other psychological consequences. Therefore compassion satisfaction or positive feeling is very important to do better job and this way other people will be benefitted.<sup>7</sup>

The concept of work-life quality is becoming imperative in the well-being setting.<sup>8</sup> Good quality of nurses' work-life provides a background that enhances nurses' personal development. The organization considers nurses as important employee and provide an environment where they can face challenges and reach their goals.<sup>9</sup>

The nurses' life needs are very important to fulfill. Nurses are an important part of health care organizations if the factors like insufficient payments, poor working environment, heavy work burden, no support from upper-level managers, and other factors that are negatively affecting nurses work are not considered, the productivity of the organization will be compromised.<sup>10</sup> Organization success depends on good quality care provided by the nurses to the patients. To improve organizational factors, it is important to remove hurdles that are causing barriers in providing good quality care.<sup>11</sup>

As per Global Health Organization estimates from 2013, there are 29 million nurses and midwives in the world, with more than one million needed by the year 2020. According to the US Bureau of Labor Statistics, an extra 11 million nurses are needed to avoid further shortages. Owing to a lack of potential educators, high returns, and unequal distribution of jobs, the nursing profession continues to face shortages.<sup>12,13</sup>

Because ensuring the quality of patient care is the core of the nursing practice, any irregularity in the employment of nurses to adapt to care demand is a serious threat to the quality of care.<sup>14</sup> With appropriate nursing care, hospital-acquired infection, hospitalization, risk of mortality, cardiopulmonary incidence, and other effects can all be decreased. Several studies have identified a nurse shortage as a barrier to improving the efficiency and quality of care.<sup>15</sup> To recruit and retain new employees, high quality of work-life is required and enhances productivity, lowers burnout, and turnover.<sup>16</sup>

Work schedules that are too busy, insufficient staffing, a role ambiguity in decision-making, compliance with standards that are unrelated to nursing, a lack of educational initiatives, and an unpleasant working environment and insufficient wages were all cited as important determinants of low QWL.<sup>17</sup> Work-life quality is also influenced by management, relationships with colleagues, career development opportunities, and the learning environment.<sup>18</sup> Other studies have confirmed that offering possibilities for contributing to productivity, such as providing learning opportunities and providing support from top management, enhances the effectiveness of nurses' work life.<sup>19</sup>

The basic purpose of this study is to compare work-life quality among nurses at public and private sector tertiary care hospitals. It is crucial to understand the challenges that nurses face (such as workload, staff stress levels, working hours, the image of nurses in society and health care organizations, and the balance between work and personal life) and how these challenges affect the quality of nurses' work lives and, ultimately, patient care. This research will serve as a foundation for enhancing the work-life quality of nurses.

## MATERIALS & METHODS

A cross-sectional study was carried out in public and private tertiary care hospitals of Peshawar from April 05, 2020 to July 25, 2020. A total of 218 participants were included in the study, comprising 130 from public and 88 from private hospitals. Registered nurses currently working in the hospital and having one-year experience were included in the study. Nursing Superintendents and Nursing directors were excluded.

The Ethical Review Committee of the Office of Research, Innovation, and Commercialization (ORIC) at Khyber Medical University gave approval for this study (No DIR/KMU-EB/CS000941/DR). To ensure confidentiality of each participant written consent was obtained.

Data was collected using Brooks questionnaire. The tool was pre-validated ( $r=0.72$ ,  $p=0.01$ ) and reliability (Cronbach Alpha=0.89) was checked. The study was approved from ethical review board. Data collection permission was granted from the hospital administration. Informed consents were granted from the included participants. Data were analyzed using SPSS version 24 for descriptive and comparative statistics, with  $p \leq 0.05$  denoting significance.

## RESULTS

The mean age of the 218 participants was  $28.47 \pm 6.41$  years (ranging from 21 years to 55 years). Table 1 shows the socio-demographic characteristics of the subjects.

The majority (81.7%) of the participants were female with 19.3% being male. More than half (50.5%) were having a Diploma in Nursing, and almost half (49.1%) had Bachelor in Nursing, while only one had a Master in Nursing. Among the total nurses who participated in the study, 79 (36.2%) were married while 139 (63.8%) were unmarried.

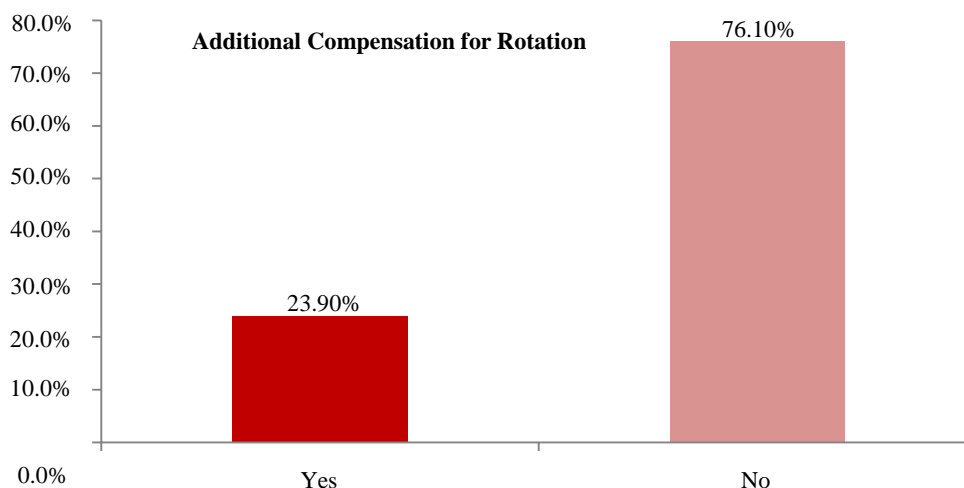
**Table 1: Socio-demographic Profile of the subjects (n=218).**

Variables	Frequency	%
<b>Gender</b>		
Male	42	19.3
Female	176	81.7
<b>Marital Status</b>		
Married	79	36.3
Unmarried	139	63.8
<b>Education Status</b>		
Diploma Nursing	110	50
BScN/ Post RN	107	49.10
MSN	1	0.50
<b>Nature of Hospital</b>		
Public	130	59.6
Private	88	40.4
<b>Current Designation</b>		
Charge Nurse	198	91.3
Head Nurse	14	6
Manager Nurse	6	2.8
<b>Number of Children</b>		
No Children	170	78.00
1-3 Children	23	10.60
4-7 Children	25	11.40
<b>Rotation in shifts</b>		
Yes	214	98.20
No	4.3	1.80
<b>Nature of rotations shifts</b>		
Voluntary	55	25.20
Mandatory	163	74.80

Study participants were inquired about the number of children or number of dependents in the family they had; 170(78%) had no children, 23(10.6%) had 1-3 children, while 25(11.4%) had 4-7 children or dependents in the family. Study participants were also inquired for rotation of duty at shifts i.e. morning, evening & night shifts. The majority, 214 (98.2%) replied yes when asked for rotation of shifts. Study participants were also asked for the nature of the rotation of shifts, whether mandatory or voluntary

shifting; 74.8% replied that rotating shifts are mandatory in their hospitals while 25.2% said that rotation of shifts were voluntary in their hospital. Regarding the type of hospital in which they worked, 59.6% were working in government hospitals while 40.4% were working in private hospitals. The majority of subjects (91.3%) were charge nurses while only 6% & 2.8% were head nurses and nursing managers respectively.

Participants were asked whether they get additional compensation for rotation or not? The majority of the study participants i.e. 76.10% responded that they don't get any additional compensation for rotating shifts. However, a very little portion of the study sample i.e. 23.90% stated that they get additional compensation for rotating shifts (Figure 1).



**Figure 1: Bar-Chart depicting additional Compensation provided to the nurses in Rotations (n=218).**

In this study, the average QNWL score for the public hospital was calculated at 160.70±15.15, while for the private hospital it was 172.07±20. The total mean score for QNWL score for both public and private hospital nurses was 165.23 ± 18.37 with a low score of 67 and a high score of 217 (Table 2).

**Table 2: Mean quality of nurses work-life score of public and private hospitals (n=218).**

QNWL Score	Public (KTH)	Private (RMI)	p value
Mean	160.70	172.07	<0.001
Std. Deviation	15.15	20.57	
Minimum	107.00	67.00	
Maximum	203.00	217.00	

A major portion of the sample i.e. 80.3% have moderate QNWL, 18.8% have high QNWL, while less than 1% of the sample has low QNWL. Public sector nurses had lower work-life quality than private sector. A strong link between the level of QNWL and

the Type of hospital with a p-value of 0.011 was observed (Table 3).

**Table 3: Association of QNWL level with type of hospitals.**

Hospital	Level of QNWL			Total
	Low	Moderate	High	
Public	01 (0.07%)	113 (86.92%)	16 (12.31%)	130
Private	01 (0.11%)	62 (70.45%)	25 (28.41%)	88
Total	02	175	41	218
Chi-Square test	X <sup>2</sup> Value		df	P value
	9.084		2	0.011

Participants in the study were also compared in terms of important items based on the QNWL questionnaire across the government and private hospitals, as shown in Table 4. Private hospital nurses were better than government hospitals nurses in all of the above aspects except salary and job security.

**Table 4: Comparison of items related to QNWL across public and private hospital nurses (n=218).**

Items in The QNWL Scale	Agreed nurses in hospitals (%)		p value
	Public	Private	
Help received from other health care personals	13.8	70.5	<0.001
Job satisfaction	91.5	81.5	0.01
Heavy workload	85	89	0.07
Work and personal life balance	39	61	<0.001
Patient care decision autonomy	35	65	<0.001
Energy for the performance of other activities after duty	32	68	<0.001
Teamwork in workplace	68	90	0.004
Sufficient staff at the workplace	27	53	<0.001
Feedback from supervisors	43	58	0.06
Remuneration	54	38	0.001
Respects from Doctors	45	70	0.6
Acknowledgment from managers	36	81	0.01
Job security	71	38	0.4

## DISCUSSION

The overall mean QNWL score both for private and public hospital nurses was  $165.23 \pm 18.37$ , with the private hospital nurses scoring better ( $172.07 \pm 20.57$  versus  $160.70 \pm 15.15$ ). Most nurses have average scores for the overall QNWL, because the participants in the study came from both the public and private sectors; mostly, nurses fall in the category of moderate QNWL. The overall mean QNWL score is slightly better than that of another comparative cross-sectional study conducted in India,<sup>20</sup> which had reported a mean QNWL score of  $146.56 \pm 37.02$ . Opposing the current findings, a comparative study conducted in India which says that nurses appear to have moderate QNWL in both the public and private sectors, with government nurses ranking above nurses in private hospitals.<sup>21</sup>

A major portion of the sample (80.3%) have moderate QNWL, 18.8% have high QNWL, while less than 1% of the sample has low QNWL. The results of the current study showed that government nurses have lower work-life quality than private hospital nurses. QNWL and the level of the hospital have a strong link with ( $p=0.011$ ). Moreover, in this current study an average of more than 80% of nurses both in public and private hospitals agreed that their workload is very heavy. According to some other studies, greater workload usually leads to tiredness, with nurses having no energy left after the shift. As a result, there is a disconnection between work and home life.<sup>16,22</sup> The nurses' workload was revealed to be high in the current study's findings. Another study performed in Iran found similar results to this one, indicating that nurses are overburdened.<sup>5</sup>

One of the reasons for low QNWL in public hospital nurses was inadequate supervision and recognition of their accomplishments

by their supervisors/managers: 64% of nurses in public hospitals stated they have no recognition of accomplishments by nursing managers. Nurses reported that their accomplishments went unnoticed by their upper management and that there was no effective feedback mechanism in place. External variables influencing job satisfaction and quality of life include adequate supervision and interaction with supervisors.<sup>23</sup>

In this current study, 54% of public hospital nurses agreed that their salary was adequate while only 36% of private sector nurses agreed that their salaries were adequate. But despite inadequate salaries, private sector nurses had higher work-life quality than government hospitals. Because many other factors like assistance from others support personnel, job satisfaction, workload, the balance between hospital work and family needs, autonomy, ability to do other activities after job, teamwork, nurses shortage at workplace, feedback & recognition of achievements from supervisors, respect from physicians also affect the quality of nurses work life. One other study found that nurses with higher wages have higher QNWL, which contradicts the findings of this study. In Literature, remuneration has been identified as a determinant of nurses' QNWL in many studies and is a strong predictor of job satisfaction and QNWL.<sup>23-25</sup>

## CONCLUSION

The study found moderate QNWL among nurses in the public and private hospitals; furthermore, private hospital nurses were found to have a higher QNWL than government-sector nurses, even though private-sector nurses reported inadequate salaries and job security.

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