

## Original Article



# Quality of Work Life among Nurses Working in Secondary Level Hospitals in Bangladesh

Md Golam Abbas<sup>1</sup>, Ummay Thamima<sup>2</sup>.

### Abstract

**Background:** Nurses play a crucial role in the healthcare delivery system. The phrase "quality of work life" (QWL) describes the range of elements that affect how successfully nurses can balance their personal and professional lives.

**Objective:** In order to assess the level of quality of work life among nurses working in secondary level hospitals in Bangladesh.

**Materials and Methods:** To assess the quality of the work-life balance, a cross-sectional study including 232 nurses working in secondary-level hospitals was carried out from January to December 2022. The WALTON QWL scale was used to construct the questionnaire.

**Results:** The QWL score average was  $126.0 \pm 9.3$ . About two-thirds of the nurses (71.1%) among them reported moderate QWL. The nurses' QWL was statistically significant when considering their recent night shifts, their capacity to eat at the proper times, their ability to spend time with friends and family, their conflicts with coworkers, and their conflicts with doctors ( $p < 0.05$ ). The majority of nurses who worked night shifts in the past month (75.1%) reported having moderate QWL, which included being able to take breaks during work hours (66.7%), experiencing sudden changes in the shift schedule (68.2%), not being able to eat at the right time (79.6%), not having many opportunities to spend time with family and friends (81.85), and having conflicts with coworkers (84.1%) and doctors (87.5%).

**Conclusion:** The study revealed that most of the nurses experienced moderate levels of QWL. The prevalence of QWL among nurses may have affected patient care, satisfaction with care, increased medical errors, and decreased overall hospital job efficiency. Enhancing nurses' QWL will help to raise the standard of nursing care given to patients at all levels and, as a result, increase their productivity.

**Key words:** Quality of work life, WALTON's QWL scale, nurses, secondary level hospitals, Bangladesh.

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### Introduction

Nursing is a challenging profession, and the stress nurses endure at work may harm their health and quality of work life (QWL).<sup>1</sup> The nursing profession employs a holistic strategy that takes into account the full person as well as his or her surroundings. Nurses provide their presence, comfort, support, and aid to patients who are suffering from loneliness, discomfort, illness, and even death.<sup>2</sup> The quality of nurses' work lives, which in turn influences their productivity, reduces turnover and minimizes psycho-social repercussions, depends on how well they balance their demands with organizational objectives. The quality of nursing work life has a direct impact on changes in patient care quality, cost, and quality of healthcare services.<sup>3</sup> The QWL is a complex variable that is significantly affected by many issues.<sup>4</sup> These include the nature of the work being performed, the

working environment, adequate and just compensation, job opportunities, duty discretion, and participation in decision-making processes, job safety, and occupational stress, organizational security in terms of employment and interpersonal relationships, and work-life balance.<sup>5-7</sup>

All citizens of Bangladesh should have access to both public and private institutions for high-quality, reasonably priced medical care, according to the country's national health care strategy. As a result, the Bangladesh government has constructed numerous public hospitals in both urban and rural areas. The contribution of nurses to bettering healthcare is widely recognized. Nurses in Bangladesh carry out a variety of activities, such as making rounds, altering doctor orders, changing wound dressings, educating patients about their conditions, keeping medical

1. Assistant Professor, Department of Occupational and Environmental Health (OEH), National Institute of Preventive and Social Medicine (NIPSOM), Mohakhali, Dhaka 1212, Bangladesh.

2. Ummay Thamima, MPH Fellow, Department of Occupational and Environmental Health (OEH), National Institute of Preventive and Social Medicine (NIPSOM), Mohakhali, Dhaka 1212, Bangladesh.

**Corresponding author:** Md Golam Abbas, Assistant Professor, Department of Occupational and Environmental Health (OEH), National Institute of Preventive and Social Medicine (NIPSOM), Mohakhali, Dhaka 1212, Bangladesh.  
Cell: +8801923476766, Email: [abbasgolam@yahoo.com](mailto:abbasgolam@yahoo.com)

records, and supporting doctors during examinations. Roles and obligations of nurses and the QWL are linked to the opinions and acceptance of the supervising physician and recruiting authorities, as well as their willingness to supply the required tools.<sup>8,9</sup>

The quality of nursing work life (QNWL) is the extent to which registered nurses can meet their requirements through experiences at work organization while achieving the goals of the organization. The QWL is an employee's impression of their work, organization, and employer.<sup>10</sup> Relationships with coworkers, the ability to make independent decisions, management and leadership style, demographic characteristics, benefits and wages, shift schedules, and workload are all factors that influence how much nurses adore their profession.<sup>11</sup>

It has been demonstrated that hospitals with unfavorable working conditions experience significant rates of turnover and nurse absence. The most prevalent sources of stress for nurses are dealing with patients, responding to the dead and dying, lack of nurses, inadequate support systems, and technological improvements. Nurses are leaving the profession due to a lack of a healthy work-life balance, workplace discontent, and a high workload.<sup>12</sup>

### Materials and Methods

This cross-sectional study was commenced to assess the level of quality of work life among the nurses working in the two district hospitals purposively selected named 250-bedded Mohammad Ali Hospital, Bogura, Bangladesh, and Joypurhat District Hospital, Joypurhat, Bangladesh. Two hundred thirty-two (232) nurses with at least one year of experience working in the research locations were conveniently chosen as participants.

The studied nurses were interviewed by a pretested semi-structured questionnaire through the face-to-face interview from January to December 2022. The 'Walton's Quality of Work Life Scale' was used to construct the questionnaire. The WALTON QWL scale is a 35-item questionnaire that is divided into eight categories designed to provide a consistent measurement of the quality of the work life that has been experienced.

The data were analyzed into IBM SPSS v26. Descriptive statistics such as mean, standard deviation, and percent were computed for continuous variables of the participants. Chi-square was used to assess the significance of associations between two nominal variables and a p-value of <0.05 at a 95% confidence interval was taken as significant. The results were presented in tables and charts.

Informed written consent was obtained from each participant. Ethical approval was obtained from the Institutional Review Board (IRB) (NIPSOM/IRB/2017/09) of the National Institute of Preventive and Social Medicine (NIPSOM), Dhaka 1212, Bangladesh.

### Results

Table I depicts the particulars of the nurses. The mean age of the respondents was 37.9± 8.8 years and more than half (58.7%) of them were in the age group 30-49 years. Most of the respondents were married (94.8%). Four-fifths of the nurses (80.6%) completed their graduation. The mean of the working experience was 9.1±6.9 years. The mean of their monthly salary was 35,909.5±10,173.6 taka.

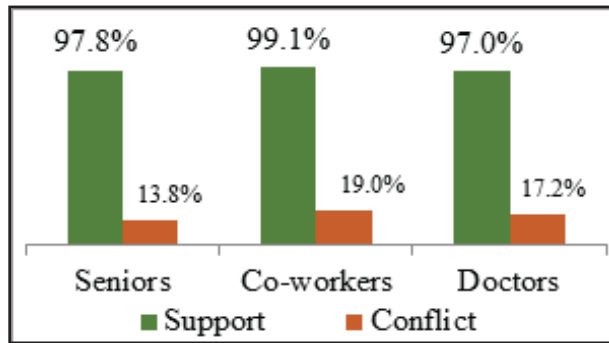
**Table I:** Particulars of the nurses (n=232)

Particulars	Frequency (n)	Percent (%)	
Age groups (years)	<30	70	30.2
	30-49	136	58.6
	≥50	26	11.2
	Mean±SD		37.9± 8.8
Marital status	Married	220	94.8
	Single	12	5.2
Education	Graduation	187	80.6
	Post-Graduation	45	19.4
	Mean±SD		9.1±6.9
Work experiences (years)	1-5	91	39.2
	6-10	62	26.7
	≥10	79	34.1
	Mean±SD		9.1±6.9
Monthly salary (Taka)	≤25,000	15	6.5
	25,001-55,000	125	53.8
	>55,000	92	39.7
	Mean±SD		35,909.5±10,173.6

Table II demonstrates the work-related factors of the nurses. Among the 232 nurses, 33.6% were posted in the Medicine department, 31.9% were in the Surgery department, 29.3% were posted in the Obstetrics and Gynecology department, and the remaining 5.2% were in other departments. Cent percent of nurses work 8 hours a day. More than half of the nurses (53.4%) slept ≤6 hours in a day. Three-fourths of the nurses (74.6%) were given duty at night shift in the past month and among them, more than half (53.2%) were given >5-night duty in the past month. Regarding the factors related to the working environment, 73.7% could take a break during the working period, 82.8% experienced a sudden change in their roster, 76.3% participated in academic activities, 62.5% could avail casual leave anytime, 61.6% nurses had fear of hospital-acquired infection and 99.1% respondents had confidence in own clinical decision making. Regarding the personal and social factors, cent percent was comfortable communicating in a local language, 72.0% could not take a meal at an appropriate time, 82.8% could take a healthy meal, 88.4% missed social events during work time and 52.6% got an opportunity to spend time with family and friends.

**Table II: Work-related factors of the nurses (n=232)**

Particulars (%)		Frequency (n)	Percent
Working hours per day (hours)	8	232	100.0
	>8	0	0
Sleeping hours per day (hours)	≤6	124	53.4
	>6	108	46.6
	Mean±SD		6.6±1.1
Night shifts in the past month	Yes	173	74.6
	No	59	25.4
Number of night shifts in the past month (n=173)	≤5	81	46.8
	>5	92	53.2
	Mean±SD		4.4±2.9
<b>Factors related to the working environment (n=232)</b>			
Ability to take a break	Yes	171	73.7
	No	61	26.3
Sudden change in a roaster	Yes	192	82.8
	No	40	17.2
Participation in academic activities	Yes	177	76.3
	No	55	23.7
Ability to take casual leave anytime	Yes	145	62.5
	No	87	37.5
Fear of hospital - acquired infection	Yes	143	61.6
	No	89	38.4
Confidence in clinical decision - making	Yes	230	99.1
	No	2	0.9
<b>Personal and social factors (n=232)</b>			
Local language comfort	Yes	232	100
	No	0	0
Ability to have a meal at an appropriate time	Yes	65	28.0
	No	167	72.0
Ability to have a healthy meal	Yes	192	82.8
	No	40	17.2
Missed social events	Yes	205	88.4
	No	27	11.6
Opportunity to spend time with family and friends	Yes	122	52.6
	No	110	47.4



**Figure 1:** Supports and conflict in the workplace (n=232)

Figure 1 portrays the distribution of nurses by support from seniors, co-workers, and doctors. Among the 232 respondents,

97.8% got support from seniors, 99.1% respondents got support from co-workers and 97.0% got support from doctors. Regarding conflict, 13.8% experienced conflict with seniors, 19.0% of respondents experienced conflicts with their co-workers and 17.2% of respondents had a conflict with doctors.

Table III demonstrates QWL by Walton's QWL scale. Among 232 respondents, most of the nurses (86.6%) were satisfied with their adequate and fair compensation, 84.1% of the workers were satisfied with their working conditions, 96.6% of the nurses were satisfied with their capacity of development at the workplace, 84.9% were satisfied with their opportunity at the workplace, 93.5% were satisfied with their social integration at the workplace, 82.3% of the nurses were satisfied with constitutionalism at work, 45.7% of the nurses were satisfied with their work and total life space and 75.0% were satisfied with their social relevance and importance of work.

**Table III:** Quality of work life by Walton's Quality of Work Life Scale (n=232)

Components	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
	n(%)	n(%)	n(%)	n(%)	n(%)
Adequate and fair compensation	1(0.4)	17(7.3)	10(4.3)	201(86.6)	3(1.3)
Safe and healthy working conditions	0(0)	25(10.8)	9(3.9)	195(84.1)	3(1.3)
Immediate opportunity to use and develop human capacities	0(0)	4(1.7)	1(0.4)	224(96.6)	3(1.3)
Opportunity for continued growth and security	2(0.9)	8(3.4)	25(10.8)	197(84.9)	0(0)
Social Integration in the Work Organization	0(0)	6(2.6)	6(2.6)	217(93.5)	3(1.3)
Constitutionalism in the Work Organization	0(0)	15(6.5)	23(9.9)	191(82.3)	3(1.3)
Work and total life space	0(0)	43(18.5)	81(34.9)	106(45.7)	2(0.9)
Social Relevance and Importance of Work	0(0)	1(0.4)	1(0.4)	174(75.0)	56(24.1)

Table IV shows QWL categories among nurses. The mean of QWL scores was 126.0±9.3. Out of them, about two-thirds of the nurses (71.1%) experienced moderate levels of QWL and the rest of them (28.9%) experienced good QWL.

**Table IV:** Level of quality of work life of the nurses (n=232)

<b>Level of quality of work- life</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Poor	0	0
Moderate	165	71.1
Good	67	28.9
Mean±SD		126.0±9.3

Table V interprets the association between work-related factors and the QWL of the nurses. The QWL of the nurses was statistically significant with night shifts in the last month (p=0.021), ability to have meals at an appropriate time (p=0.000), an opportunity to spend time with family and friends (p=0.001), conflicts with co-workers (p=0.035) and conflicts with doctors (p=0.012). Moderate QWL was found among the nurses who did night shifts in the last month (75.1%), QWL, had able to take a break during duty time (66.7%), had experienced sudden change in the roaster (68.2%), had not able to take a meal at an appropriate time (79.6%), did not get much opportunity to spend time with family and friends (81.85), had experienced conflicts with co-workers (84.1%) and had experienced conflict with doctors (87.5%).

**Table V:** Relationship between work-related factors and quality of work life.

	<b>Level of quality of work - life</b>				<b>χ<sup>2</sup> value</b>	<b>p - value</b>
	<b>Poor</b>	<b>Moderate</b>	<b>Good</b>	<b>Total</b>		
	<b>n(%)</b>	<b>n(%)</b>	<b>n(%)</b>	<b>n(%)</b>		
<b>Night shifts in the last month</b>						
Yes		130(75.1)	43(24.9)	173(100)	5.363	0.021
No		35(59.3)	24(40.7)	59(100)		
<b>Ability to take a break</b>						
Yes		114(66.7)	57(33.3)	171(100)	6.282	0.012
No		51(83.6)	10(16.4)	61(100)		
<b>Sudden change in a roaster</b>						
Yes		131(68.2)	61(31.8)	192(100)	4.533	0.033
No		34(85.0)	6(15.0)	40(100)		
<b>Ability to have a meal at an appropriate time</b>						
Yes		32(49.2)	33(50.8)	65(100)	21.066	0.000
No		133(79.6)	34(20.4)	167(100)		
<b>Opportunity to spend time with family and friends</b>						
Yes		75(61.5)	47(38.5)	122(100)	11.655	0.001
No		90(81.8)	20(18.2)	110(100)		
<b>Conflicts with co - workers</b>						
Yes		37(84.1)	7(15.9)	44(100)	4.447	0.035
No		128(68.1 )	60(31.9)	188(100)		
<b>Conflicts with doctors</b>						
Yes		35(87.5)	5(12.5)	40(100)	6.313	0.012
No		130(67.7)	62(32.3)	192(100)		

## Discussion

The mean age of the nurses was  $37.9 \pm 8.8$  years and more than half (58.7%) of them were in the age group 30-49 years. A study in Bangladesh found that the mean age was  $35.9 \pm 8.0$  years which was similar to the current study.<sup>2</sup> Most of the respondents were married (94.8%). In another study conducted by Baye Y et al found that 68.5% of the nurses were married.<sup>13</sup> Four-fifths of the nurses (80.6%) completed their graduation. The mean of the working experience was  $9.1 \pm 6.9$  years. In Kshetrimayum, N. (2019) study found 93.4% of the respondents had a diploma and 54.6% had work experience of 1-10 years.<sup>14</sup> The mean of their monthly salary was  $35,909.5 \pm 10,173.6$  taka which was almost similar to the studies conducted by Das SR et al and Mondal R et al.<sup>2,15</sup>

The present study revealed that 100 percent of nurses work 8 hours a day which was almost similar to the study where most of the nurses (81.5%) worked about 6-8 hours a day.<sup>16</sup> More than half of the nurses (53.4%) slept  $\leq 6$  hours a day. Three-fourths of the nurses (74.6%) were given duty at night shift in the past month and among them, more than half (53.2%) were given  $>5$ -night duty in the past month. These findings were dissimilar to the studies of Das SR et al and Tsegaw S et al.<sup>2,16</sup>

Regarding the factors related to a working environment, 73.7% could take a break during the working period, 82.8% experienced a sudden change in their roster, 76.3% participated in academic activities, 62.5% could avail casual leave anytime, 61.6% nurses had fear of hospital-acquired infection and 99.1% respondents had confidence in own clinical decision making. Regarding the personal and social factors, cent percent was comfortable communicating in a local language, 72.0% could not take a meal at an appropriate time, 82.8% could take a healthy meal, 88.4% missed social events during work time and 52.6% got an opportunity to spend time with family and friends. These findings were similar to the studies by Younas A and Moradi T et al.<sup>8,10</sup>

In a study by Kelbiso L. (2017), the result showed that the work environment of the healthcare facilities was strongly significantly associated with QNWL, nurses who perceived an unfavorable work environment reported a low QWL.<sup>6</sup>

In this study, 97.8% got support from seniors, 99.1% of respondents got support from co-workers and 97.0% got support from doctors. Regarding conflict, 13.8% experienced conflict with seniors, 19.0% of respondents experienced conflicts with their co-workers and 17.2% of respondents had a conflict with doctors. These findings were similar to the studies by Baye Y et al and Vernekar SP et al.<sup>13,17</sup>

Regarding the QNWL, most of them (86.6%) were satisfied with their adequate and fair compensation, 84.1% of the workers were satisfied with their working conditions, 96.6% of the nurses were satisfied with their capacity of development at the workplace, 84.9% were satisfied with their opportunity at the workplace, 93.5% were satisfied with their social integration at the workplace, 82.3% of the nurses were satisfied with constitutionalism at work, 45.7% of the nurses were satisfied

with their work and total life space and 75.0% were satisfied with their social relevance and importance of work.

The mean of QWL scores was  $126.0 \pm 9.3$ . Out of them, about two-thirds of the nurses (71.1%) experienced moderate levels of QWL and the rest of them (28.9%) experienced good QWL. These findings were nearly similar to other studies, where the QWL scores of nurses were  $106.3 \pm 19.1$ .<sup>3,4</sup> The QWL of the nurses was statistically significant with night shifts in the last month, ability to have meals at an appropriate time, an opportunity to spend time with family and friends, conflicts with co-workers and conflicts with doctors ( $p < 0.05$ ).

## Conclusion

Based on the study, it can be asserted that two out of every three nurses had a moderate level of quality of work. Numerous work-related factors were discovered to be related to the QWL. The majority of nurses were female, many of whom continued to work in the same environment with the same coworkers, and who frequently struggled to adjust to their new function due to ambiguity as well as a lack of training. Strong working relationships and excellent communication between nurses and the supervising physician or other non-medical personnel improve the quality and standard of life at work. The QNWL could be improved by creating a more supportive workplace and reducing internal conflicts.

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