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Quality of Work Life among Nurses in Malaysia Government Hospital

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Abstract

Globally, nurses in the health care system have affected the quality of work life due to dynamic changes in the work environment. This study assesses nurses' quality of work life in government hospitals. A cross-sectional study was conducted among 1008 nurses who worked at five government hospitals in Malaysia. The respondents had almost similar results, with 50.1% of the respondent being satisfied with QoWL. The nurse's quality of work-life is at a moderate level. The health care authorities should implement policies to strengthen the operational standards so that nurses can provide excellent and effective patient care.

Keywords: Quality of Work Life, Nurses, Hospital, Organization

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1.0 Introduction

Nurses are the healthcare system's most prominent group and critical employees. They are essential in providing quality care and shifting to all aspects, such as patient advocacy and administration (Venkataraman et al., 2018). The nursing profession is stressful since it is associated with complex job demands and needs, high expectations, excessive responsibility, and minimal authority (Allen, 2018). In addition, nurse work-related stress, dissatisfaction, and burnout are some of the problems and consequences that negatively affect healthcare quality and patient care (Liu et al., 2018). The World Health Organization (WHO) reported that by 2030, approximately 40 million new health and social care jobs would be required globally due to the current lack of staff and the expected turnover (WHO, 2016).

Quality of work-life (QoWL) is defined as "the quality of the relationship between employees and the total work environment"; it includes job security, training and career advancement, empowerment, reward systems, and the overall work environment. It is not only related to work but also to how organizations enable individual holistic well-being. QoWL aims to maintain employees' satisfaction, trust, collegiality and cooperation, recognition, and a safe working environment. It reduced employee turnover and

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increased organizational commitment (Bala et al., 2019;). Researchers documented that QoWL is significantly and positively related to employees' psychological well-being and job satisfaction (Hardjanti et al., 2017; Jabeen et al., 2018).

Currently, QoWL has become an important issue. It influences the productivity and commitment of nurses in health organizations in ensuring the sustainability of the healthcare system and providing high-quality services to patients (Suleiman et al., 2019). The support from top management, harmonious relationships with colleagues, career development opportunities, and the learning environment enhances the effectiveness of nurses' work life (Alsmael et al., 2020).

However, nurse shortage, poor working conditions, increased workload, imbalance of work, lack of involvement in decision-making, and poor relationships with supervisors are significant barriers to improving QoWL in organizations. (Al-Maskari et al., 2020). As in Malaysia, insufficient human resources remain a significant challenge in achieving the optimum preventive and curative health care provision to all population segments (Nor Asiah et al., 2021).

Therefore, this study aims to determine the QoWL among government hospital nurses in Malaysia and to identify the differences in QoWL by the characteristics of the respondents. Most likely, the finding of these studies will help to examine some issues: working conditions, demanding patient needs and care, professional issues, stressful work life, nursing workforce shortage, working knowledge development, teamwork and performance, nursing leadership and management issues, organizational climate, and culture among government hospital nurses in Malaysia.

2.0 Literature Review

The nursing profession is one of the essential human resources in the health system, which deals with the safety and quality of patient care that needs to be maintained and ensured. Therefore, various studies have been conducted with different organizations and countries. A study among 2391 nurses in 85 Iranian public hospitals from 9 provincial centres reported a low level of self-reported quality of work life, with 69.3% of nurses dissatisfied with their work life (Raeissi et al., 2019), similar to a study among 253 nurses two hospitals and nine health centres in South Ethiopia found 67.2% of the respondents were dissatisfied with their quality of work life (Kelbiso et al., 2017).

However, studies reported that the nurses had moderate levels of QoWL was conducted among 218 nurses who worked in both government and private hospitals in Peshawar, Pakistan (Akbar et al., 2023); 271 nurses in Public Hospitals in Western Iran (Lebni et al., 2020); 100 nurses in a tertiary hospital, India (Thakre et al., 2017); 100 nurses in a private tertiary hospital (Hemanathan et al., 2017).

Many studies show that the finding affects the quality of life whereby the changes in any socio-demographic factors like age, gender, marital status, salary, type of family, length of service experience, service status like permanent or temporary, education, support from family members and shift duty (Lebni et al., 2020; Raeissi et al., 2019; Kelbiso et al., 2017; Thakre et al., 2017). Albaqawi (2018) already mentioned a significant difference between the demographic data of the staff nurses and the quality of nursing work life, precisely age to work condition, the civil status to support services, nationality to relation with managers, job perception, and the support services. The previous study showed that characteristic demographic status plays a significant role in settling work and life quality (Moradi et al., 2014; Kelbiso et al., 2017; Faraji et al., 2017).

3.0 Methodology

This is a descriptive cross-sectional study conducted among nurses who worked in five general hospitals in Malaysia, where the selected locations represent five states in Malaysia.

The sample size was calculated using Raosoft Software Calculator, and the recommended sample size was 1008. The convenience sampling technique was used; the nurses who had experience working in hospital settings and served as nurses in a hospital for six months and above were selected to participate in this study. The data was collected from 1st March 2020 to 30th April 2020.

The study instrument was adapted from a previous study (Swamy et al., 2015) with permission from the original author. The questionnaire consists of two sections: the characteristics of the respondents, such as personal data (age, gender, marital status, ethnicity, educational level, and salary); family data (type of family, size of family members, dependent children and dependent adult; and the organization data (position, grade, nursing tenure, position tenure, organization tenure, roster status, shift status, shift type, and travelling time). The QoWL was assessed using 50 questions divided into nine subscales (organization culture, work environment, training and development, compensation and reward, facilities, relation and coordination, job satisfaction and security, adequacy of resources, and autonomy of work). The possible minimum score was 50, while the maximum was 250. The higher scoring than the overall mean indicated a satisfied QoWL. This instrument was rated ranging from one (1) indicating 'completely dissatisfied', two (2) 'slightly dissatisfied', three (3) 'dissatisfied', four (4) 'satisfied', five (5) 'slightly satisfied', while six (6) 'completely satisfied'. The reliability coefficient of the questionnaire was 0.88 (Cronbach's alpha value). A pilot study was conducted, and Cronbach's alpha value was 0.974, showing that the consistency of the data was excellent.

After obtaining approval from Institution Research Ethics Committee 600-TNCPI (5/1/6) and the Medical Research Ethics Committee KKM/NIHSEC/ P20-354 (6), with support from the nursing division, the data was collected using Google Forms or Google Links (<https://bit.ly/2yWNAng>). This method had to be used because during the data collection process, Pandemic Covid19 just struck Malaysia, and the order by Malaysia Government Movement Control Order (MCO) was just released. Although this data collection method is the latest to be used, the support of the nursing unit in each hospital helped in the data collection process. The study

information was displayed in the first section of the Google form, and those who agreed to participate will give their consent after the study information. The respondents were informed that their participation was entirely voluntary, and they may refuse to participate in the study or withdraw themselves from participation at any time without penalty. It will take 5-10 minutes of the respondent's time to answer the questions. The data was retrieved once the respondent had completed the questionnaire. The data collected was coded and grouped. Following applicable laws and regulations, the information acquired in this study will be kept and handled confidentially. The identification number was recorded instead of the respondent's official data on the subject datasheets. All data will be entered into a computer that is password protected. All data were converted into SPSS (Statistical Package for Social Science) version 23.0 and was analyzed using descriptive and analytical statistics.

4.0 Finding

4.1 The Respondent's Characteristics

Table 1 portrays the respondent's characteristics. The mean age of the respondents was 36.79 (± 16.65); half of them were at the age between 31-40 years old. Most of them were female nurses; Malay, married, had a diploma as their level of education and had served as a nurse for 5-10 years. Most were clinical nurses, shift workers, and permanent staff with monthly incomes between RM 3000 – RM 8000. Most of them lived in a nuclear family with a family size of 1-5 people, had dependent children and adults, and the majority of them took less than an hour to travel to the workplace.

Table 1. The Respondent's Characteristics

Variable	n	%
Age (Mean / SD): 36.79 / 16.65		
20-30 years old	234	23.2
31-40 years old	506	50.2
41-50 years old	238	23.6
> 50 years old	29	2.9
Gender		
Male	15	1.5
Female	993	98.5
Ethnic		
Malay	958	95.0
Chinese	5	0.5
Indian	13	1.3
Others	32	3.2
Marital Status		
Married	863	85.6
Single	116	11.5
Divorced/ Widowed	29	2.9
Educational Level		
Diploma	933	92.6
Degree	74	7.3
Master	1	0.1
Monthly Income		
Less than RM 3000	144	14.3
RM 3000 – RM 8000	863	85.6
More than RM 8000	1	0.1
Family Type		
Nuclear	918	91.1
Joint	90	8.9
Family Size		
1-5 peoples	610	60.5
6 – 10 people	365	36.2
> 10 peoples	33	3.3
Dependent Child		
Yes	770	58.0
No	238	42.0
Dependent Adult		
Yes	585	58.0
No	423	42.0
Job Position		
Clinical Nursing	929	92.2
Nursing Manager	79	7.8
Variable	n	%
Work Experiences		
Less than 1 year	62	6.2
1 – 5 years	156	15.5
5 – 10 years	342	33.9
10 –15 years	224	22.2

Job Post	15 – 20 years	157	15.6
	More than 20 years	67	6.6
Job Shift	Permanent	963	95.5
	Contract	45	4.5
Traveling Time to Workplace	Shift Work	859	85.2
	Office Hours	147	14.6
	Less than 1 hour	923	91.6
	2-5 hours	66	6.5
	> 5 hours or more	19	1.9

4.2 The Quality of Work Life

In this study, the overall mean was 180.04 (± 29.21) which indicate moderate QoWL. The findings of the present study showed that the half of the nurses (51.1%) had satisfied QoWL. The respondents were satisfied with the training and the development (69.4%); satisfaction and job security (68.1%); and the relation and cooperation (53.9%). While the most unsatisfied domain was the autonomy of work (31.7%); facilities for workers (41.6%); and the organizational culture (42.2%) as displayed in Fig.1.

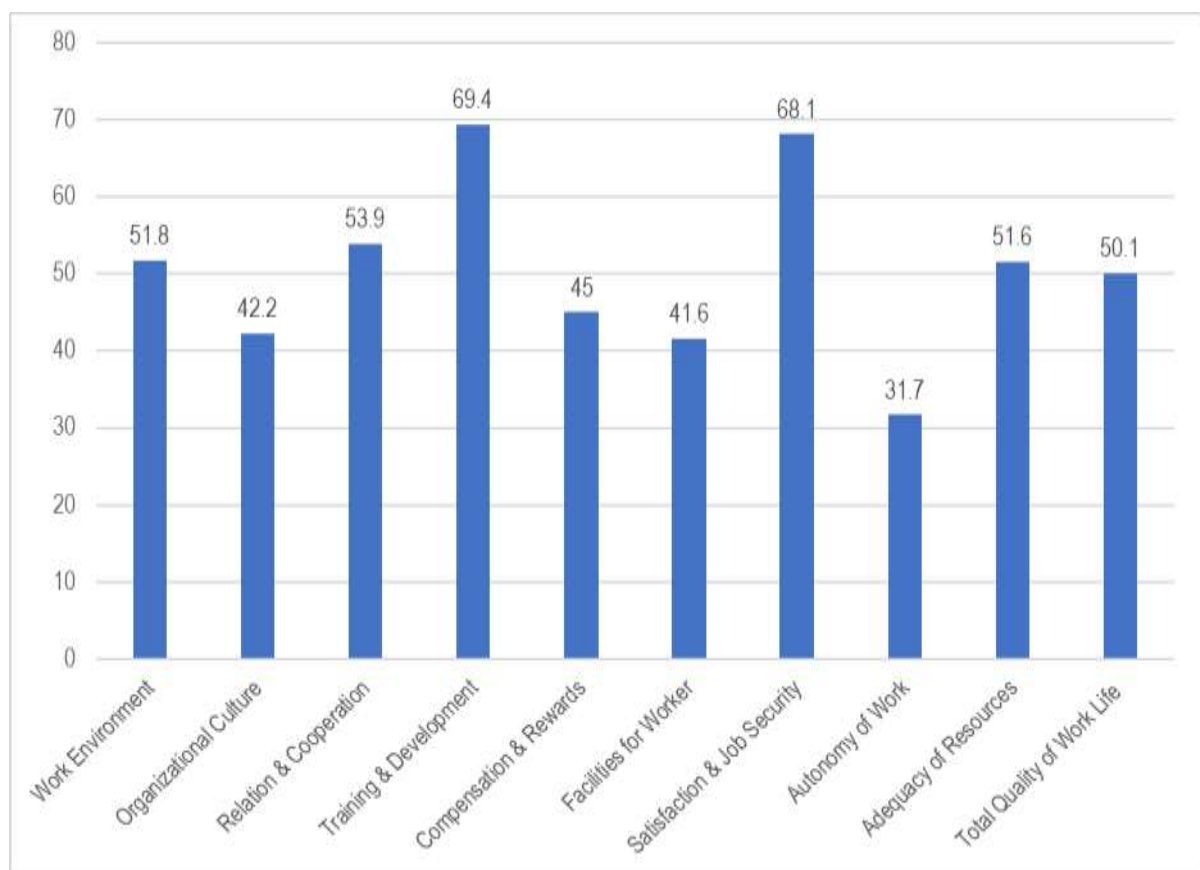


Fig. 1. The Satisfaction of QoWL by domains (Percentages)

4.3 The Differences in Quality of Work Life by the Characteristics of the Respondents

Table 2 portrays the differences in the quality of work life to the characteristics of the respondents. This study reported that the QoWL were different between the monthly Income; had dependent child and adult, working experiences, and job post. Nurse with a monthly income of less than RM3000, working experience of less than a year, and no dependent child and adult was found to have higher QoWL with a significant value of less than 0.05.

Table 2: The Differences in Quality of Work Life by the Characteristics of the Respondents.

Variable	n	%	Mean (SD)	F/t Value	p-Value
Age				2.38	0.07
20-30 years old	234	23.2	182.03 (29.26)		
31-40 years old	506	50.2	177.66 (29.79)		
41-50 years old	238	23.6	182.61 (28.47)		
> 50 years old	29	2.9	184.90 (21.48)		
Gender				1.44	0.15

Male	15	1.5	190.80 (34.85)		
Female	993	98.5	179.87 (29.11)		
Ethnic				2.58	0.05
Malay	958	95.0	180.16 (28.96)		
Chinese	5	0.5	169.40 (41.77)		
Indian	13	1.3	196.54 (31.22)		
Others	32	3.2	171.28 (31.64)		
Marital Status				0.22	0.80
Married	863	85.6	179.81 (29.14)		
Single	116	11.5	181.02 (29.86)		
Divorced/ Widowed	29	2.9	182.83 (29.57)		
Educational Level				0.05	0.94
Diploma	933	92.6	180.11 (29.03)		
Degree	74	7.3	179.01 (31.71)		
Master	1	0.1	184.00 (0.01)		
Monthly Income					
Less than RM 3000	144	14.3	186.47 (29.03)	4.30	0.01*
RM 3000 – RM 8000	863	85.6	178.98 (29.13)		
More than RM 8000	1	0.1	161.00 (0.01)		
Family Type				0.89	0.37
Nuclear	918	91.1	180.29 (28.91)		
Joint	90	8.9	177.42 (32.14)		
Family Size				0.80	0.45
1-5 peoples	610	60.5	180.97 (30.02)		
6 – 10 people	365	36.2	178.55 (27.25)		
> 10 peoples	33	3.3	179.15 (34.82)		
Dependent Child				-3.50	0.01*
Yes	770	58.0	178.25 (28.73)		
No	238	42.0	185.80 (30.06)		
Dependent Adult				-2.17	0.03*
Yes	585	58.0	178.34 (29.24)		
No	423	42.0	182.38 (29.03)		
Job Position				-1.15	0.25
Clinical Nursing	929	92.2	179.73 (29.45)		
Nursing Manager	79	7.8	183.66 (26.06)		
Work Experiences				3.92	0.01*
Less than 1 year	62	6.2	189.77 (25.43)		
1 – 5 years	156	15.5	183.32 (33.12)		
5 – 10 years	342	33.9	175.18 (28.92)		
10 –15 years	224	22.2	181.58 (28.41)		
15 – 20 years	157	15.6	180.44 (27.44)		
More than 20 years	67	6.6	182.04 (27.67)		
Job Post				-3.50	0.01*
Permanent	963	95.5	179.34 (29.14)		
Contract	45	4.5	194.87 (26.87)		
Job Shift				-1.69	0.09
Shift Work	859	85.2	179.45 (29.59)		
Office Hours	147	14.6	183.56 (26.86)		
Travelling Time to Workplace				2.57	0.08
Less than 1 hour	923	91.6	180.02 (28.93)		
2-5 hours	66	6.5	184.06 (31.11)		
> 5 hours or more	19	1.9	166.84 (33.29)		

5.0 Discussion

The present study aimed to assess the QoWL among 1008 nurses in five government hospitals and found that half of the nurses (50.1%) reported moderate QoWL. This was similar to studies conducted among nurses who worked in both government and private hospitals in Peshawar, Pakistan (Akbar et al., 2023); Public Hospital in Western Iran (Lebni et al., 2020); nurses in a tertiary hospital in India (Thakre et al., 2017); and nurses in a private tertiary care teaching hospital, India (Hemanathan et al., 2017). In contrast, a study in Iranian public hospitals from 9 provincial centres reported that most of the nurses were dissatisfied with their work-life (Raeissi et al., 2019), and a study in two hospitals and nine health centres in South Ethiopia had a similar result (Kelbiso et al., 2017). The variations might be related to societal values and the different conditions in the work environment in different hospitals. In addition, there were differences in the statistical population, the applied tools and the scoring methods used in each of these studies.

The present study's findings show that training and development were the most satisfied domain reported by the nurses. Most of the nurses were satisfied with the frequency of the training conducted. Studies supported these stated that the nurses who participated in an educational course were less likely to quit their positions, and the opportunities for career and professional development had an influential impact on the QWL of nurses (Thakre et al., 2017; Kelbiso et al., 2017). As health care professionals, nurses seek to continually refresh their knowledge and skills to provide quality patient and community care and satisfy their QoWL. The domain of satisfaction and job security; and relation and cooperation were other domains that satisfied the nurses in this study. Most of them were satisfied when they were allowed to perform their best in their jobs by the organization, and they were satisfied with

the harmonious relationship with their colleagues. This was supported by studies which reported that satisfaction with co-workers and the feeling of belonging to the workplace were among the things that satisfied most nurses (Thakre et al., 2017; Hemanathan I et al., 2017).

The most unsatisfied QoWL domain was the autonomy of work. The nurses claimed that they were not required autonomy to make patient care decisions (Thakre et al., 2017). On the other hand, by increasing their sense of autonomy and self-determination, the nurses felt that they could control well the tasks given and the work environment (Tripathi et al., 2020), which led to increased organizational commitment (Kelbiso et al., 2017). Studies have shown that psychological empowerment stimulates employee work attitudes, including organizational commitment (El Badawy et al., 2018; Nikpour, 2018; Qing et al., 2020; Bin Abdullah et al., 2015).

Another domain that the nurses were unsatisfied with was the facilities for workers and the organizational culture as most of them were unsatisfied with the good transportation facilities that are provided by the hospital authority, and they felt discriminated against on their job because of their gender and were not freely offer comments and suggestions on their performance. The potential source of this dissatisfaction was a lack of participation in decision-making and autonomy (Thakre et al., 2017).

Many factors influenced QoWL, and this study revealed a significant difference in the QoWL and the nurses' characteristics, such as the monthly Income; had dependent child and adult, working experiences, and job post. The present study reported that nurses with a monthly income of less than RM3000, normally the newbie with working experience of less than a year, had better QoWL. This was contradicted by most of the studies that reported that the length of work experience had significantly a better QoWL. Employees with more significant work experience felt less occupational stress and more stability in their job and thus experienced a better QWL (Lebni et al., 2020; Thakre et al., 2017). The current study also supports this statement. However, the nurses who had less than a year of experience were found to have better QoWL. This was supported by a study among nurses in a private tertiary hospital by Hemanathan et al. (2017). This could be because the nurses who worked less than a year had less occupational stress. After all, they have yet to be exposed to more tasks and responsibilities. Moreover, with an uncertain economic situation, these newly working nurses were more accepting of the Income they received at the beginning of their job.

Another factor related to QoWL was the job post. This current study reported that nurses with contract posts were found to have better QoWL than those with permanent posts as a nurse. This was contradicted by most of the studies conducted (Lebni et al., 2020; Thakre et al., 2017), which stated that nurses' better career prospects and job stability result in better QWL compared to nurses with temporary or contract employment. These may also be due to the responsibility and trust given to permanent staff compared to higher than the temporary or contract nurses.

Another factor associated with the QoWL was the dependent child and adult who lived with the respondents. The nurses who had no dependent child and adult were found to have higher QoWL. The dependent family members require care when the nurses feel they cannot care for them at the right time. A child's health issue is another area where nurses may find it challenging to balance (Hemanathan et al., 2017).

However, there was no significant difference in the QoWL with other characteristics of the nurses who took part in this study, such as age, gender, ethnicity, marital status, educational level, family type and sizes, job position, job shift and the time they took travelling to their workplace (Kelbiso et al., 2017; Thakre et al., 2017).

6.0 Conclusion and Recommendation

This study provides an initial phase in recognizing the factor was the influence of quality work life of nurses in hospital environments. This current study showed that nurses' quality of work-life is at a moderate level. This research further indicates that the socio-demographic features of nurses and QoWL are substantially linked. Result-driven research is also needed to examine specific strategies' effectiveness, efficacy, and cost benefits to improve nurses' quality of life. The health care authorities should implement policies to strengthen the operational standards of nurses and their QoWL so that nurses can provide excellent and effective care for their patients.

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Paper Contribution to Related Field of Study

Fatimah Sham carried out the quality of work life study by carried out the research general supervision of the research, made substantial contributions to conception and design, acquisition of data, and analysis and interpretation of data, was involved in drafting the manuscript and revising it critically for important intellectual content. Azniah Alias contribute to collection of data process. Devi K Saravana Muthu and Dr Nanjundeswaraswamy anchored the review, edited the final manuscript, and approved the article submission.

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