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The Quality of Work-life among Intensive Care Unit Nurses at Governmental Hospitals in Gaza Strip

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Abstract

Objective: The overall aim of this study is to assess the quality of work-life among nurses working in ICU departments at governmental hospitals in the Gaza Strip.

Methods: The researcher used a quantitative cross-sectional descriptive design. The population of the study consisted of all ICU nurses working at 5 Governmental Hospitals in the Gaza Strip/Palestine. A self-administered questionnaire was distributed to 102 nurses which was developed by the researcher, out of which (88.6%) responded, data was analyzed by using the statistical package of social science version 23 using descriptive statistics, means, standard deviation one-sample t-test, and independent t-test. The validity of the questionnaire was tested and the total instrument reliability test (Cronbach's Alpha) gave a score of 0.924 and it is considered a high score.

Results: The results of the study showed, about two-thirds of the participants (75.5%) were married, and the respondents' age was between 21 and 50 years and the highest number of nurses 50 (49.0%) aged 30-39 years, and the nurses had bachelor (85.3%) while (9.8%) had mastered. The males represented (76.5%) of the participants and their years of experience in ICU were between 1 and 15 years. And the results of this study showed that the overall level of work-life domains was moderate (mean=3.31, S.D. =0.48) with total relative weight (66.2%), and the total weight for each domain as following job autonomy domain gets the first rank followed by job satisfaction followed by staff retention, and last rank domain was work environment with relative weight as follow (72.0%), (69.4%), (63.5%) and (62.5%). Also result showed statistically significant differences between nurses' responses regarding gender, female nurses have higher mean in quality of work-life domains compared to males, while no statistically significant differences between the quality of work-life domains with qualification, job title, marital status and Experience years in ICU.

Conclusion: As QWL has an important impact on attracting and retaining employees, it is necessary to pay more attention to the nurses' QWL and its affecting factors. The policy makers should develop strategies for improving the nurses' QWL, so that, nurses will be able to perform better care for their patients. This research provides an initial step in understanding the work-life of ICU nurses at governmental hospitals in GS.

Keywords: Nurses; Quality of work-life; Intensive care unit nurses

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Introduction

The quality of work-life (QWL) is defined as the level to which

people who are working in the organization yield both personal and work satisfaction by achieving the goals of the organization [1]. Quality of nursing care is considered as an important

aspect in evaluating the quality of health care. The quality of nursing and health care is directly interlinked to levels of job satisfaction among nurses and on the quality of nurse's work-life. The rapidly changing health care environment has had an impact on the nursing work environment, workload, and quality of nursing work-life [2]. High quality of work-life is essential for organizations to achieve high performance and growth in profitability and to continue to attract and retain employees, QWL is a comprehensive, department-wide program designated to improve employee satisfaction, strengthening workplace learning and helping employees had better manage change and transition. Dissatisfaction with QWL is a problem, which affects almost all workers regardless of position or status [3]. Health organizations in many countries have faced some difficulties like shortage of health experts, and increase the turnover rate, especially amongst nurses. Nurse turnover has a negative impact on the ability to encounter the patient's needs and deliver high standards of care [4]. Job satisfaction was the most commonly conducted research in nursing. Job satisfaction mainly focuses on the likes and the dislikes of the employees and little interest is given to the work environment. Therefore, problems related to the nursing work environment were not much addressed. Effective nurse managers play an important role in staff nurse retention and the quality of patient care [5]. Nurses' retention factors were categorized into three: organizational, role, and personal. Intentions to stay and retention of nurses are multifactorial [6]. The study aimed to assess the quality of work-life among nurses working in (ICU) Intensive Care Unit Nurses departments at governmental hospitals in Gaza Strip (GS). The significance of this study was that the findings would heighten awareness of the effect of quality of work-life in hospitals.

Research Methodology

Research design

A descriptive-analytical cross-sectional design was selected as a design for the current study. It involves the collection of data at one point in time. It is appropriate for describing the status of the phenomena (Quality of work-life). The purpose of this design is to observe, describe, and document aspects of a situation as it naturally occurs, therefore, this design was used to identify the quality of work-life among intensive care unit nurses at governmental hospitals in Gaza Strip.

Setting of the study

The study had been carried out at ICU departments at governmental hospitals in Gaza Strip. The ICU departments at governmental hospitals in Gaza Strip include Indonesian Hospital, Shifa Medical Complex, Al Aqsa Hospital, Nasser Medical Complex, European Gaza Hospital (EGH) (PCBS, 2019). And the study excluded Pediatric ICU and Gynecology ICU and burn ICU at governmental hospitals in the Gaza Strip.

The sample

The sample of this study was census sample means that the researcher was selected all the units or members of a population, consisting all nursing staff and head nurses and supervisors who

are working in ICU departments at the governmental hospitals in Gaza Strip of both sexes. The total population is 115 nurses.

Eligibility criteria

The population of this study are nurses who are working in the ICU department and who met the inclusion criteria in the setting of the study, and met the following criteria were eligible to participate in the study, have one-year experience or more and should be a formal employee in the hospital. The study excluded all volunteers, nurses have less than one year of experience and nurses working in pediatric, obstetric and burn ICU.

Study instrument

The instrument was a structured questionnaire. The questionnaire was distributed to the study sample in the Arabic language. The questionnaire is composed of two parts. Part One: includes questions related to personal and demographic characteristic data like age, gender, marital status, qualifications, job title, years of experience, salary, name of hospital and place of Residence. Part two: five domains for Assessment Nurses Working Conditions at ICU Departments at Governmental Hospitals in Gaza Strip. Four domains of 50 questions; Work Environment (15 questions), Job Satisfaction (9 questions), Staff retention (14 questions), Job Autonomy (12 questions). All the questions were on five Likert scale range from (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree).

Reliability and validity of the instrument

The questionnaire was sent to a panel of expert persons to assess the clarity and relevance of the questionnaire to the objectives of the study (Annex 1.6). All comments on the questionnaire were taken into consideration. In addition, a pilot study was conducted before starting the data collection of the questionnaire. The researcher used the Cronbach alpha coefficient to estimate the internal consistency for the study instrument. Cronbach alpha is 0.924.

Pilot study

A pilot study (N=20) was conducted before starting the actual data collection to develop and test the adequacy of the research questionnaire before starting the actual data collection as a pretest to determine the real-time needed to fill the questionnaire and identify areas of vagueness, to point out weaknesses in wording and translation to Arabic.

Ethical consideration and procedures

Ethical codes of conduct strictly adhered at all stages of the study, confidentiality was maintained, ethical approval was obtained from Al-Quds University and Helsinki Committee. An approval letter was obtained from the general director of the hospitals, and consent form from the nurses who selected from the ICU department they were asked for their agreement to participate in the study.

Data collection

To assess the quality of work-life among ICU nurses, the researcher

was collected data via a self-administered questionnaire. The consent form has been obtained from the participants for participating in the study and the researcher has collected data by using a self-administered questionnaire. Participants were asked to fill the questionnaire form, which were distributed during their working hours, and break time.

Data analysis

The data were analyzed by using the Statistical Package of Social Science (SPSS) program version 23, the stages of data analysis included: coding the questionnaire, data entry, and data cleaning. Data cleaning was performed by reviewing frequency tables, random selection of questionnaires to ensure the accurateness of data entry. The questionnaire items were rated on a 1–5 Likert scale. The frequencies and descriptive data (mean, ranges, percentage, and standard deviations) were to be conducted to assess the research variables. Multivariate statistics such as ANOVA and t-test were used to find out the significance and differences between variables. Cronbach’s alpha coefficient was used to examine the internal coherence and reliability of each subscale.

Results

Socio-demographic characteristics of the study population

Table 1 showed that the mean age for participants was 31.80 ± 8.05. The respondents' age was between 21 and 50 years and the highest number of nurses 50 (49.0%) aged 30 - 40 years. The staff nurse represented 95.0% and the remaining 4.9% was the head nurse. The majority (75.5%) of the participants were married and (24.5%) was single, and the nurses had bachelor (85.3%). The males represented 76.5% of the participants while the females 23.5% that’s mean a large number of male nurses working in ICU compared to female nurses. the mean experience years in ICU for participant was (5.36 ±5.01) and their years of experience in ICU were between 1 and 15 years, it was found that (n=43; 42.2%) from the samples have "1-5 years" years of service in the ICU departments, more than half (61.8%) of the participants receive a salary between (1001-2000) NIS.

Distribution of the study participants according to their perception about the quality of work-life domains.

Table 2 shows that the overall mean of QWL domains (mean=3.31, S.D.=0.48) with total relative weight (66.2%). The results also showed that job autonomy domain gets the first rank (mean=3.60, S.D.=0.57) with relative weight equals 72.0%, followed by job satisfaction domain (mean=3.47, S.D.=0.64) with relative weight equals 69.4%, followed by staff retention domain with relative weight (63.5%), the (mean=3.18, S.D.=0.60 and last rank domain was work environment with relative weight (62.5%), and the (mean=3.13, S.D.=0.52).

Differences between quality of work-life domains and nurses' demographic variables (n=102)

Table 3 showed by independent t-test illustrated there were statistically significant differences between the quality of work-life among nurses’ domains and gender (p<0.05), except the first domain (work environment) p-value=0.283 had no statistical significance difference with gender (p>0.05).

One-way ANOVA test showed there were no statistically significant differences with the quality of work-life among nurses’ domains and age (p>0.05), except the fourth domain (job autonomy) (p-value=0.016) has statistical significance difference by age (p<0.05). And showed there were no statistically significant differences with (job satisfaction, job autonomy, and work environment) domains (p>0.05), while there were statistically significant differences between (staff retention) domain and qualification (p<0.05). And there were statistically significant differences with the quality of work-life among nurses’ domains by workplace (p<0.05).

Table 4 Mean difference in the quality of work-life among nurses’

Table 1: Distribution of nurses by demographic characteristics (N=102).

Variables	Categories	Frequency	Percent (%)
Age (years)	less than 30	39	38.2
	30-40	50	49.1
	Above 40	13	12.7
Mean age=31.80 years SD=8.05			
Marital Status	Single	25	24.5
	Married	77	75.5
Qualification	Diploma	5	4.9
	BSN	87	85.3
	Master	10	9.8
Job Title	Staff Nurse	97	95.0
	Head Nurse	5	4.9
Work Place	Indonesian Hospital	15	14.7
	Shifa Medical Complex	23	22.5
	Al-Aqsa Hospital	17	16.7
	Naser Medical Complex	22	21.6
	EGH	25	24.5
Place of Residence	North	13	12.7
	Gaza	17	16.7
	Mid-zone	30	29.4
	Khan Younis	25	24.5
	Rafah	17	16.7
Experience years in ICU	1-5	43	42.2
	6-10	39	38.2
	11-15	20	19.6
Mean experience years in ICU=5.36 years SD=5.01			
Monthly income	Less than 1000 NIS	12	11.7
	1000-2000 NIS	63	61.8
	2001-3000 NIS	16	15.7
	More than 3000 NIS	11	10.8
Total		102	100.0

Table 2: Weighted mean of each quality of work-life domains.

No.	Quality of work-life domains	NO. of items	Mean	SD	%	Rank
1.	Work Environment	15	3.13	0.52	62.5	4
2.	Job Satisfaction	9	3.47	0.64	69.4	2
3.	Staff Retention	14	3.18	0.60	63.5	3
4.	Job Autonomy	12	3.60	0.57	72.0	1
Total domains		50	3.31	0.48	66.2	

Table 3: Differences between the quality of work-life domains and nurses' demographic variables (significant just $p < 0.05$) (Independent sample t-test & One-way ANOVA).

Quality of work-life domains		N	Mean	SD	T	p-value	
Gender	Job Satisfaction	Male	78	3.36	0.63	-3.369	0.001*
		Female	24	3.84	0.54		
	Staff Retention	Male	78	3.08	0.57	-3.179	0.002*
		Female	24	3.50	0.75		
	Job Autonomy	Male	78	3.51	0.54	-2.975	0.004*
		Female	24	3.90	0.58		
Age	Job Autonomy	less than 30	39	3.50	0.50	3.603	0.016*
		30-40	50	3.56	0.61		
		Above 40	13	4.06	0.46		
Qualifications	Staff Retention	Diploma	5	3.49	0.41	4.702	0.011*
		BSN	87	3.22	0.58		
		Master	10	2.68	0.56		
Work Place	Work Environment	Indonesian Hospital	15	3.69	0.27	17.610	0.000*
		Shifa Medical Complex	23	2.72	0.49		
		Al-Aqsa Hospital	17	3.09	0.40		
		Naser Medical Complex	22	3.43	0.32		
		European Gaza Hospital	25	2.92	0.45		
	Job Satisfaction	Indonesian Hospital	15	3.67	0.88	7.651	0.000*
		Shifa Medical Complex	23	3.19	0.50		
		Al-Aqsa Hospital	17	3.49	0.38		
		Naser Medical Complex	22	3.96	0.48		
		European Gaza Hospital	25	3.16	0.58		
	Staff Retention	Indonesian Hospital	15	3.44	0.31	9.029	0.000*
		Shifa Medical Complex	23	2.74	0.63		
		Al-Aqsa Hospital	17	3.07	0.48		
		Naser Medical Complex	22	3.60	0.51		
		European Gaza Hospital	25	3.12	0.54		
	Job Autonomy	Indonesian Hospital	15	4.03	0.54	6.907	0.000*
		Shifa Medical Complex	23	3.24	0.48		
		Al-Aqsa Hospital	17	3.58	0.37		
		Naser Medical Complex	22	3.85	0.63		
		European Gaza Hospital	25	3.48	0.54		

domains at ICU departments related to their place of residence, one-way ANOVA test showed there were statistically significant differences with the quality of work-life among nurses' domains by place of residence ($p < 0.05$). And showed there were no statistically significant differences between the quality of work-life among nurses' domains ($p < 0.05$), except the first domain (work environment) p -value=0.003 has a statistical significance difference with income by years of experience ($p < 0.05$).

Discussion

The results showed that the mean age for participants was 31.80 ± 8.05 . The respondents' age was between 21 and 50 years and the highest number of nurses 50 (49.0%) aged 30-40 years. The researcher believes that the proportion of participants from nurses is mostly from young, and that is very important in ICU departments that need youth strength and vitality, which

Table 4: Differences between the quality of work-life domains and nurses' demographic variables (significant just $p < 0.05$) (One-way ANOVA).

Quality of work-life domains			N	Mean	SD	F	p-value
Place of Residence	Work Environment	North	13	3.61	0.39	6.335	.000*
		Gaza	17	3.03	0.59		
		Mid-zone	30	2.92	0.47		
		Khan Younis	25	3.30	0.37		
		Rafah	17	2.97	0.55		
	Job Satisfaction	North	13	3.75	0.73	3.733	.007*
		Gaza	17	3.31	0.59		
		Mid-zone	30	3.33	0.53		
		Khan Younis	25	3.78	0.58		
		Rafah	17	3.22	0.71		
	Staff Retention	North	13	3.43	0.33	6.615	.000*
		Gaza	17	3.06	0.42		
		Mid-zone	30	2.85	0.65		
		Khan Younis	25	3.55	0.53		
		Rafah	17	3.12	0.57		
Job Autonomy	North	13	4.01	0.46	4.450	.002*	
	Gaza	17	3.36	0.58			
	Mid-zone	30	3.41	0.48			
	Khan Younis	25	3.81	0.54			
	Rafah	17	3.57	0.67			
Experience Years in ICU	Work Environment	1-5	43	3.26	0.48	7.69	.003*
		6-10	39	2.89	0.54		
		11-15	20	3.32	0.42		

may increase the ability of these departments to deal with speed in work and the ability to withstand stress. Therefore, both genders must be present in these departments, and the nurses had bachelor (85.3%). It was found that nurses with a bachelor's degree were the highest percentage of participants. The researcher believes that the reason for this increase is the tendency of nurses with a diploma degree in nursing to complete their studies and obtain a bachelor's degree, for reasons related to improving salary or getting a job. The males represented 76.5% of the participants while the females 23.5% that's mean a large number of male nurses working in ICU compared to female nurses. These percentages are suitable due to the nature of the ICU; the ICU is a common department dealing with patients of both genders (males and females). The researcher believes that this ratio is suitable for this department that require high effort and strength to withstand the pressure of work, so it is good for the researcher that most of the staff in these departments of males in partnership with an appropriate number of female nurses to ensure the provision of nursing service for all cases.

The results of this study showed that the overall mean of QWL domains (mean=3.31, S.D. =0.48) with total relative weight (66.2%). The results also showed that the job autonomy domain gets the first rank (mean=3.60, S.D. =0.57) with relative weight equals 72.0%. The researcher believed that job autonomy had the highest score because nurses in GS have autonomy in decision making. And nursing management has an important role in increasing the autonomy of nurses by his role. While the work environment had the lowest score, due to the bad economic and political situation in the Gaza Strip and the limited of salaries and

wages of nurses, and there is a shortage in resources provided by ministry of health and other care provider that effect on the quality of care provided for patients and their families. The study of Papastavrou E et al. [7] settled that such a constructive job environment is significant in the realization of patient and workers' safety, thus it favors quality care and patient outcomes. Meanwhile, the staff nurses are neither agreed or agree as regards work conditions. This implies that staff nurses are less likely to report working conditions that require attention. This working condition can include overwork; work irrelevant to nursing; frequent disruption of daily work; time off work; adequacy of staff; work shift, adequacy of salary, and; institutional policy. Failure to address the aforementioned can fail in achieving organizational objectives. This has been in support of the earlier studies that the working conditions can negatively impact on the wellbeing and job performance of the employees [8].

In relation to gender, the differences were in the domains Job Satisfaction, Staff retention, Job Autonomy, female nurses have higher mean in (Job Satisfaction, Staff retention, Job Autonomy) domains compared to males. The researcher believes the female nurses had higher QWL than male because the most workload and work pressure done by male nurses because the physical structure of females is less and weaker than males, and the number of males nurses equals three times the number for that the males nurses do most work and duties, and the cultural and religious aspect has a major role in this result that gives females the right not to do some duties and task. Our results are consistent with the results of a study Almalki et al. [9] which assessed gender was significantly associated with QWL and turnover intention. Female nurses were more satisfied with their

QWL than their male counterparts. Consequently, males had a higher intention to leave their current employment. Moradi et al. [10] asserted no significant differences were observed between the QWL scores of nurses with different genders or marital status ($P>0.05$).

One-way ANOVA test showed there were no statistically significant differences with the quality of work-life among nurses' domains ($p>0.05$), except the fourth domain (job autonomy). The research believes the nurses have 40 years and above have higher job autonomy than others because most tasks and duties decrease with age and the old nurses have independence in decision-making, and the nursing management consults them in decision-making because they have sufficient experience that helps them to make the appropriate decision about the patients care and the management respects them for their efforts in improving patient care. The result of Abduelazeez et al. [11] supported our result and asserted that there was no significant association with age group and level of overall job satisfaction ($P=0.349$), and middle age nurses 20-29 years had the highest job satisfaction; while when nurses were in 30-40 years their job satisfaction declined. The study of Sharhraky et al. [12] reported that employees with more than 20 years of experience had a better QWL than those with less work experience. A recent study in Jordan showed that intent to stay and ages were positively associated; older nurses are more likely to remain in their present job than younger nurses [13].

In relation to qualification, the differences were in the staff retention domain, nurses who have diploma degree have higher staff retention in (mean=3.49, S.D.=0.41). The research believes the nurses had diploma degree have higher staff retention than others nurses because the opportunity for employment of diploma nurses is very small in GS, so they have more retention than other nurses and the tasks and duties required for them are less than the tasks required for nurses who had a bachelor's degree in nursing, and the nurses have master degree have lower staff retention than others because the nurses with a master's degree expected the hospital will improve the nature of his work and his salary, but due to the poor economic situation in the GS, they did not get what they expected. The results of this study showed a significant relationship between nurses' QWL and their education level. However, the study conducted by Dargahi et al. [14] couldn't observe a significant relationship between nurses' QWL and their education level.

One-way ANOVA test showed there were statistically significant differences with the quality of work-life among nurses' domains by workplace ($p<0.05$). The researcher believes the Indonesian Hospital has the highest score in the work environment and job autonomy domains because the Indonesian Hospital was newly built and the building design is also modern, therefore the work environment is good and motivating for nurses because all the furniture, rooms and tools that the nurses deal with are new, which makes it easier for them to use and this design made a kind of independence for the nurses in their work, our result of the study revealed a significant relationship between nurses QWL and the workplace so that nurses work in large hospitals

like Shifa Medical Complex had a low level of QWL than nurses in other hospitals. The differences in the QWL of nurses in various hospitals could be attributed to the hospital's circumstances. It has been reported that factors such as hospital size, number, and type of patients, hospital policies and physical environment may affect the nurses QWL [14].

In relation to experience years in ICU, the differences were in the work environment domain, the age 11-15 years of experience have the highest mean (mean=3.62, S.D.=0.58). Our results are consistent with the results of Moradi et al. which assessed there was a significant relationship between years of experience and QWL, and findings suggested nurses with professional experience of more than 15 years had a better QWL than others. A significant correlation was observed between work experience and QWL score ($P=0.01$). Tukey's post-hoc test showed that a significant difference existed between the QWL score of nurses with work experience of 5-10 years and those with more than 15 years of work experience ($P=0.01$). And Al-Hamdan et al. [15] asserted that there was a statistically significant difference between years of experience with the intent to stay ($P<0.05$), the intent to stay increased as the respondents' years of experience increased. The three dimensions of autonomy were dependent on nurses' experience in hospitals. Nurses with more than 10 years of experience had more autonomy ($p=0.045$) [16].

Conclusion

Registered nurses play a crucial role in the delivery of healthcare. Without them, it would be impossible to maintain the quality of care and the health of patients and the surrounding community. Good work environment and job satisfaction and job autonomy influence registered nurses' intent to remain employed in the profession or at the workplace. Quality of Work-life is essentially the quality relationship between human resources and their work environment that encourages and increases job satisfaction. QWL comprises of different features of the workplace environment that assist the improvement of human resources of the organization effectively. The present study reveals that working environment, compensation, career growth, and interpersonal relations are the factors affecting the quality of work-life of staff in health setting. Our study showed that nurses' quality of work-life is at a moderate level. As QWL has an important impact on attracting and retaining employees, it is necessary to pay more attention to the nurse's QWL and its affecting factors. The authorities in the health care system should develop strategies for improving the nurses' QWL.

Recommendations

Based on the findings of the present study, key suggestions are proposed to improve QWL among nurses working in ICU departments at governmental hospitals in the Gaza Strip. The research recommends to implement strategies that enhance the level of job satisfaction especially that the level of job satisfaction of participants is on the borderline, improving the working environment in terms of building and infrastructure, security, and supplies for patient care, creating opportunities for ICU nurses

to attend in-service education as well as enhancing continuing education, equitable distribution of the current nursing workforce is needed to reduce workload, and to ensure adequate nursing services for patients, families and the community, limiting

the engagement of ICU nurses into non-nursing duties such as working in a pharmacy, medical records, and management, the salary of nurses should be increased commensurate with the tasks performed.

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