

Quality of Nursing Work Life among nurses working in selected government and private hospitals in Thiruvananthapuram

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Dissertation submitted in partial fulfillment of the requirements for
the award of the degree of Master of Public Health



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“Now to him who is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us.” Ephesians 3:20

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CERTIFICATE

Certified that the dissertation titled “Quality of Nursing Work Life among nurses working in selected government and private hospitals in Thiruvananthapuram.” is a bonafide record of original research work undertaken by Ms.Dinta Suresh in partial fulfillment of the requirements for the award of the degree of ‘Master of Public Health’ under my guidance and supervision.

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DECLARATION

I declare that this dissertation is the result of my original field research. It has not been submitted to any other university or institution for the award of a degree. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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TABLE OF CONTENTS

Abbreviations/Acronyms

List of tables

List of annexure

Abstract

CHAPTER ONE-INTRODUCTION

1.1 Background of the study.....	1
1.2 Chapterisation.....	4

CHAPTER TWO- REVIEW OF LITERATURE

2.1 Review of Literature.....	5
2.2 Job satisfaction.....	5
2.2.1. Predictors of job satisfaction.....	9
2.3 Quality of Work life.....	12
2.3.1 What is Quality of Work Life	13
2.3.2 Dimensions of Quality of Work Life.....	14
2.3.3 Predictors of Quality of Work	15
2.4 Quality of Nursing Work Life	17
2.4.1 What is Quality of Nursing Work Life	17
2.4.2 Importance of Quality of Nursing Work Li.....	18
2.4.3 Predictors of Quality of Nursing Work Life	19
2.5 Rationale of the study.....	20

CHAPTER THREE- METHODOLOGY

3.1 Study objectives.....	21
3.2 Study design	21
3.3 Study setting.....	21
3.4 Sample size estimation.....	21
3.5 Sample population.....	22
3.6 Sampling Method.....	22
3.7 Sample selection procedure.....	22
3.8 Selection Criteria.....	23
3.9 Operational definition	23
3.10 Variables under study	24
3.11 Data collection techniques and tools.....	24
3.12 Data collection Procedure	27
3.13 Data Analysis.....	27
3.14 Ethical Consideration.....	27

CHAPTER FOUR- RESULTS

4.1 Socio-demographic characters.....	29
4.2 Work related characteristics	31
4.3 Quality of nursing work life among nurses	35
4.4 Information on responses to items in the QNWL scale.....	36
4.5 Difference in the socio-demo characteristic.....	39
4.6 Comparison of Work related Information.....	40
4.7: Quality of nursing work life among nurses in government and private sectors	41

4.8 Major contributors to the QNWL score differences in various domains	42
4.9 Factors influencing QNWL of all nurses and socio-demographic and work -related variables with the outcome-Quality of Nursing Work Life.....	43
4.10 Factors influencing QNWL of government nurses compared to private nurses.....	46
CHAPTER FIVE-DISCUSSION	
5.1 Discussion.....	48
5.2 Strengths.....	53
5.3 Limitations.....	53
5.4 Conclusion.....	54
REFERENCES	55
ANNEXURE	66

ABBREVIATIONS

JS:-job satisfaction

OJS:-organisational job satisfaction

PWS:-professional job satisfaction

QWL:-quality of work life

QNWL:-quality of nursing work life

DHS:- Directorate of Health Services

INA:-Indian Nurses Association

LIST OF TABLES

Table No:	Content of the table	Page No:
3.1	Interpretation of Scores for Brooks' Quality of Nursing Work life Survey	26
4.1	Socio –demographic characteristics of the sample population	30
4.2	Work-related characteristics	31
4.3	Total scores of the QNWL Scale and its four domains	35
4.4	Frequency distribution of the items in the QNWL scale	36
4.5	Comparison of the mean score of QNWL and its subscales	41
4.6	Association of mean score of QNWL with socio-demographic and work-related variables	44
4.7	Association of selected socio-demographic variables in the government sector with the QNWL	46
4.8	Association of selected socio-demographic variables in the private sector with the QNWL	47

LIST OF ANNEXURES

- | | |
|------------|--|
| Annexure 1 | Structured Interview Schedule in English & Consent Form |
| Annexure 2 | Table showing significant contributors to QNWL score differences
in various domains by government and private sectors |

CHAPTER ONE

INTRODUCTION

1.1: Background

Nurses are one of the most diverse and largest workforces in the health care system. The word “nurse” originated from Latin word “Nutricius” which means someone who nourishes, fosters and protects. The role of nurses in the health care system is expanding and changing. Their role is not just limited to institutional care but also involves delivery of services at various levels of the health care system. The nurses are one of the strongest pillars of the health care delivery system in providing safe, affordable and quality services to the people. Mortality, morbidity and disability reduction, health promotion through healthy lifestyles are positive health outcomes in which nurses have a pivotal role ¹. They play a major role in maintaining health status and also in achieving the health related targets of the country. The various cadres in the health system make nurses an important health workforce from the community to higher levels in the health care delivery system. The auxiliary nurse midwives and public health nurses are the major players in the community. Health promotion, prevention, institutional care and rehabilitation services are essential contribution of nurses to the health care system. Despite their vital role within the health care system, nurses remain as the invisible workforce of health care delivery system.

Today, nursing profession is facing numerous challenges. These challenges are causing major hurdles in the development of nursing. Shortage of trained nursing

personnel in the health care system is one challenge which is a global concern. There is lack of adequate number of trained nursing personnel in the health care delivery system, or an imbalance between the required number of nurses and actual availability of nurses on the ground. However, nursing shortage is more complex and multifaceted and arises not only due to the inadequate number of qualified nurses but also due to the non-availability of nurses who are willing to work under the present conditions²

The nurse density/ nurse-population ratio is one of the indicators to assess the number of nurses available to deliver the services. It is defined as the number of nurses and midwives per 10,000 populations ³. The major limitation is the unavailability of an optimal nurse-to population ratio. The nurse density of India reported in the World Health Statistics report 2012 is 10 per 10,000 population which is less than the global average figure 28.1 per 10,000⁴. Migration is also a major factor which is contributing to shortage⁵. Trained nurses are migrating to Western countries since they are offered better working conditions, recognition and salary. Nursing shortage leads to poor quality of care to the patients which may play a major role in poor health outcomes.

Career development opportunities available to nurses are limited. Also, they are excluded from participating in major health care decisions and developments. The number of positions in the system for the nurses is less as compared to the recommended standards. The facilities and remuneration in the government and private sector are very different with the government sector offering better remuneration in general. The recognition and status of nurses in the health care system is poor which is very disappointing. The participation of professional

organisations of nurses in the development of nursing as well as in the health care system is very limited^{2,9}.

Poor quality of nursing care delivery is another major challenge in nursing. Most of the nurses in the system are qualified with diploma in nursing which highlights that the fact there are only limited nurses with graduation or post graduation in the clinical settings. There are often no demarcations in terms of the work responsibilities between better and less qualified nurses. There are also several categories of nurses working with overlapping roles and responsibilities. The utilization of research and evidence based nursing is narrow in nurses especially in clinical settings^{2,9}.

Since the demand for nurses increased globally, a greater number of nurses are attracted to the profession. But unfortunately the quality of nursing education is deteriorating due to the increased number of institutions with limited facilities. Therefore the number of qualified nurses with all necessary competencies is decreasing in India which is a matter of concern⁶⁻⁹.

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. Studies have shown that work environment has an impact on the patient outcomes and nursing work life^{10,11}. Evidence shows that nursing shortage, poor quality of nurse's work life, job dissatisfaction and poor patient outcomes are directly linked to lack of healthy work environment^{12,13}.

1.2: Chapterisation:

This report is organised as follows. Following this introductory chapter, the second chapter presents a review of relevant literature. Chapter three is about methodology adopted for the study. Chapter four presents the results of the study. Chapter five discuss the results, contrasting or confirming with the existing literature. It also discusses the strengths and limitations of the study. The list of references follows these chapters.

CHAPTER TWO

REVIEW OF LITERATURE

2.1: Review of Literature:

The most frequently used concepts in assessing the working environment of nurses include job satisfaction, quality of working life and quality of nursing work-life. In this review we shall define each of these concepts and findings from major studies related to these.

2.2: Job satisfaction (JS):

Job satisfaction is a key concept which was being widely used from a long time. It is the most frequently studied factor in organisational behaviour across various work sectors¹⁴. The definition of job satisfaction given by Spector (1997) is one of the most commonly cited definitions. According to Spector (1997) job satisfaction is the extent to which people like or dislike their job and its various aspects¹⁵. Armstrong (2006) defined job satisfaction as the attitudes and feelings people have about their work. A positive attitude towards work indicates job satisfaction whereas negative attitudes show job dissatisfaction¹⁶.

Job satisfaction is more related to individual than to external factors. Mullins (2002) considered it as more of an attitude or an internal state which could be associated with a personal feeling of attainment¹⁷. This facilitates motivation and there by improves the performance¹⁷.

According to one author, job satisfaction among nurses comprises two distinctly different types of job satisfaction –organisational job satisfaction (OJS) and professional work satisfaction (PWS). Organisational job satisfaction happens when the employee recognises that the employer is providing job benefits and compensations. Professional work satisfaction is a multidimensional concept with various elements which provides an emotional or intellectual fulfilment to the employee ¹⁸.

To summarise, job satisfaction refers to the attitudes that the employees have about their jobs. It is more of a psychological outlook towards their jobs and how much they like or dislike their jobs. The measure of job satisfaction is more of individualistic characters. When work becomes interesting, the employee feels more satisfied with his/her job.

Job satisfaction is measured using various scales and general scientific research methods like questionnaire. There are standardised and developed tools available for measuring the job satisfaction. Rating scales, surveys, interviews are some of the methods used. The standardised tools which are available were Job Description Index, revised Index of Work Satisfaction, modified Job Description Index and the Measure of Job Satisfaction ¹⁹. The other famous tools available are Minnesota satisfaction questionnaire ²⁰.Historically numerous studies have done in nursing to examine the job satisfaction among nurses. The levels of job satisfaction reported in numerous studies ranges from highly satisfied, moderate and highly dissatisfied.

Findings of a study done by Neenu (2013) in the hospitals of central Kerala among 86 nurses showed that, nurses were satisfied and stress had an inverse relationship with job satisfaction. The nurses felt that their salaries were low when

compared to their efforts and work ²¹. The findings of a study done at Trichy in 2011 among 210 nurses showed a moderate level of job satisfaction. The study found that good working environment and reward system is essential for job satisfaction. The study reported that nurses of younger age, nurses with more years of experience and those who are working as shift in charge were more stressed ²².

Similar findings were reported by Patil et al (2011) in his study done at Jalgaon district in Maharashtra among 360 nurses from both government and private sectors. Majority of the nurses in government sector were more satisfied than the private sector nurses. The nurses in the government setting were more satisfied with salary, promotion options and continuing education programmes where as nurses from private sector were more satisfied with the independent decision making opportunity and communication skills. Communication facilities in the government hospitals were poor than those in the private hospitals. The nurses from both the sectors reported that improvements in the working conditions were needed ²³.

Findings were reported by the study done in Coimbatore 2012 among 581 nurses that majority of the nurses were satisfied with the career. 86% of the nurses were satisfied with their career ²⁴.

A hospital based descriptive cross sectional study done among 170 nursing officers from central and provincial ministry hospitals of Sri Lanka in 2008 reported a higher job satisfaction among nursing officers from Central Ministry ²⁵.

A study was done by Laschinger H K et al in Ontario, Canada (2012) among newly graduated nurses regarding job and career satisfaction and turnover intentions. The study suggested that lower the career satisfaction higher the intention to leave

the profession. Structural empowerment, work life and leadership influence the job satisfaction among the newly joined graduate nurses²⁶.

Park et al did a study among allied health professionals, social workers and elementary school teachers in 2011 in Korea. Among the three groups, nurses were least satisfied with work content, physical work, environment, working hours, personal growth, and autonomy²⁷. A study among young Finnish nurses working in six different hospitals in Finland in 2008 examined job satisfaction and its predictors. The nurses reported a low level of job satisfaction²⁸.

A study done in China (2007) among 512 nurses reported that majority of nurses were satisfied with their job and reported high level of organizational and professional commitment. Nurses with bachelor degree were reported to have a lower professional commitment and role conflict than the diploma or associate nurses²⁹. In contrast to these findings the study done to compare the regional difference in job satisfaction among nurses in China reported that the nurses in the northern region were much older, more educated than the nurses in the southern region. The nurses in the northern hospitals were more satisfied than the nurses in the southern hospitals³⁰.

Studies done in Palestine (1996) in 25 acute care hospitals and Norway (2007) among 2095 nurses reported moderate job satisfaction among nurses. Both of the studies reported a significant association between demographic variables and job satisfaction. The study reported that interaction, autonomy and salary as the important factors for job satisfaction among Norwegian nurses³¹. The Palestine nurses were most dissatisfied with the lack of opportunities and involvement to participate in the research activities³².

A study done among nurses in four emergency departments of Western Sweden reported high job satisfaction. The main factors that contributed to the job satisfaction were stimulating nature of work, interesting task, freedom to take initiative, and decision making capacity ³³.

Findings of the study done in Greece suggested that educational background, continuing education and job satisfaction could be considered as important factors influencing the integration of nurses' communications skills ^{34,35}.

2.2.1: Predictors of job satisfaction

There are numerous predictors identified from various studies across the world. Cumbey and Alexander (1998) considered job satisfaction to be highly subjective and vary with time ³⁶. The diverse factors contributing to job satisfaction among nurses can be conceptualized into three categories: - intra-personal factors, interpersonal factors and extra-personal factors ³⁷. Intra-personal factors can be defined as those characteristics of the nurse that he/she brings as a person to the job. Inter-personal factors are those which are relating to the interactions between the nurse and others. Extra-personal factors are those which are beyond the nurse's direct interactions with others and are influenced by institutional or governmental policies.

Intra-personal factors/predictors:- Each individual is unique with their characteristics, and these qualities are being brought to the workplace. The main intra-personal factors contributing to job satisfaction of nurses in the acute care settings were mainly the age of the nurses, educational qualification and individual coping strategies as reported by Hayes (2010)³⁷.

Stress had an inverse relationship with job satisfaction among nurses, according to Neenu (2013)²¹. Age of nurses, years of experience and the flexibility

of shift duty rotation were some of the predictors of job satisfaction reported in study done in Trichy (2011)²². Li & Lambert (2008) suggested that higher levels of job satisfaction were seen among nurses who work in a specific unit/department for a longer period. The study reported age or years of experience of nurses working in that unit may have contributed to higher levels of job satisfaction³⁸. The regional differences in job satisfaction among nurses in China reported that the nurses in the northern region were much older, more educated than the nurses in the southern region. The nurses in the northern hospitals were more satisfied than the nurses in the southern hospitals³⁰. The educational background and continuing education were also contributors to job satisfaction as reported in the various studies.

Inter-personal factors: - These include factors which are related to the interactions of nurses with colleges, patients that contribute to job satisfaction. The factors which come in this are autonomy, providing direct patient care, professional relationship, rostering, leadership and professional status. Professional relationship is strongly related to the respect and acknowledgment of nurses by patients and the co-workers. The interaction among the colleagues were considered as a major factor in contributing to job satisfaction by Norwegian nurses (2007)³¹. The value of teamwork between nurses, supervisors and their colleagues are reported by nurses as an important factor of job satisfaction³⁵. Friendships with co-workers are considered as important for nurses. Good nurse – physician collaboration increases the job satisfaction among nurses³⁹.

Professional autonomy is considered as a critical factor contributing to job satisfaction^{20, 27, 28, 31, 37}. The definition of autonomy precisely given by Morgan and Lynn (2009) is 'being able to control one's own work by prioritizing tasks,

working without close supervision and having control of decisions within the scope of nursing⁴⁰. Norwegian nurses also considered autonomy as an important factor for job satisfaction³¹. Findings from Bartram et al (2004) and Hart and Rotem (2000) also suggested a positive correlation between job satisfaction with autonomy and professional development^{41, 42}.

The quality of care and direct patient care is also a predictor of job satisfaction among nurses³⁵. The factors involved in direct patient care were the nurse-patient relationships, time available to provide the clinical care and the positive outcome of patients increased the job satisfaction among nurses^{45,46}. Tzeng reported that there is positive correlation between professional satisfaction and patient satisfaction⁴⁷. Quality of care provided by a unsatisfied health care provider will be compromised. The frequent deaths, combative and uncooperative residents, and inadequate staffing were also contributing to job dissatisfaction among nurses⁴⁸.

Adequate staff allocation and roster management by the nurse supervisors also enhance job satisfaction^{39, 49}. Several studies reported that proper feedback mechanisms, effective communication, supportive leadership, recognition and rewards and support from the nurse supervisors were an integral part of job satisfaction^{39, 49, 50}. Availability of resources, adequate staffing, proper roster management are considered to be the responsibilities of the nurse managers to improve job satisfaction^{45, 51}.

Educational opportunities and career advancement programmes are important predictors in increasing job satisfaction⁵². Continuing nursing education programmes are essential for nurses to update to the vastly changing healthcare systems. Professional growth through educational opportunities, career

advancement programmes and participation in research and participation in decision making increase job satisfaction of nurses^{31, 34, 44}.

Extra-personal factors:- are those factors beyond the nurse's direct interactions with others and are influenced by institutional or governmental policies. Salary, organisational policies and the working settings were considered as important factors. Salary is considered as a critical factor for job satisfaction in several studies^{21, 28, 31, 47, 52}.

Inadequate human resources which are a part of organisational policy lead to job dissatisfaction due to shortage. This results in increased workload and poor quality of care delivered^{38, 53}. Fatigue, increased job stress and lack of time to balance work-life and family life are the consequences⁵³. Poor working conditions and environment also result in poor job satisfaction. Better working environment can increase the job satisfaction among nurses^{22, 23, 27, 53}. The significant predictors of job satisfaction are challenge in work, salary and promotion, age of the youngest child, direct working environment, general job satisfaction general job happiness and educational background²⁹

The concept of quality of work life gives more emphasis on work environment⁵⁴. Job satisfaction has no apparent role in identifying the quality of quality of work life. Hence quality of work life is considered as a better indicator for assessing the working environments⁵⁵.

2.3: Quality of work life (QWL):

Quality of Work Life is a concept which was developed in the early 1930's showing its importance in the productivity. The concept of quality of work life has gained interest and importance across the globe. There is a drastic change in the idea of

work life and work culture. Employers are considering work life as a critical factor for personal as well as career development^{56,57,58}.

The famous Hawthorne studies by Mayo in 1930 were considered to be the first to explain the impact of workplace illumination on productivity which specified the importance of QWL on worker productivity⁵⁹. Various theories emerged in 1950-1960s which showed the relationship between morale of the workers and productivity. It was during this time the QWL was identified as a critical factor^{60,61}.

2.3.1: What is Quality of work life?

There are numerous definitions given for Quality of Work Life (QWL) by various authors. QWL is generally defined as the favourableness and unfavourable-ness of total job environment for the people. Davis LE (1984) defined QWL as the quality of relationship between employees and the total work environment. European Foundation for Improvement of Living Conditions (2002) described QWL as a multi-dimensional construct with a number of interrelated factors. The main aspects are job satisfaction, job involvement, motivation, productivity, health, safety and well-being, job security, competence development and balance between work and non work⁵⁶. Recently Serey (2006) have given a conclusive definition for QWL which is related to meaningful and satisfying work. This definition emphasizes on '4C's:- Concern, Consciousness, Capacity and Commitment. It includes⁵⁷

- i. an opportunity to exercise one's talents and capacities, to face challenges and situations that require independent initiative and self-direction
- ii. an activity thought to be worthwhile by the individuals involved
- iii. an activity in which one understands the role the individual plays in the achievement of some overall goals

- iv. a sense of taking pride in what one is doing and in doing it well.

Quality of work life is defined as an opportunity to exercise one's talents and capacities and to face challenges and situations that require independent initiative and self-direction. It is also an activity thought to be worthwhile by the individuals' involved⁵⁵.

2.3.2: Dimensions of Quality of Work Life (QWL)

Walton (2005) described QWL through eight dimensions. They are⁵⁵

1. Adequate and fair compensation
2. Safe and healthy working conditions
3. Opportunity for continued growth and security
4. Opportunity to use and develop human capacities
5. Social integration in the work organization
6. Constitutionalism in the work organization
7. Work and total life space
8. Social relevance of work life.

The dimensions of quality of work life which are reported in 'Quality of Work Life: A Stance from Nursing Professionals' and other studies are⁵⁵

1. Health and well-being
2. Job security
3. Job satisfaction
4. Competence development
5. Work life Balance
6. Control over work load
7. Nursing Leadership
8. Control over nursing practice

9. Innovation and creativity

10. Support and recognition

Most of the studies on nurse's quality of work life measured QWL using a variety of combination tools. The tools do have certain concepts in common but often it results in different interpretations by the researchers. This resulted in a lack of consistent conceptualization^{62, 32}. The tools which are used for measuring QWL are qualitative approaches and standardised or developed questionnaires based on the various dimensions of quality of work life.

2.3.3: Predictors of Quality of work life:

Numerous studies have identified various predictors which influence the quality of work life among nurses. The main predictors which have direct impact on quality of work life as reported by a systematic review was health and well-being, job security, job satisfaction, competence development work life balance, control over work load, nursing leadership, lack of autonomy, appropriate job performance feedback and opportunities for advancement.

Quality of work life assessment provides an understanding about the challenges the nurses have face in relation to the work environment²⁸. Vagharseyyedin et al who did a study among 14 Iranian nurses found that shift work schedules negatively affected the personal life of nurses. The factors that led to poor quality of work life were workload, role conflicts, lack of opportunities for career advancement low salary, lack of autonomy and lack of managerial support and insufficient welfare services. The negative attitude towards nursing also affected the quality of work life^{63, 33}.

Vagharseyyedin et al carried out a systematic review in 2010 on quality of work life. Studies on quality of work life examine two concepts: the predictors for

quality of work life and defining quality of work life in nursing perspective ⁶³. Based on various findings, the predictors were compiled and six themes were developed. The identified themes as the predictors were i) Leadership and Management Style/Decision-Making attitude ii) Shift working iii) Salary and Fringe benefits iv) Interactions and communication with colleagues v) Demographic Characteristics vi) Job strain/Workload.

Some of the authors described QWL as an outcome which is influenced by other factors like staff, organisation and employers. The authors who considered it as a process defined QWL as the quality of interaction between individuals and their dimensions of work.

The study by XuZeng in 2009 among 811 Singaporean nurses found five factors that affect the quality of work life. They are Job and Career Satisfaction (JCS), General Well Being (GWB), Homework Interface (HWI), Stress at work (SAW) and Working Conditions (WCS). The study also concluded that quality of work life and quality of life are not the same. Social functioning (SF-12) was used as a tool to measure the quality of life in which the general well being is measured. But the findings suggested that quality of work life is only an aspect of quality of life. This also suggested that quality of work influenced the quality of life and it is an aspect of quality of life. Quality of work and Quality of life are two separate aspects which need to be measured using separate specific instruments. The two concepts have certain aspects in common but they are not the same completely ⁶⁵.

Findings from the study done at Thailand among 550 nurses suggested that quality of work life was not influenced by personal factors. The nurses in the study reported a moderate level quality of work life ⁶⁶.

Similar findings were reported by a study done in Taiwan among 56 nurses. The study suggested that nurses perceived good quality of work life as maintaining a good balance between work life and home life. The nurses reported difficulties in balancing the work as well as the family responsibilities. In this study the salary for nurses differ in terms of the hospital, the type of their license and nursing grades. The nurses considered salary as a reason to quit the profession ⁶⁷.

2.4: Quality of Nursing Work life (QNWL):

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. Quality of work life was the concept which gained much acceptance in nursing. Numerous studies have been done to measure the quality of work life among nurses. Quality of work life provided a variety of definitions and predictors that influence the quality of work life among nurses. But there was a lack of uniformity in findings related to quality of work life.

2.4.1: What is Quality of nursing work life?

Quality of nursing work life was closely related to the concept of quality of work life. QNWL is degree to which nurses are able to satisfy important personal needs through their experiences in the work organization, while achieving the organization's goals, to make meaningful contributions to their organization⁴⁰.

Dimensions which are captured through Brooks Quality of Nursing Work life

(QNWL) are (1) work life/home life, (2) work design, (3) work context, and (4) work world

1. Work Life/Home Life:-The work life/home life dimension is defined as the interface between the nurses' work and home life.
2. Work Design: - The work design dimension is the composition of nursing work and describes the actual work nurses perform.
3. Work Context:-The work context dimension includes the practice settings in which nurses' work and explores the impact of the work environment on both nurse and patient systems.
4. Work world: - the work world dimension is defined as the effects of broad societal influences and change on the practice of nursing^{68, 69}.

2.4.2: Importance of QNWL

According to Brooks, the landmark studies done in work environment, work place and job satisfaction could make drastic improvements in nursing profession related to turnover and shortage. Majority of studies in nursing which evaluated job satisfaction was not able to make any enduring contributions in the nursing work environments. The profession still could not find appropriate explanations to the work life concerns of clinical nurses.

QNWL is considered to be more effective since it is developed specifically to evaluate the work life of nursing. The concept of QNWL which is specific to nursing profession provides relevant and valuable information regarding the quality of work life among nurses. Brooks identified that no measures existed to assess the quality of nursing work life specifically. This gap in the evidence compelled her to develop an instrument in quality of nursing work life^{68,69}.

2.4.3: Predictors of Quality of Nursing Work Life

Quality of nursing work life is considered to be a critical component in increasing the quality of care delivered. The findings of the study by Almaki et al in 2012 among 508 PHC nurses in Saudi Arabia showed that the nurses were dissatisfied with their work life. Amongst the four dimensions work context followed by work design gave the strong contribution to turnover intention. The main variables under work context are management and supervision, co-workers, professional opportunities and work environment. The main work design variables which had an impact of turn over intention is job satisfaction level, workload, lack of workforce, lack of autonomy, non-nursing tasks, interruptions, limited time to do jobs and patient care⁷⁰. A study done in Malaysia among nurses in public hospitals was also consistent with similar findings. The study suggested that nurses' shortage in Malaysia is strongly related to the work environment. The factors identified to solve nursing shortage in the present study were needs for communication, opportunities for career advancement and work and home life balance. They also suggested an effective work environment is essential to maintain the nursing workforce⁷⁴.

Khani .A et al reported a moderate quality of nursing work life among 120 Iranian registered nurses at Isfahan hospitals University of medical Sciences in 2007. The nurses reported that they were incapable of balancing between the work-home lives and were dissatisfied in their job. The findings from the study showed that shift duties, inadequate salaries, workload, lack of autonomy and career advancement opportunities are the main factors for poor quality of nursing work life and also result in job dissatisfaction⁶⁴. Similar findings were reported in the study done by Brooks BA and Anderson M

among nurses in the University of Illinois Chicago in 2004. The study suggested that interactions at the work place also affect the quality of nursing work life. The nurses felt that day care facilities for child care, on-site degree programs and rest room separately for nurses are essential⁷¹.

2.5: Rationale of the study

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

CHAPTER THREE

METHODOLOGY

3.1: Study objectives: - The objectives of this study were as follows:

1. To determine the quality of nursing work life among nurses working in selected government and private hospitals in Thiruvananthapuram.
2. To compare the quality of nursing work life among nurses working in the government and private hospitals in Thiruvananthapuram.
3. To find out the factors influencing the quality of nursing work life among nurses.

3.2: Study design: - This is a cross sectional comparative survey design.

3.3: Study setting:-

The study was carried out in Thiruvananthapuram district

3.4: Sample size estimation:-

The sample size is calculated using Open Epi version 3. The sample size is estimated with mean score used in QNWL scale. The mean score of the scale used in the study (KhaniA, Jaafarpour M, Dyrekvandmogadam A Quality of Nursing Work Life: Journal of Clinical and Diagnostic Research [serial online] 2008 December: 1169-1174.) is 123 and taken with an assumption that there will be a difference of 3 between the means scores of two groups. The mean difference of three is assumed for the mean score of four domains. The sample size calculated is 220. Considering a 20% non-response rate the sample size is rounded off to 270.

3.5: Sample population:-

The sample population consisted of registered nurses working in selected working government and private hospitals in Thiruvananthapuram city.

3.6: Sampling method:-

The sample from the public sector was included approximately in proportion to the contribution of their institutional affiliates to the total number of nurses in the public sector. About 50 percent of them in the sample came from the General Hospital Thiruvananthapuram and the remaining were selected in equal proportion from the other two district hospitals in Thiruvananthapuram.

The sample from the private sector is selected randomly for the list of registered members of the Indian Nurses Association provided by the association.

The main limitation of the sample from private sector is that this sample of nurses may not be representative of all private sector nurses, because it was drawn from the list of Indian Nurses Association members who appear to be younger.

However it was not possible to draw samples from each of the twelve private hospitals because of time constraints and the delays that may be involved in getting permission from twelve different institutions.

3.7: Sample selection procedure:

In my study I have two groups of nurses who are working in the selected government and private hospitals in Thiruvananthapuram. The required sample size is 270. So I have taken 135 nurses from government as well as the private sector.

- Government sector:-

The nurses who are working in the selected government hospitals are under the Directorate of Health Services. The list of nurses working in the government hospital was accessed through the nursing superintendent. From the available list I have selected 135 nurses randomly i.e. the required number of nurses from the government sector.

- Private sector:-

The list of nurses registered under Indian Nurses Association was accessed through the association. Since the members of the private association are younger nurses there is possibility of underrepresentation of nurses in the older age group. From the available list the required sample size of 135 nurses were selected from the private sector randomly.

3.8: Selection criteria:

Inclusion criteria

- i. Currently employed nurses in the government and private hospitals with a work experience of one year.
- ii. In the case of nurses in private hospitals, those-who are registered with INA.

Exclusion criteria

- i. Nurses with a post of Chief Nursing Officer.
- ii. Nurses in the selected government hospitals that are registered in the INA.
- iii. Nurses who are registered in other associations.

- iv. Nurses who are not willing to participate.

3.9: Operational definitions:

Nurse: - is operationally defined as the health care professional who is registered under state nursing council and with a work experience of one year.

3.10: Variables under study:

- ❖ *Dependent variables:* - Quality of nursing work life (QNWL) Score, estimated using Quality of Nursing Work Life Scale developed by Brooks and Anderson. The scale is in the Annexure (1) Details of this scale are given under the Tools section in the following pages.
- ❖ *Independent variables:*
 - a. Socio-demographic variables:-included age, sex, marital status, caregiving responsibility, educational status, type of educational institution from where they have studied.
 - b. Work-related information: - current nursing position, working area, nature of employment, average working, and flexibility in the duty schedule.
 - c. Salary in Rupees
 - d. Information on work environment: constitutes the information regarding availability of facilities, and grievance redressal mechanisms.
 - e. Perception about nurse's image among the public.

3.11: Data collection techniques and tools:

The data collection tools which are used for the structured interview schedule are:

- Demographic profile
- Information related to work, salary, grievance redressal mechanism, work environment and public image of nursing.

- **Brook's Quality of Nursing Work Life Survey:-** The tool was developed by Brooks and Anderson to assess the Quality of nursing work life. This tool has been attached in Annexure (1). The tool contains statements about nursing work life. Quality of Nursing Work life focuses on four dimensions:-
 - Work life-Home life
 - Work Design
 - Work context
 - Work World
- The QNWL survey tool consists of four subscales related to the four dimensions. The tool consists of 41 questions. Each question has a score rating from "1-6". The minimum score is '1- strongly disagree' and maximum score is '6-strongly agree'. The score of QNWL survey ranges from 41-246. The QNWL is divided in to low, moderate and high according to the scores. This is same for each subscale. The scores for the QNWL and its interpretation is given below.

Table 3.1: Interpretation of Scores for Brooks' Quality of Nursing Work life Survey

QNWL scale	Scores	QNWL
Total score	41-112	Low
Range 41-246	113-182	Moderate
	183-246	High
Work-life –home life	6-18	Low
Range 6-41	19-29	Moderate
	30-41	High
Work design	10-26	Low
Range 10-60	27-44	Moderate
	45-60	High
Work context	20-38	Low
Range 20-120	39-77	Moderate
	78-120	High
Work world	5-12	Low
Range 5-30	13-20	Moderate
	21-30	High

3.12: Data collection procedure:

Data collection was carried out over a six week period from July to August 2013. I visited three selected government hospitals which are under Directorate of Health Services.

I contacted the selected nurses a priori and a self introduction was given. The appointment for semi-structured interview was fixed. The semi-structured interview was conducted at a place which is convenient as well as comfortable to both the interviewer and interviewee. The place and time for the interview was decided by the participant itself. If the participant is comfortable at the work place, interview was conducted at the work place without disturbing the routine work schedule, preferably after the working hour. If the participant was comfortable to be interviewed at her place of residence, the venue was decided accordingly. This was performed for both the nurses working in the government as well as the private sector.

3.13: Data analysis:

The collected data were coded, entered and cleaned, and analyzed using SPSS for windows version 17. The principal investigator coded all the questionnaires before the administration. Completed questionnaires were sorted out and cleaned. Cross validation and consistency checks were done.

3.14: Ethical Consideration:

Ethical clearance from the institutional ethics committee has been obtained.

Confidentiality

The identity of the participant was kept anonymous from the stage of data collection. Each participant was given a unique identification number. The separate list of name, Contact and telephone number with respondent's employment ID number obtained from the concerned authority was separated and maintained strictly confidential under my care.

Privacy

The interview was conducted at work spot/ hospital premises or at a place convenient for the investigator and informant.

Consent

The printed permission document from the concerned authority has been obtained. Written informed consent was obtained from the subject prior to the start of the interview. The subject had the freedom to refuse at the outset or even withdraw from the study at any stage. The data collected will not be shared at any cost and will be used for research purpose only.

CHAPTER FOUR

RESULTS

The study was done among 232 nurses working in the selected government and private hospitals in the Thiruvananthapuram district. Out of the 232, 113 nurses participated from the government sector and 119 nurses participated from the private sector. The results are discussed in various sections according to the objectives. In the first section the sample characteristics are represented followed by the work related characteristics and the quality of nursing work life of all nurses in the study. In the second section comparison of socio-demographic characters and QNWL among nurses in government and private are discussed. The third section discusses the factors influencing QNWL among nurses in the study.

I. Quality of nursing work life of all nurses in the study

4.1: Socio-demographic characters

The mean age of the study population was 32.72 ± 9 . Approximately half the respondents belong to the age group of 21-30 years. The proportion of nurses (4.3) above 50 years of age was less than 5 percent.

Table 4.1: Socio-demographic characteristics of the study sample

Variables	Total N=232	Government n=113	Private n=119
Age			
Mean age	32.72±9.28	40.39±7.39	25.45±2.64
21-30	127(54.7)	13(14.5)	114(95.8)
31-40	48(20.7)	43(38.1)	5(4.2)
41-50	47(20.3)	47(44.6)	0
>51	10(4.3)	10(8.8)	0
Sex			
Males	32(13.8)	8(7.1)	24(20.2)
Females	200(86.2)	105(92.9)	95(79.8)
Marital status			
Currently married	129(55.6)	91(80.5)	38(34.9)
Never married	71(30.60)	22(19.5)	81(68.1)
Care-giving responsibility			
Childcare & elderly care	14(6)	7(6.2)	7(5.9)
Either child care or elderly care	54(23.3)	30(26.5)	24(20.2)
No	164(70.7)	76(67.3)	88(73.9)
Educational Status			
GNM diploma	161(69.4)	94(83.2)	67(56.3)
BSc Nursing and above	71(30.6)	19(16.8)	52(43.7)
Type of institution from where they were educated			
Private nursing school/college	155(66.8)	41(36.3)	114(95.8)
Govt nursing school/college	77(33.2)	72(63.7)	5(4.2)

*Child care-children under 5 years. Elderly care-Have someone living of age >60 years and requires assistance.

The male participants in the study were only 13.8% .Care giving responsibility constitutes either or both child care and elderly care. Nearly 23.3% of the respondents have either or both of the care giving responsibility. More than two thirds of the participants in the study were GNM diploma holders (69.4%). The proportion of graduate nurses in the study population was only 30.6%. Majority of the participants in the study have completed their nursing education from the private colleges.

4.2: Description of work related characteristics

The work related characteristics for all the nurses are discussed below. The work related information mainly constitutes the current nursing position, department of work and salary and the existing grievance redressal mechanisms.

Table 4.2: Work related information

Variables	Total (N=232)	Government (n=113)	Private (n=119)
Nursing position			
Sister grade 1/2	209(90.1)	98(86.7)	111(93.3)
Head nurses & above	23(9.9)	15(13.3)	8(6.7)
Units			
Critical care	61(26.2)	7(6.2)	54(45.4)
Emergency care	38(16.3)	19(16.8)	19(16)
General wards	99(42.6)	66(58.4)	33(27.7)
Others*	34(14.6)	21(18.6)	13(10.9)
Nature of employment			
Permanent	176(75.9)	102(90.3)	74(62.2)
Temporary	56(24.1)	11(9.7)	45(37.8)

Table 4.2: Work related information

Variables	Total (N=232)	Government (n=113)	Private (n=119)
Average working hours per week			
<40hours	28(12)	2(4.8)	26(24.8)
41-44hours	120(54.7)	76(67.3)	44(37)
45-49hours	84(36.2)	35(31)	49(44.1)
Flexible duty schedule			
Yes	184(79.3)	106(93.8)	78(65.5)
No	42(18.1)	7(6.2)	41(34.4)
Additional compensation for being certified			
Yes	0	0	0
No	232(100)	113(100)	119(100)
Salary*			
Above minimum wages	112(48.2)	112(99.1)	0
Below minimum wages	120(54.7)	1(0.9)	119(100)
Mean salary	16114.55±904	23762.08±7269.93	8852.61±855.
<8000	2.96	1	26
8001-15000	10(4.3)	14	9
15001-30000	124(53.4)	88	110
30001-60000	88(37.9)	10	0
Grievance redressal mechanisms			
Yes	130(56)	77(68.1)	53(44.5)
No	102(44)	36(34.8)	66(55.4)

Amount of Rs.13800 is taken as minimum wages. An amount of Rs 13800 is the basic salary given to nurses in the government sector*

Table 4.2: Work related Information

Variables	Total (N=232)	Government (n=113)	Private (n=119)
Types of Grievance redressal mechanisms	(n=130)	(n=77)	(n=53)
Nursing superintendent	84(64.6)	55(74.4)	29(54.7)
Nursing superintendent & Association	29(22.3)	20(26)	9(17)
Nursing superintendent , Association &staff welfare committee	17(13)	2(2.6)	15(28.3)
Satisfied with the grievance redressal mechanisms	(n=130)	(n=77)	(n=53)
Yes	61(46.9)	43(55.8)	27(50.9)
No	69(53.1)	34(44.2)	26(49.1)
Adequate facilities			
• A place to rest			
Yes	97(44.8)	66(58.4)	31(26.1)
No	135(58.2)	49(44.6)	88(73.9)
• Safe drinking water			
Yes	157(67.7)	99(87.6)	83(69.7)
No	75(32.2)	14(12.4)	36(30.3)
• Toilet facilities			
Yes	182(78.4)	99(87.6)	83(69.7)
No	50(24.6)	14(12.4)	36(30.3)
• Dress changing rooms			
Yes	186(84.5)	104(92)	85(74.4)
No	43(18.5)	9(8)	34(28.6)
• Seating			
Yes	149(64.2)	85(75.2)	64(53.8)
No	83(35.8)	28(24.8)	55(46.2)
• Dining space			
Yes	89(38.4)	30(26.5)	59(49.6)
No	143(64.6)	83(73.5)	60(50.4)

Variables	Total (N=232)	Government (n=113)	Private (n=119)
• Lockers			
Yes	34(14.7)	12(10.6)	22(18.5)
No	198(85.3)	101(89.4)	97(84.5)
Perception on public image of nurses			
• Good image	154(66.4)	85(75.2)	69(58)
• Bad image	70(33.6)	28(24.8)	50(42)

Majority (90.1%) of the participants were staff nurses who belonged to grade 1 and 2. Nearly three fourth of the respondents were permanent employees. An amount of Rs 13800 is the basic salary given to nurses in the government sector. The amount of salary which is below Rs 13800 is considered as below minimum wages. Half of the participants received salary below minimum wages. Flexibility in changing the duty schedule was reported by 79.3% of the respondents. Nearly half of the respondents (44%) reported that the grievance redressal mechanisms were absent.

The various grievance redressal mechanisms were to report to the Nursing Superintendent, Nursing superintendent & Association and Nursing superintendent, Association & staff welfare committee. Reporting to the nursing superintendent was the chief means of grievance redressal and more than half the nurses reported not being satisfied with this situation.

The existence of facilities in the work place was asked from respondents. More than 50% of nurses did not have a place to rest, or even a place of their own to sit. About two-thirds did not have safe drinking water. Surprisingly, one in five nurses did not even have toilet facilities. A third of the nurses perceived that nurses did not have a good public image.

4.3: Quality of nursing work life of nurses

Quality of nursing work life was studied using a 41 item QNWL scale. The scale contains statements about nursing work life. Each question has a score rating from “1-6” the minimum score of the scale is ‘1-strongly disagree’ and maximum score is ‘6-strongly agree’. The maximum score attainable was 246 and the minimum score was 44.

Table 4.3: Total scores of the QNWL Scale and its four domains

QNWL Scale	Max score		Total Score (Mean±SD)
Total QNWL	41-246	Low (41-246) Moderate (113-182) High (183-246)	146.56±37.02
Work life – home life	6-41	Low :-6-18 Moderate :19-29 High:30-41	24.84±7.48
Work design subscale	10-60	Low (10-26) Moderate (27-44) High (45-60)	32.44±7.53
Work context sub-scale	20-120	Low (20-38) Moderate (39-77) High (78-120)	74±20.94
Work world sub scale	5-30	Low (5-12) Moderate (13-20) High (21-30)	15.28±5.64

The table above presents the QNWL of the nurses in the study. The total mean score of QNWL is 146.56±37.02 which reports a moderate quality of nursing work life. The QNWL scale has four dimensions and in each of these domains the study respondents

achieved moderate scores. This means that overall the nurses had neither a very high nor a very low quality of nursing work life.

4.4: Information on responses to items in the QNWL scale

Table 4.4: gives details of responses to the QNWL scale. To facilitate analysis, the responses of the QNWL scale was combined in to two groups-agree and disagree. The above table presents the information on positive responses to each item in the QNWL scale. Some interesting insights emerge from this table. In this section we present the results for the whole group who participated in the study. Comparative picture between government and private nurses is examined in the next section.

Table 4.4: Frequency distribution of the items in the QNWL scale

Items	Total (N=232)
Have work life balance (Q.5)	151(65.1)
Believe childcare facilities should be available.(Q.10)	165(74.1)
Have energy left after work. (Q.12)	144(62.1)
Rotating schedules are not negatively affecting my life. (Q.20)	137(59.1)
Adequate policies for family leave time.(Q.25)	101(43.5)
Believe childcare facilities should be available when they are sick.(Q.35)	151(65.1)
Work design	
Receive a sufficient amount of assistance from support personnel (the dietary aides, housekeeping, patient care technicians, and nursing assistants(Q.1)	45(19.4)
Satisfied with my job.(Q.2)	153(65.9)
Workload is not too heavy(Q.3)	89(38.4)
Have the autonomy to make patient care decisions. (Q.6)	105(45.3)
Not performing many non-nursing tasks(Q.11)	67(28.9)
Do not have interruptions in my daily work routine.(Q.16)	83(35.8)
Have enough time to do my job well.(Q.17)	147(63.4)

Items	Total (N=232)
Adequate nurses in my work setting(Q.18)	100(43.1)
Provide good quality patient care. (Q.23)	145(62.50)
Receive quality assistance from support personnel (the dietary aides, housekeeping, patient care technicians, and nursing assistants(Q.41)	98(42.2)
Work context	
Able to communicate well with my nurse manager/supervisor.(Q.7)	127(54.7)
Adequate patient care supplies and equipment are available.(Q.8)	103(44.4)
Nurse manager/supervisor provides adequate supervision(Q.9)	112(48.3)
Friendships with my co-workers are important to me. (Q.13)	184(79.3)
Work setting provides career advancement opportunities.(Q.14)	94(40.5)
There is teamwork in my work setting.(15)	155(66.5)
I feel a sense of belonging in my workplace. (Q.19)	132(56.9)
Able to communicate with the other therapists (physical, respiratory, etc). (Q.21)	141(60.8)
Receive feedback on my performance from nurse manager/supervisor.(Q.22)	99(42.7)
Participate in decisions made by my nurse supervisor/manager (Q.26)	114(49.1)
I feel respected by physicians in my work setting.(Q.27)	109(47)
Designated, private break area for the nursing staff is needed.(Q.28)	159(68.5)
Believed that hospital should support in pursuing higher studies (Q.29)	160(68.9)
Receive support to attend in-services and continuing education programs. (Q.30)	104(44.8)
Able to communicate well with the physicians in the work setting.(Q.31)	141(60.8)
Accomplishments are recognized by my nurse manager/supervisor(Q.32)	120(54.7)
Nursing policies and procedures facilitate my work. (33)	120(54.7)
Security department provides a secure environment (Q.34)	66(28.4)
Feel safe from personal harm (physical, emotional, or verbal) at work. (Q.37)	88(37.9)
Upper-level management has respect for nursing. (Q.39)	80(34.5)
In general, society has an accurate image of nurses.(Q.4)	137(59.1)
Adequate salary is given in the current job market conditions. (Q.24)	78(33.6)
Able to find my same job in another organization with about the same salary and benefits. (Q.36)	86(37.1)

Believes my job is secure. (Q.38)	126(54.3)
My work impacts the lives of patients/families.(Q.40)	147(63.4)

The work life/home life dimension is defined as the interface between the nurses' work and home life. In the work life- home life dimension a third of the respondents in the study (34.9%) reported not to have a work life-home life balance. Also 56.5% reported that policies for family leave were not adequate,

The work design dimension describes about composition of the nursing work and the actual work the nurses perform. Only a very small proportion of the participants (19.4%) reported to receive sufficient assistance from support personnel. A third of the respondents were not satisfied with their jobs. The proportion of nurses who reported a heavy workload was nearly 62% similarly only 45.3% believed that they had the autonomy to make patient care decisions .Only a small proportion of nurses reported not performing any non-nursing tasks (28.9%). More than half (56.9%) nurses felt that there were inadequate nurses in the work setting.

The work context dimension includes the practice settings within which nurses' work and explores the impact of the work environment on both nurse and patient systems. The proportions of nurses who are able to communicate with nurse manager/supervisor were only 54.7%. Adequate supervision by nurse supervisor was reported by only about half. The respondents who believed that their work setting provides career advancement opportunities were only 40.5%. A very important finding is that only 47% of the respondents feel respected by the physicians in their work setting. An even small proportion of participants (34.5%) felt that upper management has a respect for nursing. The proportion of respondents who felt that their accomplishments were recognised by

their supervisor was only 54.7%. Thus half or more work in a setting in which they do not feel respected or rewarded by their supervisors.

Safety and security in the work environment was a major issue for nurses. A very small minority of nurses (28.4%) reported to have a safe work environment. Few nurses reported to feel safe from personal harm (37.9%). About 60% of the respondents believed that society had a negative image of nurses.

II. A comparison of nurses working in the nurses in the government and private hospitals in Thiruvananthapuram

4.5: Difference in the socio-demographic characteristics

This section deals with comparison of the characteristics with government and private sector. The first section discuss about the demographic characteristics followed by work related characteristics and finally the QNWL scale. There were 113 nurses from the government sector and 119 nurses from the private sector who participated in the study.

From table 3.1 it may be seen that the mean age of the nurses in the government sector is 40.39 ± 7.39 and that of private sector is 25.45 ± 2.64 . Majority of nurses in government sector belong to an age group of 41-50 years where as in private sector majority of nurses belong to an age group of 21-30 years. Nurses in the private sector were mostly young and unmarried. Proportion of male participants from the government sector was only 7.1% but that from the private sector was 20.2%. Participation of males were more from the private sector. A higher proportion of participants in the government sector was GNM diploma holders. Nurses who have an educational qualification of BSc nursing or above were higher in private sector (43.7%). Only a smaller proportion of nurses in the private sector have completed their education from the government institutions. In contrast to

this, majority of nurses in the government sector have completed their education in government institutions.

4.6: Comparison of Work related Information

Referring from table (4.2), a comparison of work related information is done between nurses in the government and private sector.

Majority of the respondents in the government (86.7%) as well as in private sector (93.3%) were Sister Grade 1 and 2 .The proportion of permanent employees in the government sector was nearly 90.3% where as in the private sector it was only 62.2%. The proportion of temporary nurses in the private sector was nearly 37.8% which was high in comparison to the government sector. The mean salary of the participants in the government sector was Rs.23762.08 and that in the private sector was Rs. 8852.64. Thus salaries were significantly lower in the private sector. Salaries in the government sector were almost three times that in the private sector.

More than half of the participants in the private sector had no grievance redressal mechanisms where as in government sector this proportion was only 34.8%. Majority of the respondents in the government sector (68.1%) have grievance redressal mechanisms. Reporting to nursing superintendent was the common grievance redressal mechanism used by majority of nurses (74.4%) in the government sector as well as in the private sector (54.7%). More than half of the respondents in the government (55.8%) and private sector (50.9%) were not satisfied with the existing grievance redressal mechanisms.

Facilities in the work place are grossly inadequate in the private sector. More than 70% report not having a place to rest, a third do not have even drinking water and toilet facilities. Nearly 50% do not even have specific seats of their own during duty hours. In

contrast to this nearly 42% were not having a place to rest and a minor proportion of 12.4% of nurses in the government sector do not have drinking water and toilet facilities.

4.7: Quality of nursing work life among nurses in government and private sectors

Table (4.5) shows that there is a significant difference in the mean scores of the QNWL and its four domains between the government and private sector. The Quality of Nursing Work Life (QNWL) among nurses working in government and private hospitals are significantly different. Even though nurses in both government and private sector reported a moderate QNWL, the nurses in the government sector had better QNWL than the private sector overall and all the across four domains.

Table 4.5: Comparison of the mean score of QNWL and its subscales

Scale	Total score Mean±SD	Government (n=113) Mean±SD	Private (n=119) Mean±SD	p value <0.005
Total QNWL	146.56±37.02	156.45±33.86	137.18±37.58	0.000*
Work life- home life	24.84±7.48	27.06±8.4	22.74±5.8	0.000*
Work design	32.44±7.53	34.81±6.22	30.19±7.99	0.000*
Work context	74±20.94	78.57±19.19	69.66±24.67	0.001*
Work world	15.28±5.64	16.02±5.4	14.58±5.79	0.052

Independent t test p<0.005

4.8 Major contributors to the QNWL score differences in various domains

We compared the item-wise mean score in the QNWL scale in the QNWL scale of government and private hospitals nurses (Annexure-2). The mean scores of the items in the QNWL scale which are significantly different in the various domains were identified. In the work life –home life domain major mean differences between government and private sector are shown by the items like ability to balance work life with home life, the need for the availability of child care facilities, and the child care facilities when they are sick. The work-life-home life balance of nurses in the government sector was better in comparison with the private sector.

In the work design domain the major contributors were the items like performing non-nursing tasks, job satisfaction and workload that makes a significant difference in the mean score in government and private sector. Receiving sufficient amount of assistance from the support personnel and experiencing interruptions in daily work routine also showed significant difference in the mean score in government and private sector. Even though nurses in government sector reported of heavy workload and performing non-nursing tasks, they seem to more satisfied than the nurses in private sector.

The scores for work context was higher overall for government sector nurses. Major areas in which they scored higher than their private sector counterparts were adequate communication with physicians and adequate communications with supervision by and feedback from their supervisors. Nurses in the government sector scored higher also in the value they placed on relationship with co-workers. However, they scored lower in respect from physicians.

In the work world the major differences is shown by the items regarding the job security and the salary. The mean differences were statistically significant between the government and private sector nurses. High score was reported in the government sector for job security in comparison with the private sector.

III. To find out the factors influencing the Quality of Nursing Work life

4.9: Factors influencing QNWL of all nurses and socio-demographic and work - related variables with the outcome-Quality of Nursing Work Life.

Table 4.6: shows the association of various demographic variables with the outcome – Quality of Nursing Work life. Independent t test and one way ANOVA was done to find out the association between the mean scores and selected variables. The results showed that there was statistically significant difference in the mean scores of QNWL by age. Older nurses reported better quality of nursing work life. The mean score of QNWL was lower for males when compared with the females and it was found statistically significant. The educational qualification was not statistically significant which shows that quality of nursing work life is not association with education.

The participants who received a better salary were having a better QNWL. Basic amenities constitutes the facilities like place to rest, seating, toilet facilities, safe drinking water and dress changing rooms in the work environment. There is statistically significant association between the availability of the basic amenities with the QNWL. Higher the availability of all facilities in the work environment better is the QNWL.

Table 4.6: Association of mean score of QNWL with socio-demographic and work-related variables

Variables	N	Mean score of QNWL	N=232 P value
Age category			
age<=28	117	137.52±37.29	<0.001
age>28	113	155.77±34.54	
Sex			
Males	32	116.62±46.50	<0.001
Females	200	154.36±32.97	
Marital status			
Currently married	129	154.66±34.92	0.019
Never married	103	140.18±44.85	
Educational status			
GNM diploma	161	148.95±36.01	0.142
BSc nursing & above	71	144.15±38.94	
Nursing position			
Sister grade 1&2	209	142.69±35.91	<0.001
Head nurse and above	23	184.74±27.62	
Nature of employment			
Permanent	176	146.83±36.23	0.847
Temporary/contract	56	145.73±39.75	
Salary			
Salary<=10200	118	136.40±37	<0.001
Salary>10200	114	157.09±34.12	

Variables	N	Mean score of QNWL	N=232 P value
Basic Amenities			
All facilities	72	156.81±37.62	0.020
One or more	143	142.87±36.28	
None	17	134.24±32.68	
Care giving responsibility			
Both Child care & elderly care	14	134.29±37.52	0.159
Either Child care & elderly care	54	153.59±33.86	
No care giving responsibility	164	145.30±37.77	

Independent t test and One way Anova. p<0.005

4.10: Factors influencing QNWL of government sector nurses compared to private nurses.

Multivariate analysis was done separately for government and private sector to find out the factors influencing the QNWL in the government and private sector. Binary logistic regression was done to do the multivariate analysis.

Table 4.7: Association of selected socio-demographic variables in the government sector with the QNWL

Government	p value	OR(95% CI)
Sex		
Males *(R)		
Females	0.017	12.54(4.57-100.03)
Educational status		
GNM status	0.010	6.12(4.54-24.23)
BSc nursing and above *(R)		

p<0.05

The table shows that the sex of the respondents was statistically significant and shows that females are having a better QNWL than the males in the government sector. . There was a statistically significant association seen with educational qualification and QNWL in the government sector. The GNM diploma holders are having a better QNWL than the BSc degree holders.

Table 4.8: Association of selected socio-demographic variables in the private sector with the QNWL

Private	p value	OR(95% CI)
Sex		
Males *(R)		
Females	0.007	5.54(4.58-19.47)
Salary		
Salary<=8500*(R)		
Salary>8500	0.001	8.78(2.42-34.87)

p<0.05

In the private sector, sex difference contributes to QNWL. Women are having a better QNWL in comparison with the male participants in the study. This was statistically significant association between sex and QNWL among nurses.

Salary was another important factor in private sector which is having statistically significant association with QNWL. The nurses in the private sector who receive a salary above Rs 8500 have a better QNWL. This shows that nurses who have a better salary will have a better QNWL.

CHAPTER FIVE.DISCUSSION

5.1 Discussion

The aim of the study was to determine the Quality of Nursing Work Life among nurses working in government and private hospitals and also to find out the factors influencing the quality of nursing work life. The present study was done among 232 nurses working in selected government and private hospitals in Thiruvananthapuram. Job satisfaction is considered as an unsatisfactory construct to assess either the characteristics of the work itself or about the employee's feelings about the work or the work environment. Quality of nursing work life is a multidimensional construct which includes four dimensions- work life-home life, work design, work context and work world. The evaluation of QNWL helps to understand those aspects of work or work place which the nurses and the organisation are in position to modify so as to improve the quality of nursing work life.

QNWL is measured using a 41 item scale with a score ranging from 41-246. The study found that the nurses achieved moderate scores for the total QNWL and for each of its subscales. The study participants were from both government and private sector. One of the major study finding of the present study was that nurses in both government and private seem to have moderate QNWL with nurses in the government sector having a better score for QNWL. This was true for each domain in the QNWL scale.

The work life/home life dimension is defined as the interface between the nurses' work and home life. The findings of the present study showed that the nurses were dissatisfied with work life dimension. The main factors in which the nurses were dissatisfied included work life –home life balance, availability of child care facilities and organisational policies for family leave time. In the study, one third of the respondents were not able to balance their work and home life. The nurses who reported of not having energy after

work were nearly 48%. The increased workload often results in exhaustion and the nurses will have no energy left after the work. This often results in an imbalance between work life and home life^{70, 71}. The findings were consistent with the findings reported in a study done in Finland in 2006. The respondents of the study reported that work demands in nursing are very tough. The nurses felt that the nursing work demands more physical and mental exertion which often results in lack of time and energy in meeting the needs of the family²⁸. Work life-home life balance is reported as a strong factor contributing to retention of nurses in the profession⁷⁵. Morelle (2005) also found that work demands of nurses causes an imbalance in fulfilling the family needs⁷⁶. This is one of the reasons for leaving the profession as suggested by nurses. More than half of the respondents reported that rotating shift schedules affect their life negatively. Inflexible working hours and shift schedules are highlighted in numerous studies as a strong predictor for quality of work life and job satisfaction²⁸. Brooks et al (2007) and Brooks and Anderson (2004) showed that rotating schedules negatively affected the life of the nurses^{73,71}. In the study done by Brooks et al (2007) highlighted that the nurses working on routine shifts are having better quality of work life⁷³. Hsu & Kernohan (2006) found that the nurses in Taiwan reported that managing the shift work schedules within the demands of the home life was important to maintain a balance⁶⁷. The nurses also felt the need for the availability of child care facilities in their working organisation. The nurses who participated in the study done by Almaki M (2012) also showed similar findings. Majority of nurses who participated in that study also felt that child care facilities should be available at their working organisation⁷⁰.

Work design dimension describes about composition of the nursing work and the actual work the nurses perform. The present study findings reported that workload of the nurses was reported to be high and the majority of nurses performed numerous non-nursing

tasks. Similar findings reported by Healy & McKay, 2000 and Happel et al., 2003 reported in their study that increased workload is a key factor contributing to job dissatisfaction among nurses^{77,78}. Vagharseyyedin SA in 2011 did a qualitative study among 14 Iranian nurses and also reported heavy workload. Heavy workload was one of the main factors for job dissatisfaction and poor quality of work life^{62,63}. Inadequate staffing pattern is another major factor which contributes to heavy workload, job dissatisfaction, and intention to leave the profession. The shortage of nurses in the working environment often results in lack of time for providing good quality patient care.

In the present study, nearly one third of the respondents were dissatisfied with their job. Park et al reported that nurses were least satisfied with their job in comparison with other professionals like allied health professionals, school teachers, and social workers²⁷. The study done among Jordanian nurses by Mrayyan (2007) showed that nurses were neither satisfied nor dissatisfied with their job⁷⁹. Contrasting findings were reported by Lu H et al (2006) in the study done among nurses in Mainland China. More than half of the nurses were satisfied and a smaller proportion were highly satisfied with their job¹⁴. Similar findings were shown by the study done among 74 triage nurses in Manchester where the majority of nurses were highly satisfied with the work environment. Only 45.3% believed that they had the autonomy to make patient care decisions.³³

Professional autonomy is a significant component for job satisfaction and increased quality of work life^{27,62,63,72,86}. Lack of autonomy results in dissatisfaction, increased absenteeism and thereby increases the staff shortage^{73,76}. The findings from the study done by Hart and Rotem also suggest that professional autonomy is strongly correlated with professional development⁷². Bjork et al (2006) also reported similar findings among Norwegian nurses who considered professional autonomy as one of the important component for job satisfaction³¹.

The work context dimension includes the practice settings within which nurses' work and explores the impact of the work environment on both nurse and patient systems. A very important finding by the nurses in the study was that only 47% of the respondents feel respected by the physicians in their work setting. A very small proportion of participants (34.5%) felt that upper management has a respect for nursing. Effective professional collaboration is possible only through mutual respect. Respect is a significant predictor for job satisfaction and has an impact on the work environment of the nurses⁷⁷. Gifford et al showed that respect and recognition from the upper management or administration is essential for building trust, encouraging participatory decision making and communication between nurses improve their job satisfaction⁸⁸. Day (2005) concluded that majority of nurses in the study reported that upper management did not pay attention to their issues and concerns⁸⁹.

Adequate supervision and recognition of the accomplishments of nurses were shown by only half of the respondents. Nurses felt that their accomplishments were not recognised by their supervisors 'and an effective feedback mechanism was absent. Adequate supervision and interaction with the supervisors are considered as an extrinsic factor influencing job satisfaction^{80, 81}. Knox and Irwing (2007) also reported that favourable relationships with the supervisors are a key factor for the quality of work life⁸³. Findings from other studies by Dargahi, H., and Nasle Saragi (2007) and reported that nurses were dissatisfied with the leadership styles of the nurse supervisors and the upper management⁸⁷. Pietersen (2005) also showed similar findings in the study done among nurses in South Africa⁸¹. The participants in the study were dissatisfied with the inadequate supervision and interactions with their supervisors.

Opportunities for professional development and organizational support for continuing education programmes was found to be significantly less in the present study. Career

development opportunities were found to be a strong predictor of commitment to nursing and also for job satisfaction^{55,56, 60}.

Only a small proportion of nurses (28.4%) reported to have a safe work environment. Few nurses reported to feel safe from personal harm (37.9%). Physical and mental safety and abuse were reported in a study done among critical care nurses in Colombia⁸⁰. The study highlighted that instances such as sexual harassment, discrimination, verbal and physical abuse was reported in the same study by the respondents.

Work World dimension is defined as the effect of broad social influences and change on the practice of nursing. Just about 60 percent of the respondents (59.1%) believed that society has a positive image of nurses. The findings were congruent with several other studies which reported similar findings. The social position of nurses in Iran and Japan was poor. Registered nurses (RN) were regarded as assistants to doctors or helpers in the health care system⁷⁴. Another study reported that the image of nurses were self created by the nurses due to their invisibility and lack of public discourse. The factors which influence the nurses to improve their professional identity were public image, working environment, work values and educational socio-cultural values⁷⁵.

Salary was another strong predictor for job satisfaction among nurses. It is considered as an important extrinsic factor which can significantly influence job satisfaction and intention to leave from the profession^{38,40,45,60}. Salary was one of the most significant reasons for young Finish nurses to leave the profession²⁸. Similar findings were reported by Fletcher (2001) also concluded that salary is major factor to cause job dissatisfaction⁸⁵. Quality of work life of nurses is influenced by the salary and financial benefits provided to them and are reported in numerous studies.

The factors contributing to the QNWL were considered separately in government and private sector. In the government sector the main factors which were contributing to QNWL were sex and educational status of the respondents. The female respondents were having better QNWL than males in the government sector. Educational status of the respondents in the government sector was found to be significantly influencing the QNWL. The study findings showed that nurses with diploma were more satisfied than the degree holders. This findings were consistent with other studies by Lu etal (2002) and Chu etal (2003) which showed that nurses who are highly educated tend to be dissatisfied with their job^{14,86}. The professional development opportunities for nurses having higher degree are limited which results in dissatisfaction.

In the private sector also sex was a main contributing factor for the QNWL. Women were more found to have a better QNWL in comparison with the men. Another significant finding was that the nurses who receive better salary have better QNWL. Salary is found to be strong predictor for job satisfaction and QNWL. Several studies reported salary as a predictor which influences the nurses^{44, 45, 56, 57,58,59,60}.

5.2 Strengths

- Very few studies are done in India and abroad using QNWL scale
- The QNWL scale is exclusively for nursing work life.
- Participation of respondents from government and private hospitals

5.3. Limitations

- There is a chance of selection bias since the nurses from the private sector are selected from Indian Nurses Association.
- Small sample size

- QNWL tool is a newly developed scale so findings should be viewed with caution due to the limited use of the scale.

5.4. Conclusions

The study was done to determine the quality of nursing work life among nurses working in selected government and private hospitals in Thiruvananthapuram. The study findings revealed that there was a moderate QNWL reported among nurses in government and private sector. The government sector nurses were found to have a better QNWL in comparison with the private sector nurses. The work environment of nurses was given least importance and they were compelled to manage with limited resources. Even though the nurses in the private sector reported lesser workload, they were more dissatisfied with salary and financial benefits. The salary in the private sector was significantly lower in comparison to the government sector. The opportunities for career advancement for nurses are significantly lesser in government as well as private sector.

Coveted nursing positions are absent in nursing profession in India. This is a major challenge for nurses to achieve reputed positions in health care system. Quality of nursing work life is an important factor that should be considered to improve the working standards of nurses.

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Annexure-1

Questionnaire on Quality of nursing work life among nurses: working in selected government and private hospitals in Thiruvananthapuram.

Identification

Respondent No:-

Date:-
Hospital Number:-
Hospital name :-

Sl.no:	Demographic information	Response	
1	Age in completed years		
2	Sex	1	Male
		2	Female
3	What is your marital status?	1	Currently married
		2	Never married
		3	Widowed
		4	Divorced
		5	Separated
4	(If applicable) Indicate number of under five children (under 5 years)and elderly(≥60years*) who requires assistance you have living at home	1	No: of children
		2	No: of elderly requiring assistance
5	Religion	1	Hindu
		2	Christian
		3	Muslim
		4	Others
6	Caste (as reported by the respondent)	1	SC
		2	ST
		3	OBC
		4	Others

*Elderly ≥60years who requires assistance in their activities of daily living (ADL)

7	Educational status	1	GNM (diploma)
		2	Diploma specialty training
		3	BSc nursing
		4	MSc Nursing/Phd
		5	Any other specify -----
8	Type of educational institution from where you completed your nursing education	1	Private nursing college
		2	Co-operative nursing college
		3	Government nursing college
		4	Any other specify (include multiple options)
9	Location of institution where you completed your nursing studies?	1	Within Kerala
		2	Outside Kerala
Work - Related Information			
10	Current Principal Nursing position ,do you work		
	○ Sister grade(1 and 2)	1	
	○ Head Nurse	2	
	○ Nursing superintendent	3	
	○ Deputy nursing superintendent	4	
	○ Anyother	5	
11	Identify the type of unit where you currently work in your Principal Nursing Position		
	○ Critical Care	1	
	○ Emergency Room	2	
	○ General wards	3	
	○ Other (specify)-----	4	

12	Your current PRINCIPAL nursing position, is you			
	• Permanent		1	
	• Temporary /Contract		2	
13	What is the duration of each shift? Specify-----		Duration of each shift	
	• Morning shift		Hours	
	• Evening shift		Hours	
	• Night shift		Hours	
14	What is your average working hours in a week?		1	<40 hours
			2	41-44hours
			3	45-49hours
			4	50-54hours
			5	55-59hours
			6	>=60hours
15	Specify the number of			
	a. working days in a week		----- days	
	b. off days in a week		----- days	
16	In the past week what were your working hours?			
	Day	Time in	Time out	Hours worked
	1			
	2			
	3			
	4			
	5			
	6			
	7			
17	In the past one month how frequently did you work on off days? Specify-----			
18	How many days of night shift did you get in the last one month? Consecutive days-----			

	Total days -----		
20	<ul style="list-style-type: none"> In your current position, how many successive days of night shift are you expected to work in a month? Specify <input type="text"/> 		
	<ul style="list-style-type: none"> How many total days of night shifts are there in a month? Specify <input type="text"/> 		
21	Number of breaks in each shift		
	Break no:	Duration of breaks in each shift(minutes)	
		Morning shift	Evening shift
	B1	<input type="text"/>	<input type="text"/>
	B2	<input type="text"/>	<input type="text"/>
	B3	<input type="text"/>	<input type="text"/>
22	In case you need to change your duty schedule, are you allowed to change your duty schedule	1	Yes
		2	No
		3	Don't know
Information on Salary			
23	What is your salary including total emoluments per month?		
	<ul style="list-style-type: none"> Above Legal minimum wages <input type="text"/> 	1	<input type="text"/>
	<ul style="list-style-type: none"> Below legal minimum wags <input type="text"/> 	2	<input type="text"/>
24	Do you receive additional compensation for being certified?	1	Yes
		2	No
		3	Don't know
Information on Grievance redressal mechanism			
25	Do you have a grievance redressal mechanism in your hospital?	1	Yes
		2	No
		3	Don't know

26	If yes, what are they? -----			
27	If yes, Are you satisfied with the grievance redressal mechanisms?			
Information on Work environment				
28	What is the nurse-patient ratio in your working area? Specify.....			
29	Does your hospital have adequate physical facilities for your work?			
	SL no:	Facilities	1-Yes	2-No
	1	A place to rest	Yes	No
	2	Safe drinking water	Yes	No
	3	Toilet facilities	Yes	No
	4	Dress changing rooms	Yes	No
	5	Seating	Yes	No
	6	Dining space	Yes	No
7	Lockers	Yes	NO	
Information on public image				
30	Do you think nurses have a good public image?		1	Yes
			2	No
			3	Don't know
31	If no, what are the reasons? Explain -----			
32	How do you think the image of nursing can be improved?			

Brooks' Quality of Nursing Work Life Survey

This survey contains statements about nursing work life. Please indicate how much you disagree or agree with each statement using the scale given below. If you are unsure about your answer to a given item, think about it for a minute and then respond. Please mark you answer by circling one number. There are no right or wrong answers.

1. I receive a sufficient amount of assistance from support personnel(the dietary aides, housekeeping, patient care technicians and nursing assistants)	1	2	3	4	5	6
2. I am satisfied with my job	1	2	3	4	5	6
3. My workload is too heavy	1	2	3	4	5	6
4. In general, society has a true image of nurses	1	2	3	4	5	6
5. I am able to balance work with my family needs.	1	2	3	4	5	6
6. I have the autonomy to make patient care decisions.	1	2	3	4	5	6
7. I am able to communicate well with my nurse manager/supervisor.	1	2	3	4	5	6
8. I have adequate patient care supplies and equipment	1	2	3	4	5	6
9. My nurse manager/supervisor provides adequate supervision	1	2	3	4	5	6
10. It is important for a hospital to offer employees crèche facilities	1	2	3	4	5	6
11. I perform many non-nursing tasks.	1	2	3	4	5	6
12. I have energy left after work.	1	2	3	4	5	6
13. Friendships with my co-workers are important to me.	1	2	3	4	5	6
14. My work setting provides career advancement opportunities.	1	2	3	4	5	6
15. There is teamwork in my work setting.	1	2	3	4	5	6
16. I experience many interruptions in my daily work routine.	1	2	3	4	5	6
17. I have enough time to do my job well.	1	2	3	4	5	6
18. There are enough nurses in my work setting.	1	2	3	4	5	6
19. I feel a sense of belonging in my workplace.	1	2	3	4	5	6
20. Rotating schedules negatively affect my life.	1	2	3	4	5	6
21. I am able to communicate with the other staff (physical, respiratory, etc.).	1	2	3	4	5	6
22. I receive feedback on my performance from my nurse manager/supervisor.	1	2	3	4	5	6
23. I am able to provide good quality patient care.	1	2	3	4	5	6

24. My salary is adequate for my job given the current job market conditions.	1	2	3	4	5	6
25. My organization's policy for family-leave time is adequate.	1	2	3	4	5	6
26. I am able to participate in decisions made by my nurse manager/supervisor.	1	2	3	4	5	6
27. I feel respected by physicians in my work setting.	1	2	3	4	5	6
28. It is important to have a designated, private break area for the nursing staff.	1	2	3	4	5	6
29. It is important to me to have support from my hospital in pursuing higher studies.	1	2	3	4	5	6
30. I receive support to attend in-services and continuing education programs.	1	2	3	4	5	6
31. I communicate well with the physicians in my work setting.	1	2	3	4	5	6
32. I am recognized for my accomplishments by my nurse manager/supervisor	1	2	3	4	5	6
33. Nursing policies and procedures facilitate my work.	1	2	3	4	5	6
34. The hospital provides a secure environment.	1	2	3	4	5	6
35. It is important for a hospital to offer their employees child care services when they are ill	1	2	3	4	5	6
36. I would be able to find my same job in another organization with about the same salary and benefits.	1	2	3	4	5	6
37. I feel safe from personal harm (physical, emotional, or verbal) at work.	1	2	3	4	5	6
38. I believe my job is secure.	1	2	3	4	5	6
39. Upper-level management has respect for nursing.	1	2	3	4	5	6
40. My work impacts the lives of patients/families	1	2	3	4	5	6
41. I receive quality assistance from support personnel(the dietary aides, housekeeping, patient care technicians and nursing assistants)	1	2	3	4	5	6

CONSENT FORM

SUBJECT INFORMATION SHEET

Hello,

I am Dinta Suresh, doing my second year Master of Public Health (MPH) at Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram. As a part of my course, I am required to do a study. My topic of study is “Quality of Nursing Work Life among nurses working in selected government and private hospitals in Thiruvananthapuram.”. I request you to spend some time & participate in the study.

Purpose of the study:

The role of nurses in the health care system is expanding and changing. The role nurses are not just limited to the institutional care but they are also involved in the delivery of services at various levels of health care system. But regardless of the services rendered, nursing is considered as the invisible workforce of health care delivery system. It is highly essential to identify the challenges in work life faced by the nurses to address these issues.

Participation is required from your side:

If you will be willing to participate in study I will ask you few questions regarding your social & demographic characteristics and quality of nursing work life.

Benefits from participation:

There are no such direct benefits for you by participating in the study, but it is possible that the findings of the study based on your ideas will be benefiting the nursing profession

Discomfort/ harm from participation:

Participation in the study will not impose any risk to health.

Voluntariness:

Your participation in the study is voluntary and you can withdraw from the study at any point of time and refusal to participate will not involve any form of penalty.

Confidentiality:

The confidentiality of the information provided will be maintained. Your personal identity will not be revealed to anyone. However some of the information will be shared with people who are associated with study. All the copies of filled interview schedules and consent forms will be kept under the custody of principal investigator and will be destroyed when they are deemed no longer needed. The study will be published in scientific journal but your identity will not be revealed.

In case of any queries or clarifications please feel free to ask at any time. I will try my level best to answer any of queries or in future. My contact number is 9746612123, email id: -dinta.suresh@gmail.com. For any queries related to the authenticity you may contact to my or Dr. Anoop Kumar T, Member secretary, Institutional Ethics Committee, SCTIMST (Ph:-0471 2520256)

Are you willing to participate in this study?

- Yes
- No

As a part of the requirement, I need your signature/ thumb impression which indicates your willingness to participate. Could you kindly sign/or give thumb impression below?

Signature of the participant: -----

Signature of the investigator: -----

If the respondent is not willing to sign or give thumb impression (verbal consent)

Signature of the witness: -----

Name and address of the witness: -----

Thank you for sparing your valuable time with me.

Date

Place :

Annexure -2

Major contributors to QNWL score differences in various domains by government and private sectors

Significant contributors to QNWL score differences in various domains by government and private sectors

Dimensions	Government Mean score	Private mean score	P value
Work life –home life			
I am able to balance work with my family needs.(Q.5)	4.09	3.16	<0.001
It is important for a hospital to offer employees crèche facilities.(Q.10)	4.86	3.95	<0.001
I have energy left after work.(Q.12)	3.98	3.38	0.002
My organization’s policy for family-leave time is adequate.(Q.25)	3.60	2.55	<0.001
It is important for a hospital to offer their child care services when they are ill. (Q.35)	4.27	3.80	0.052
Work design			
I receive a sufficient amount of assistance from support personnel (the dietary aides, housekeeping, patient care technicians, and nursing assistants.(Q.1)	3.02	2.38	<0.001
I am satisfied with my job.(Q.2)	4.44	3.61	<0.001
My workload is too heavy(Q.3)	4.43	3.29	<0.001
I perform many non-nursing tasks.(Q.11)	4.49	3.62	<0.001
I experience many interruptions in my daily work routine.(Q.16)	4.12	3.42	0.002
Work context (govt)			
I am able to communicate well with my nurse manager/supervisor.(Q.7)	4.10	3.27	<0.001
My nurse manager/supervisor provides adequate supervision(Q.9)	3.78	3.10	<0.001
Friendships with my co-workers are important to me.(Q.13)	5.07	2.90	<0.001
I receive feedback on my performance from my nurse manager/supervisor.(Q.22)	3.60	3.07	0.006
I am able to participate in decisions made by my nurse supervisor/manager (Q.26)	3.67	2.87	<0.001
I feel respected by physicians in my work setting.(Q.27)	3.58	4.66	0.078

It is important to have a designated, private break area for the nursing staff.(Q.28)	4.66	4.08	0.012
It is important to me to have support from my hospital in pursuing higher studies (Q.29)	4.73	3.87	<0.001
I receive support to attend in-services and continuing education programs. (Q.30)	3.72	3.87	0.004
I communicate well with the physicians in my work setting.(Q.31)	4.12	3.42	<0.001
I am recognized for my accomplishments by my nurse manager/supervisor(Q.32)	3.77	3.04	<0.001
Nursing policies and procedures facilitate my work. (Q.33)	3.89	3.18	<0.001
Work world			
In general, society has an accurate image of nurses.(Q.4)	3.73	3.19	0.006
My salary is adequate for my job given the current job market conditions. (Q.24)	3.18	2.55	0.003
I believe my job is secure. (Q.38)	4.12	2.99	<0.001
My work impacts the lives of patients/families.(Q.40)	4.12	3.56	0.003