Quality of Work Life Enrichment Training for Nurses

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Abstract—**The objective of the study is to examine the effectiveness of Quality of work life enrichment Training for nurses. A sample of 150 Nurses working in intensive care units were chosen by purposive sampling. Luthans (1973) quality of work life questionnaire was administered. The research was conducted in three phases: (1) Pre-test (2) Quality of work life enrichment Training and (3) Post-test. To find out the effectiveness of Quality of work life enrichment Training, paired "t" test was computed. The findings revealed that Quality of work life enrichment Training for nurses significantly enriched their satisfaction towards adequate and fair compensation, safe and health work environment, growth and safety, constitutionalism, social relevance, total life space and development of human capabilities.**

Index Terms—**profession, patients, organizations and hypothesis**

I. Introduction

Nursing is a profession within the health care sector that focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nurses practice in many specialties with differing levels of prescription authority. Many nurses provide care within the ordering scope of physicians, and this traditional role has shaped the public image of nurses as care providers. However, nurse practitioners are permitted by most jurisdictions to practice independently in a variety of settings. In the postwar period, nurse education has undergone a process of diversification towards advanced and specialized credentials, and many of the traditional regulations and provider roles are changing (Coulehan, Block 2005) According to American center for Quality of Work Life Staff (1977) "QWL improvements are defined activities which take place at every level of an organization which seek greater organizational effectiveness through the enhancement of human dignity and growth. a process through which the stake-holders in the organization management, unions and employees learn how to work together better, to determine for themselves what action changes and improvements are desirable and workable in order to achieve the twin and simultaneous goals of an improved quality life at work for all members of the organizations and greater effectiveness for the company and the unions".

Literature review suggested that nurses providing care for patients with life threatening condition might report various problems associated with their QWL. As indicated, nurses providing end-of-life care frequently report high levels of anxiety and stress (Harris, 2014). Various factors such as patients' death, high workload, and relationships with colleagues, patients, and family members could increase anxiety and stress levels in nurses. Previous research suggests that high levels of anxiety and stress might exacerbate physical symptoms and negatively influence nurses' satisfaction (Toussaint, 2016). In addition, high stress levels directly affect the ability of the individual to maintain healthy interpersonal relationships with others, because the high levels of stress interfere with the affective function and the occupational relationships. Establishing unhealthy interpersonal relationships with others might be associated with poor satisfaction with the social aspects of quality of life. Furthermore, high levels of anxiety and stress might result in poorer psychological well-being (Lovallo, 2015).

Studies have shown that employees' satisfaction with their QWL would improve performance, reduce absence on a job, reduce professional draining, reduce work related injuries, and increase job pleasure and satisfaction with most aspects of life in general (Mosadeghrad et al., 2011). Another study indicated that employees who were gratified with their QWL work with greater interest, are more devoted to the organization, and are more productive (Delgoshyii et al., 2010). Findings from a study conducted in Saudi Arabia indicated that 52.4% of nurses, particularly primary health care unit (PHCU) nurses, are dissatisfied with their quality of work life (Almalki et al., 2012). Earlier studies revealed that poor QWL was related to lack of independence to make patient care decisions, increased workload, role conflicts, lack of opportunities for career advancement, low salary, lack of professional autonomy, lack of stakeholders support and insufficient welfare services, attitude of society towards nursing, higher level of education, and longer professional experience which were factors that adversely affected the quality of work life (Jaafarpour et al., 2008). Also, the result of previous studies implied that major influencing factors for dissatisfaction with QWL among nurses were unsuitable work hours, inability to balance work with family needs, insufficiency of breaks time, poor employment, delay in promotion, and insufficient hospital sponsored training

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(Awases et al., 2013).

Nurses working in outpatient case teams revealed better quality of work life than nurses working in other departments. Nurses working in inpatient departments tend to require shift work, direct patient contact for care, and high time burden, work overload, and environmental conditions thus resulting in lower QWL (Schalk et al., 2010). Nurses were dissatisfied with the security department with resultant concerns about safety in the work place. It was also found that pays and benefits play a crucial role in determining employees' QWL satisfaction. In addition, unfavorable work environments can lead to low performance and poor interpersonal relationships among nurses that lead them to leave the facility or even the profession itself (Purdy, 2011).

II. OBJECTIVE OF THE STUDY

To find out the effectiveness of Quality of work life enrichment training for nurses.

A. Hypothesis

Nurses would not significantly differ in quality of work life after the Quality of work life enrichment training.

B. Methodology

1) Sample

Sample comprised of 150 nurses working in intensive care units were chosen based on inclusion and exclusion criteria from various Private Hospitals in Chennai city. Prior approval from the hospital and informed consent was obtained from the chosen sample who agreed to participate in the study. Confidentiality was maintained.

2) Inclusion criteria

Nurses working in intensive care units, aged above 30 years and below 40 years, graduates, belonging middle income group with work experience of 10 years were chosen for the study.

3) Exclusion criteria

Nurses working in general wards, aged above 40 years, Non-graduates, belonging to low income group with an experience of less than 10 years were chosen for the study.

4) Instruments

Timossi (2008) tool on quality of work life was administered on nurses. The tool consists of 50 questions measured on a 5 point Likert scale, namely, strongly disagree (SDA), Disagree (DA), Undecided (UD), Agree (A), and Strongly Agree (SA). All the 50 items measure the 8 dimensions, such as, Adequate and fair compensation, safe and healthy work environment, Growth and safety, Constitutionalism, Social relevance, Total life space and Development of human capabilities.

C. Procedure

1) Phase I- pre test

Quality of work life questionnaire was administered to nurses.

2) Phase II-Quality of work life enrichment training

It was given to nurses to enhance their quality of work life in the hospital setting. The training lasted for about one month.

Quality of work life enrichment training was given based on Adequate and fair compensation, safe and healthy work environment, Growth and safety, Constitutionalism, Social relevance, Total life space and Development of human capabilities.

3) Phase III-Post tests

Quality of work life questionnaire was administered after the Quality of work life enrichment training.

III. STATISTICAL ANALYSIS

Paired t-test was used to find out impact of Quality of work life enrichment training in nurses.

IV. RESULTS

The pre-test and post-test scores of nursing students in

TABLE I
SHOWING PRE AND POST QUALITY OF WORK LIFE ENRICHMENT TRAINING

S. No.	Quality of work life enrichment training	n	mean	SD	t-value
1.	Pre-test	150	121.11	17.315	
2.	Post-test	150	148.45	23.894	10.61**

** Significant at 0.01 level

quality of life is 121.11 and 148.45 respectively. The t-value 10.61 is significant at 0.01 level. Hence the hypothesis "nurses would not significantly differ in quality of work life after the Quality of work life enrichment training" is rejected.

V. DISCUSSION

A. Quality of Work Life (QWL) of Nurses Increased after Quality of Work Life Enrichment Training

QWL is a multidimensional and broad concept that includes physical, psychological, social, and environmental aspects of the individual's life. QWL is a complex concept that is influenced by personal cultural beliefs and the personal interaction with the environment. Poor physical and psychological health negatively influences the overall among health care professionals and they are associated with burnout and absence from work and hence the factors hindering quality of work life among nurses were improved through effective quality of work life enrichment training program. This training mainly focused on planning related to their retirement, employee insurance, social security, comfortable safe working environment, alternative worker engagement and merit increase. Suggestions were given to have connect with colleagues through good interpersonal relationship, social interaction and team work. Necessary skill development, time management, prior planning of schedules, personal accountability and problem solving techniques were imparted.

VI. CONCLUSION

Quality of work life enrichment training improved satisfaction in adequate and fair compensation, safe and health work environment, growth and safety, constitutionalism, social relevance, total life space and development of human capabilities. The study has implications for psychologists and

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Counsellors in identifying problems of nurses and to help them cope better and prevent more serious complications.

VII. SUGGESTIONS

- Other factors like stress, depression and anxiety can be studied.
- Nurses other than intensive care units may be chosen for further research.
- The size of the sample may be increased.
- Nurses in rural and semi urban areas can be researched.
- Follow up study after the post test, to assess the effectiveness of quality of work life training can be conducted.

VIII. IMPLICATIONS

- Improves the performance of nurses in everyday tasks.
- Impacts nurses in basic skill and social skills.
- Enhances nurses' ability to plan and execute their task without much stress.
- Improves their ability to perform mental functions.
- Reinforces, strengthens and restores the impaired skills.

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CONFLICT OF INTEREST

The author declared no conflict of interests.

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