

INFLUENCE OF WORKING ENVIRONMENT ON THE QUALITY OF LIFE OF NURSES

UTICAJ RADNE SREDINE NA KVALITET ŽIVOTA MEDICINSKIH SESTARA

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ABSTRACT

The quality of working life is assessed on the basis of safety and protection at work, respect for equal opportunities for development and advancement, freedom of critical thinking, and creativity. There is a close relationship between the work environment, organizational culture, organizational behavior, leadership styles, work efficiency, and employee productivity. All these factors affect the quality of life of workers. The objectives of the research are based on examining the work engagement of nurses-technicians; the impact of the working environment on the quality of life of nurses-technicians; determining the correlation between sociodemographic, psychographic factors, and factors that affect the health of nurses, as well as examining satisfaction with the workplace and working environment through the application of motivational techniques. The research is descriptive. The total number of subjects included in the study was 234, of which 169 or 72% were from the Clinical Center of the University of Sarajevo (KCUS), and 65 or 28% from the "Herz-Jesu" Dernbach Hospital (HJDK). An anonymous survey questionnaire and internal regulations of the health institutions where the research was conducted were used for the research, and they refer to the employment of nursing staff and turnover. The results of the research indicate that a small number of KCUS employees believe that they are not sufficiently evaluated for their work, so they are generally more dissatisfied with their workplace. On the other hand, dissatisfaction at HJKD is mostly caused by stress.

Keywords: working environment, nurses, quality of life, job satisfaction

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SAŽETAK

Kvalitet radnog života procjenjuje se na osnovu bezbjednosti i zaštite na radu, poštivanju jednakih mogućnosti za razvoj i napredovanje, slobode kritičkog razmišljanja i kreativnosti. Postoji uska veza između radnog okruženja, organizacijske kulture, ponašanja u organizaciji, stilova vođstva, radne efikasnosti i produktivnosti zaposlenih. Svi ti faktori utiču na kvalitet života radnika. Ciljevi istraživanja temelje se na ispitivanju radnog angažmana medicinskih sestara-tehničara; uticaju radne sredine na kvalitet života medicinskih sestara-tehničara; utvrđivanju korelacione veze između sociodemografskih, psihografskih faktora i faktora koji utiču na zdravlje sestara, kao i na ispitivanje zadovoljstva radnim mjestom i radnim okruženjem kroz primjenu motivacionih tehnika.

Istraživanje je deskriptivno. Ukupan broj ispitanika uključenih u studiju bio je 234, od čega je iz Kliničkog centra Univerziteta Sarajevo (KCUS) njih 169 ili 72%, te 65 ili 28% iz Bolnice „Herz-Jesu“ Dernbach (HJKD). Za istraživanje je korišten anonimni anketni upitnik i interni pravilnici zdravstvenih ustanova u kojima je provedeno istraživanje, a odnose se na zaposlenost sestarskog kadra, fluktuaciju. Rezultati istraživanja ukazuju na to da mali broj uposlenika KCUS-a smatra da za svoj rad nisu dovoljno vrednovani, pa su općenito nezadovoljniji svojim radnim mjestom. S druge strane, nezadovoljstvo na HJKD je u najvećoj mjeri uzrokovano stresom.

Ključne riječi: radna sredina, medicinske sestre, kvalitet života, zadovoljstvo poslom

INTRODUCTION

Nursing is the most widespread of the healthcare professions. Nurses are a vulnerable working population. The term nurse often refers to a feminine gender - a woman. The term itself defines the profession and often places it in an unfavorable, oppressed, stereotyped position. The term nurse represents something close, intimate, warm, familiar, and primarily feminine, while the term nursing primarily implies gender affiliation to a particular group. That is their social role, particularly starting from the role of the woman as a mother raising her children. Seeing the nursing profession as the pillar of care for ill people also points to the numerous private roles nurses are engaged in based on their gender. The woman is characterized by the roles she has in her own family, and by the expectation of her surroundings. From an early age, a female child has its own position in the family, which is gradual with the age and maturity at the time of marriage, transformed into certain mandatory duties and expectations.

At first, her role of a daughter, followed by the role of a wife and mother, carries lots of life responsibilities, and sometimes even the most difficult responsibilities that have to be fulfilled, and ultimately her professional role, the role of a “nurse.” Just as there is an expectation of exceptional consistency for women's numerous roles in private life, the role of a nurse also has its requirements related to behavior and work attitude which she has the obligation to fulfill to satisfy the professional standards of healthcare (Licul, 2014:183-192).

Since the job of a nurse itself requires great commitment, responsibility, and poise, it is not just a routine but the living of one's own profession, 24 hours a day, given that caring for

people has no time limits. Thus, very often all problems of the patient, difficult situations, and conditions due to various diseases, certainly affect the nurse even in her private life, as her responsibility lasts throughout the day and vice versa (Slišković, 2010: 465-477).

As much as one wants to separate private from professional life, it is actually impossible to do it, given that personal satisfaction achieved at both jobs are mutually overlapping and sometimes affect one another making a person happy, satisfied, fulfilled, full of understanding and enthusiasm for better personal devotion to both work and the family (Slakoper & Brkić, 1999: 395-401; Dujčić, Gregov & Slišković, 2014:13-25). The work of a nurse involves 24/7 care for the patient, and thus the nurse is most often exposed to negative influences impairing and endangering her mental and physical health. At their workplaces, they are exposed to several mechanical hazards, chemical, physical and biological factors, ergonomic conditions and psychological requirements arising not only from direct contact with patients but also from a number of adverse work conditions thus affecting their health (Nađ, 2015).

Prolonged working hours, shift and night work, responsibility in decision-making, contacts with patients and their families, and emotional exhaustion of nurses contribute to their increased morbidity due to mental disorders and psychosomatic illnesses (Begić, 2015). The causes of emotional exhaustion also include task organization; excessive workload, short resting time, routine and mechanical tasks requiring less creativity and work controlling opportunity, managerial style, lack of participation in decision-making, poor communication in the company, interpersonal relations; lack of closeness among employees, mutual assistance and support, job insecurity, constant fear of dismissal, inability to advance in personal, professional and career opportunities, frequent changes in work organization, work environment; space where people do not feel comfortable, either due to their appearance, size, overload, noise, pollution or ergonomic problems (Hudek-Knežević, Krapić & Raiter, 2005: 41-54; Djido et al., 2012: 2219-2224).

Previous studies have shown that nurses constantly working night and rotating shifts have expressed the least satisfaction with their work and working hours and the greatest wish to change that (Andrades et al., 2007: 480-6). Research has shown that nurses refer to fatigue primarily in the context of drowsiness, sometimes in the context of lack of energy, and sometimes in the context of lack of motivation (Dumont, Montplaisir & Infante-Rivard, 1997 : 510-4).

A study conducted in Denmark provided data that nurses are overweight compared to employees working normal working hours, with a body mass index of 25 or more. The risk of developing cancer increases with nurses working a night shift at least three times a month over 15 or more years. The results of numerous studies are in favor of the connection between night shift work and an increased risk of developing breast cancer, with a tendency of increasing the risk with years of such work and larger number of night shifts per week (Jensen et al., 2016 :49-61). A cross-sectional study conducted among hospital nurses in Chile showed poor quality of life in the field of physical health, assessed by the WHOQOL- BREF instrument. Also, the study pointed to an increased number of nurses leaving their jobs in transition countries (Hasselhorn, Tackenberg & Peter, 2004: 401-8). Hajbagheri reported that factors such as organizational culture, lack of support and lack of time make pressure on nurses preventing

them to take certain evidence based clinical decisions (Adib-Hajbagheri, Salsali & Ahmadi, 2003 :1-3; Adib-Hajbagheri, 2007: 566-75.).

The analysis of the connection between the quality of life and working ability in the dissertation of Golubić (2010), shows that physical and mental health are important predictors of good working ability. Healthcare workers with better physical health are 6.80 times more likely to be in better working conditions than those with poor physical health.

Also, nurses with better mental health are 1.80 times more likely to be in better working conditions than those with not so strong mental health. Among other predictors of good working ability, age and level of education have been statistically significant in multivariate analysis (Golubić, 2010).

1. AIMS, MATERIALS AND METHODS

The aims of the research are:

1. To examine work engagement of nurses and the influence on the quality of life of nurses.
2. To establish the correlation link between socio-demographic, and psychographic factors affecting the health of nurses.
3. To examine the satisfaction with work placement and work environment.
4. To examine motivation techniques in the work process and their connection with the quality of life of nurses.

A questionnaire-based study was conducted among nurses employed in Public institution Clinical Center University of Sarajevo and Hospital „Heart of Jesus“ in Dernbach, German Federal Republic. Respondents were nurses engaged in hospital organization and healthcare processes. The study included a total of 234 respondents, of which 169 or 72% were from the Clinical Center University of Sarajevo (CCUS) and 65 or 28% from the „Herz-Jesu“ Dernbach Hospital (HJKD). For the purpose of this descriptive study, an original author's questionnaire was used. Anonymity in answering was fully guaranteed given that the identity of respondents could not be revealed from their answers. The questionnaire was created in „Google forms,“ available to the respondents via a link to the central email of the institution, specifically the email of the Clinic or Department in which the study was being conducted.

2. RESULTS

General socio-demographic picture of the respondents employed in the CCUS and HJKD significantly differed. In the HJKD, the gender ratio of the employees was uniformed, whereas there were significantly more women in the CCUS. Furthermore, the HJKD had twice as many staff under the age of 35, and four times as many of those living alone. On the other hand, majority of the CCUS employees was married, with or without children, specifically 80% of them.

Table 1. Distribution of respondents by professional qualification, years of employment, work placement and amount of salary.

		Health institution				Total	
		Clinical Center University of Sarajevo		Herz-Jesu- Krankenhaus Dernbach		<i>n</i>	%
		<i>n</i>	%	<i>n</i>	%		
Years of employment	0–10	29	17.6%	29	44.6%	58	25.2%
	11–20	51	30.9%	20	30.8%	71	30.9%
	21–30	53	32.1%	10	15.4%	63	27.4%
	>30	32	19.4%	6	9.2%	38	16.5%
Work placement	Charge nurse	66	39.8%	8	12.7%	74	32.3%
	Nurse	100	60.2%	55	87.3%	155	67.7%
Monthly wages	<1.000 KM	8	4.8%	0	0.0%	8	3.5%
	1.000–2.000 KM	140	84.3%	2	3.2%	142	62.0%
	2.000–3.000 KM	18	10.8%	0	0.0%	18	7.9%
	3.000–4.000 KM	0	0.0%	5	7.9%	5	2.2%
	4.000–5.000 KM	0	0.0%	16	25.4%	16	7.0%
	5.000–6.000 KM	0	0.0%	29	46.0%	29	12.7%
	>6.000 KM	0	0.0%	11	17.5%	11	4.8%

Source: authors' research results

Certain number of respondents did not provide answers related to their professional qualification, years of employment, work placement and salaries. There was a significant difference among frequency of different professional qualification, years of employment, work placement and salaries ($p < 0.001$).

Table 2. Satisfaction of respondents with their jobs and job evaluation in the Clinical Center University of Sarajevo (CCUS) and Herz-Jesu Dernbach Hospital (HJKD)

		Health institution				Total	
		CCUS		HJKD		<i>n</i>	%
		<i>n</i>	%	<i>n</i>	%		
Job satisfaction	Yes	109	65.7%	29	44.6%	138	59.7%
	Partially	55	33.1%	28	43.1%	83	35.9%
	No	2	1.2%	8	12.3%	10	4.3%
Opinion on job evaluation	Yes	66	40.0%	13	20.0%	79	34.3%
	Partially	78	47.3%	28	43.1%	106	46.1%
	No	21	12.7%	24	36.9%	45	19.6%

Source: authors' research results

There was significant difference between the answers provided in the two institutions (Pearson's chi-squared test, $p < 0.05$).

Analysis of the workplace satisfaction between head nurses and department nurses indicate that the head nurses expressed more satisfaction at the workplace compared to department nurses (Pearson's chi-squared test, $p < 0.05$).

Table 3. Activities outside work (hobbies, time spent with family), health status and thinking of work outside workplace in the Clinical Center University of Sarajevo (CCUS) and Herz-Jesu Dernbach Hospital (HJKD).

	Health institution						
	CCUS		HJKD		Total		
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Do you have a hobby?	Yes	40	24.5%	25	39.1%	65	28.6%
	No	123	75.5%	39	60.9%	162	71.4%
Do you miss time for family?	Yes	75	45.2%	16	25.8%	91	39.9%
	Sometimes	71	42.8%	28	45.2%	99	43.4%
	No	20	12.0%	18	29.0%	38	16.7%
Assess your health on the scale from 1 to 5	1	3	1.8%	2	3.1%	5	2.1%
	2	12	7.1%	4	6.2%	16	6.8%
	3	54	32.0%	16	24.6%	70	29.9%
	4	65	38.5%	28	43.1%	93	39.7%
	5	35	20.7%	15	23.1%	50	21.4%
Access the overall health of your family on the scale from 1 to 5	1	1	0.6%	2	3.1%	3	1.3%
	2	7	4.2%	5	7.7%	12	5.2%
	3	30	18.0%	12	18.5%	42	18.1%
	4	77	46.1%	17	26.2%	94	40.5%
	5	52	31.1%	29	44.6%	81	34.9%
Do you think about work during annual leave?	No	84	49.7%	18	27.7%	102	43.6%
	I do and I discuss work with my family	16	9.5%	8	12.3%	24	10.3%
	I do and I discuss work with my friends	8	4.7%	12	18.5%	20	8.5%
	I do but I try to avoid talking about work	61	36.1%	27	41.5%	88	37.6%

Source: authors' research results

There were significant differences in the answers provided by the two institutions (Pearson's chi-squared test, $p < 0.05$). Based on the survey results the HJKD employees are less burdened with work. However, they often think about work during annual leave, they are absent from work due to overload, and they make mistakes. A statistically significant number of them is exposed to stress, and only 15% of them come to work with lots of energy, which is more than twice less respect to the CCUS. They lack time for family and hobbies. They are more satisfied with the health condition of their close ones.

Analysis of how the respondents spend their free time at work indicates that there is a significant difference. In HJKD, around half of the respondents talk to colleagues (52.3%) or drink hot beverages (43.1%), and a quarter of them sometimes isolate themselves from others and smoke (24.6%). On the other hand, almost half of the CCUS employees have a rest at

work, and one-third of them spend their free time talking to colleagues (31.1%). Only a small number of them smoke, read, walk, make telephone calls or search the internet.

After work, both groups of respondents spent time with their families. The HJKD respondents included in the survey often take a walk, socialize with friends, or do sport. Also, many of them reported sleeping after work. It should be noted that there are differences in gender, which is why there may be differences between the respondents of the two institutions.

Table 4. Motivation for work tasks performance.

		Health institution		Total	
		CCUS	HJKD		
P07. What motivates you at work?	To help a patient	<i>n</i>	139	45	184
		%	83.7%	69.2%	
	Monetary compensation	<i>n</i>	66	44	110
		%	39.8%	67.7%	
	Good professional relationships with colleagues	<i>n</i>	53	42	95
		%	31.9%	64.6%	
	Good professional relationships with superiors	<i>n</i>	39	25	64
		%	23.5%	38.5%	
	Work appreciation	<i>n</i>	33	40	73
		%	19.9%	61.5%	
Total		<i>n</i>	166	65	231

Source: authors' research results

It seems that the strength for longer working hours and the heavy workload the CCUS staff draws from the satisfaction they have in helping patients. On the other hand, sources of motivation the HJKD respondents find in monetary compensation, work recognition and good professional relationship with colleagues.

3. DISSCUSION

The analysis of respondents in the two hospitals showed that there was a significantly higher number of respondents from the Clinical Center University of Sarajevo, 72% of them. Besides, there were differences between the two institutions in respect of all examined anthropological and socio-demographic characteristics, from gender and age to monthly wages. The fact that there was a higher number of the CCUS respondents meant that their answers could directly affect the results of the inferential statistics of the entire group. Thus, when examining the connection of any socio-demographic factor with the answers to the survey questions, each institution was approached individually

General socio-demographic picture of the respondents employed in the CCUS and HJKD significantly differed. In the HJKD, the gender ratio of the employees was uniformed, whereas there were significantly more women in the CCUS. Furthermore, the HJKD had twice as many staff under the age of 35, and four times as many of those living alone. On the other hand, the majority of the CCUS employees were married, with or without children, specifically 80% of them.

Regarding professional qualification, we consider the comparison to be the most appropriate, given the significant difference in the education systems in the two countries. What is expected or required to perform the duties of a nurse or charge nurse in BiH does not fully coincide with expectations in Germany. Significant differences in the ratio of charge nurses and nurses exist due to differences in the number of staff and job systematization. Also, a simple numerical comparison would not be appropriate, as it is expected that the largest hospital in B&H has more employees and patients, and more charge nurses performing this role in a number of wards and clinics.

Now there is more than a significant difference in the wages between the CCUS and HJKD, and in future studies, it will be interesting to check if the difference in wages between the two institutions (countries) will continue to change in the future. At the moment, with the exception of part-time staff, the lowest salary in the HJKD is higher than the highest salary in the CCUS. There was a significant difference in answers related to effective work and the number of hours spent in the healthcare process on weekly basis. Based on the survey results, the CCUS employees work more, two-thirds of them work 40 hours a week, and one-fourth of them spend over 10 hours in the healthcare process.

The results show that the CCUS employees are more satisfied with their jobs, and a small number of them think that they are not properly rewarded for their work. On the other hand, one-third of the HJKD employees think that they are not properly rewarded. The reasons for their dissatisfaction are indicated in the answers related to activities at work and outside work, and health conditions. Based on the survey results the HJKD employees are less burdened with work. However, they often think about work during annual leave, they are absent from work due to overload, and they make mistakes. A statistically significant number of them is exposed to stress, and only 15% of them come to work with lots of energy, which is more than twice less compared to the CCUS. They lack time for family and hobbies. They are more satisfied with the health condition of their close ones.

Interpretation of the obtained answers could go in this direction: although they work shorter and have more time for family and other leisure activities, the HJKD employees are more exposed to stressful situations, which is why they think about working at home. Accordingly, a certain number is not satisfied with the job and/or feels that it is not properly valued. On the other hand, the results could be interpreted differently. Although based on the survey results, the CCUS employees are more satisfied, the respondents are work loaded, they work longer hours, have less time for their family, and over one-third of them are under constant stress due to workload. Unexpectedly, the CCUS employees believe that they are properly valued. The general picture could be seen as follows - the cause of the CCUS staff dissatisfaction is work overload and stress in the HJKD staff.

It was interesting to analyze the motivation of the two clinics' staff. In the CCUS it was predominantly to help a patient, and twice as few respondents chose monetary compensation. On the other hand, help to a patient, monetary compensation, professional relationship with colleagues, and work recognition was equally valued in the HJKD. It seems that the strength for longer working hours and the heavy workload the CCUS staff draws from the satisfaction they have in helping patients. On the other hand, sources of motivation the HJKD respondents find in monetary compensation, work recognition, and good professional relationship with colleagues.

The following can be concluded - if the motive is to help the patient then longer working hours do not create a problem. On the other hand, monetary compensation and work recognition make it harder to alleviate stress dissatisfaction. This seems to be the reason why the CCUS employees are more satisfied with their work compared to their colleagues in the HJKD. It is also interesting how the respondents spend their free time at work. In HJKD, around half of the respondents talk to colleagues or drink hot beverages, and a quarter of them sometimes isolate themselves from others and smoke. On the other hand, almost half of the CCUS employees have a rest at work, and one third of them spend their free time talking to colleagues. Only a small number of them smoke, read, walk, make telephone calls or search the internet.

After work, both groups of respondents spent time with their families. The HJKD respondents included in the survey often take a walk, socialize with friends or do sport. Also, many of them reported sleeping after work. It should be noted that there are differences in gender, which is why there may be differences between the respondents of the two institutions.

The study conducted by Hrastinski (2016), among 93 nurses employed at the Special Hospital for Rehabilitation in Krapinske Toplice (N= 38) and at Clinic of Cardiovascular Diseases of the Medical Faculty J. J. Strossmayer in Osijek, Magdalena (N= 55), aimed to examine preservation of quality of life, state of personal health perception and work ability of nurses.

There were no differences in the examined groups in terms of factors related to the challenge, progress and involvement in the work of the organization. Regarding the work satisfaction and profession, more than half of the respondents were dissatisfied (52.6%, and 63.6% respectively). Every second respondent would occasionally like to interrupt their work (55.2%, and 58.2% respectively), one fifth of the respondents consider work to be an obligation and increasingly repulsive, and 62.4% do not have the opportunity to advance. The best rated segment was cooperation with colleagues. In the area of quality of life and balance, many partially satisfied and dissatisfied with the current quality of life was observed (48.4%). They mostly describe their life situation as „fulfilled private life, and occasionally fulfilled professional life“ (49.0% and 63.1%, respectively), with almost a quarter of them in SB Krapinske Toplice (23.6%) having fulfilled both private and professional life, with lower share at the Magdalena Clinic (16.3%) (Hrastinski, 2016).

A study from 2011, conducted in Denizli (Turkey), showed that shift workers were often tired, sleepy, frustrated and nervous because of the shift work. Based on the same study, fatigue and drowsiness may result in decrease of concentration, thus increasing the possibility of mistakes and accidents at work, significantly more stabbing incidents (Zencirci, & Arslan, 2011 :527-37). The study conducted by Fathia Attia in 2016 in Egypt showed that the shift work related to number of health problems, usually locomotor system problems (pain), elevated BMI (Body Mass Index), cardiovascular disorders, disturbed family relationships and social inactivity (Attia, 2016:58-65).

The research on the connection between shift work and the quality of life of nurses was conducted by Srdar B in 2016, among 188 nurses employed at the Clinical Hospital Center of Osijek. The study established that there was a significant relationship between shift work and sleep quality of the respondents. Using various standardized tests/scales to assess sleep quality and quality of life, the study established a significant association between shift work, sleep

quality and quality of life. Respondents with poorer sleep quality had a poorer quality of life, that is, sleep problems affected the mental health deterioration (Srdar, 2016). In their study conducted in Sweden, Gardulf, et al., showed that money and work autonomy were the two most important factors in the quality of nurses' working life (Gardulf et al., 2008: 151-60).

The results of the study conducted by Mrayyana in Jordan showed that nurses were least satisfied with external rewards (salary, annual leave and benefits) and establishing the work-life balance (Mrayyan, 2006: 224-30).

The quality of life of nurses is particularly affected by stress in the workplace, which has been proven by many authors. The study on the presence of stress, poor lifestyles, influence of work environment on nurses was conducted in 2013 by author Švrakić in the Clinical Center University of Sarajevo, including 182 respondents of which 88% (160) related to nurses and 11.6% (Švrakić, 2013). The study reached the following results:

The total of 63.7% of respondents were satisfied with their work. A very large percentage of respondents liked their job (87.4%), and only a few (3.3%) definitely did not like what they did. For 26.3% of health workers from the sample, every day at work seemed to have no end, while 48.9% of them disagreed and 18.1% of them completely disagreed. Slightly more than one third of the respondents were not enthusiastic about their work at all. 85% of the respondents enjoyed their work, which was not the case with 11% of the respondents. 44% of them considered their work to be pleasant, whereas 25.8% of them disagreed and 9.9% completely disagreed. Even 88% of medical staff denied that their job was usually boring, and 3% of them had opposite opinion (Švrakić, 2013).

The study conducted in 2011 by Škoro et al. (2012), among 105 nurses in RMC „dr Safet Mujić Mostar“, produced the following results: more than half of the respondents (52%) had over 16 years of service. Only 34.6% of them were found to be satisfied with interpersonal relationships and only 31.7% with their relationship with a superior. Only 51% of respondents was motivated for their work, a large number was reluctant to come to work and was looking forward to leave. One of the reasons for dissatisfaction was overwork, as considered by 83.7% of respondents, and 71.2% of them believed that they could not advance in their career. The good thing was that large number of respondents (85.6%) did not think about work outside working hours, but still only 38.5% of respondents had a good night's sleep and 56.7% of them would wake up feeling tired. 58.7% of respondents would like to change their jobs (Ćesir – Škoro, Obradović Z & Smajkić, 2012).

The research on the frequency of mobbing among nurses employed in public health institutions/agencies of the Federation of Bosnia and Herzegovina, and the level of stress to which they were exposed, was conducted by Karić I and Ovčina A. On the sample of 336 respondents employed in the Public Health Institution, General Hospital in Konjic, Health Institute in Konjic, Health Institute in Vareš, Public Health Institution - General Hospital „Prim. dr. Abdulah Nakaš“ in Sarajevo and in Health Institution in Orašje. The study was conducted in the period from December 2016 to April 2017. The test results showed the presence of mobbing and stress in health institutions/agencies of the Federation of Bosnia and Herzegovina, but to a less significant extent. There was a significant connection between the level of the present mobbing and stress of nurses employed in public health institutions/agencies. There was no significant incidence of mobbing and stress presence in nurses employed in health institutions/agencies in relation to gender. The established presence

of mobbing and stress in health institutions/agencies did not significantly indicate unfavorable psychosomatic conditions which could be disturbing factor for the work process and quality of life of respondents (Karić, & Ovčina, 2018:1).

According to the definitions of the UN, WHO, and ILO, every person has the right to a safe workplace and healthy environment, which will enable him/her to lead a normal socially and economically productive life. Decent work is the basis for building fair working environments, equal and inclusive societies based on the principles of workers' rights, gender equality in terms of the right to work and freedom of work, social protection, social dialogue. Since the term "decent work" should be incorporated into all aspects of society and life, it is necessary to constantly emphasize and encourage work without pressure, work without oppression, work without discrimination, and that is decent work.

CONCLUSION

Based on the research findings, authors conclude the following:

1. Organizational leadership and control, the quality of the work environment and motivational techniques of employers dominantly determine the quality of life and work of nurses.
2. A small number of the CCUS employees felt that they were not valued enough for their work, which meant that they were generally satisfied with their job.
3. If it existed, the cause of dissatisfaction in the CCUS was work overload which was organizational leadership problem. On the other hand, dissatisfaction in the HJKD was mainly caused by stress.
4. If work motive is to help a patient then longer working hours do not create a problem. On the other hand, monetary compensation and work recognition make it harder to alleviate the dissatisfaction caused by stress.
5. The quality of life and work of nurses depends on socio-demographic and psychographic characteristics of the respondents, thus.
6. Optimal management of human resources in nursing is directly (positively) correlated with the level of satisfaction and quality of work of nurses, accordingly, staff less burdened with workload have more time for family and hobbies.
7. It was impossible to confirm whether there was statistically significant correlation between the quality of life of nurses and the possibility of developing an occupational disease, given that a small number of respondents reported an occupational disease, and majority of those who did report it, referred to „discus hernia”. Older respondents are more likely to have an occupational disease.

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