
Perception of the Quality of Nursing Work Life

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Abstract

Introduction. Quality of work life is a multidimensional construct consisting of several mutually linked factors, such as job satisfaction, commitment to work, motivation, work efficiency, work safety, improvement of abilities and work-life balance.

Aim. The aim of this paper was to determine the quality of work life in nurses employed in intensive care and anesthesiology units, as well as to determine whether there is a difference in the quality of work life regarding gender, education, years of service, workplace, and way of working.

Methods and respondents. A cross-sectional study was conducted in May 2021. The study was conducted by using a socio-demographic data questionnaire and the Brooks Quality of Nursing Work Life Survey which consists of 42 items divided into 4 subscales. 102 respondents employed in intensive care and anesthesiology units at the UHC Zagreb and UHC Sestre milosrdnice participated in the study.

Results. The questionnaire was filled in by 102 respondents, and the overall results show that nurses assess the quality of their work life as being moderate. Looking at every subscale separately, nurses assessed the quality of work life as being moderate in the work life/home life, work design and work world subscales. In the work context subscale, nurses have assessed their quality of work life as being high. No statistically significant difference was found concerning gender, education, years of service, workplace, and way of working.

Conclusion. The quality of nursing work life was moderate in all subscales, except in the work context subscale, where it was assessed as high. The results have shown that nurses are dissatisfied with their salaries, their work not being acknowledged and their excessive workload. Management should intervene in order to improve the quality of nursing work life.

Introduction

Quality of work life as a topic is becoming ever more present in literature about human resources. The quality of work life construct began to be used in the 1970s and is linked to the theory of socio-technical systems. The basic settings of the theory refer to an organization that fully engages its employees in the work design, while at the same time achieving organizational goals (1). There is no single definition of quality of work life. One definition of quality of work life describes it as the expression of possibilities and talents and the ability to cope with situations that require initiative and decision-making (2).

Quality of work life is a multidimensional construct consisting of several mutually linked factors, such as job satisfaction, commitment to work, motivation, work efficiency, work safety, improvement of abilities, work-life balance (3). Therefore, in research, various tools are used or they are combined, thus leading to different interpretations of the results. Some authors use the qualitative approach, but more often the quantitative approach is used.

Quality of nursing work life (QNWL) developed from the quality of work life and is used in research related to nurses. It is defined as the degree to which nurses are capable of satisfying important personal needs through experiences in their work organization, while at the same time achieving the goals of their organization and contributing to this organization in a meaningful way (1). The quality of nursing work life questionnaire is divided into 4 dimensions: work life/home life, work design, work context and work world. The work life/home life dimension relates to the balance between work and home life. It is estimated that a nurse balances different roles in

his/her private life and harmonizes them with work life. The work design dimension relates to a nurse's real-life work environment, with an emphasis on workload and work autonomy. The work context dimension consists of nursing practices and influence on patients. This dimension includes staff supervision and lifelong learning. The work world dimension focuses on social effects and how they change nursing practices (1).

Using the above-mentioned questionnaire, Morsy intended to find a link between the quality of nursing work life and job satisfaction. On a sample of 148 nurses, he found a statistically significant link between the quality of work life and job satisfaction. Nurses with higher levels of quality of work life manifested a higher level of job satisfaction. However, as much as 66% of nurses stated that they are not satisfied with the quality of their work life. A statistically significant difference was established regarding age, marital status, level of education and quality of nurse work life (4).

Blumberg wanted to establish a link between the quality of work life and psychological wellbeing. He used a cross-sectional design on 56 nurses and established a positive correlation between the quality of work life and psychological wellbeing (3).

Kaddourak studied the quality of nursing work life and the intention to leave the profession. The study was conducted on 364 nurses in Saudi Arabia and could not establish a link. However, the study did establish that 94% of nurses intend to leave the hospital (5).

Ellis and Pompli studied the quality of nursing work life in Australia. Their aim was to determine the obstacles that influence the quality of work life. The data they obtained showed that the most common obstacles are nurses' workload, incompatibility between private life and work life, inability to make decisions, lack of acknowledgement, non-availability of education, and poor relationship with superiors (6).

Some authors state that a higher level of education affects the quality of nursing work life in such a way that nurses evaluate their quality of work life as lower because of their higher expectations (7). The authors who studied the nurses' attitudes about the quality of work life, state that with age the distrust towards managers increases, which leads to a lower level of quality of life (8).

Aim

Determine the quality of work life in nurses employed in intensive care and anesthesiology units.

Determine whether there is a difference in the quality of work life between nurses regarding their gender, education, years of service, workplace and way of working.

Methods

A cross-sectional study was conducted in May 2021. A socio-demographic data questionnaire and the Brooks' Quality of Nursing Work Life Survey (BQNLW (1) were used. The BQNLW consists of 42 items divided into 4 subscales: work life/home life, work context, work design and work world. The questionnaire offers 6 possible answers: from 1 - Strongly disagree, to 6 - Strongly agree.

The study was conducted in intensive care and anesthesiology units at the UHC Zagreb and UHC Se-

stre milosrdnice. The study was approved by Ethics Committees from both institutions. The questionnaire was filled in by 102 respondents, 75 of which were female, and 27 male. With regard to education, 33 respondents completed secondary education, 59 respondents had a Bachelor's degree and 8 respondents had a Master's degree.

Nurses filled in the questionnaire individually, on site, in a designated room; after finishing they put the questionnaire into a sealed envelope and gave it to the researcher.

Results

The questionnaire was filled in by 102 respondents. Most respondents were women (74%). Most respondents have a Bachelor's degree (58%) and have been working between 3 and 15 years (43%). Given that the study was conducted on intensive care and anesthesia nurses, most respondents work in shifts (54%). The data is shown in Table 1.

Table 1. Respondents' demographic data

| | | Number | % |
|--------------------|----------------------------------|--------|----|
| Gender | Male | 27 | 26 |
| | Female | 75 | 74 |
| Level of education | General nurse | 35 | 34 |
| | Bachelor of nursing | 59 | 58 |
| | Master of nursing/graduate nurse | 8 | 8 |
| Years of service | Up to 3 years | 18 | 18 |
| | 3-15 years | 44 | 43 |
| | 16-30 years | 26 | 25 |
| | More than 30 years | 14 | 14 |
| Workplace | Operating theater | 43 | 42 |
| | Intensive care unit | 59 | 58 |
| Job position | Rotation/shift work | 55 | 54 |
| | Shift leader | 5 | 5 |
| | Morning work | 10 | 9 |
| | On-call | 33 | 32 |

Table 2. Overall score and work life quality subscales

| Scales | Possible span | Theoretical average | Actual span | M | SD |
|-------------------------------------|---------------|---------------------|-------------|-------|------|
| 42-item scale | 42 - 252 | 147 | 139 - 218 | 172.2 | 1.18 |
| 7-item work life/home life subscale | 7 - 42 | 24.5 | 17 - 37 | 28.1 | 1.23 |
| 10-item work design subscale | 10 - 60 | 35 | 32 - 47 | 41.9 | 1.07 |
| 20-item work context subscale | 20 - 120 | 70 | 56 - 92 | 83.5 | 1.19 |
| 5-item work world subscale | 5 - 30 | 17.5 | 10 - 27 | 18.5 | 1.24 |

The BQNL total score can range between 42 and 252, where a lower value indicates a lower level of quality of nursing work life. Our results show that nurses assessed their work life quality level as moderate. This becomes apparent when looking at our result average compared to the average of the BQNL scale. Results are shown in Table 2.

Analyzing each subscale individually, we will first examine the dimension of work life/home life. Most nurses are moderately satisfied with the quality of their work life in this dimension. A significant number of nurses (more than 80%) stated that they need childcare services, including when children are sick. Approximately 50% of nurses stated that shift work negatively impacts their life. Table 3 shows the val-

ues of all items in this dimension.

In the work design dimension, nurses are moderately satisfied with the quality of their work life. As many as 98% of nurses stated that they provide quality health care, while 88% of them stated that they were satisfied with their work. About 80% of nurses stated that unlicensed personnel help them in their work, which is a good result because we can link this statement with the fact that 80% of nurses believe their workload is too heavy. As many as 75% of nurses feel that they perform a lot of non-nursing tasks. Around 54% of nurses feel that there is a shortage of nurses in their workplace. Table 4 shows the results of this dimension of the questionnaire.

Table 3. Results of the work life/home life subscale

| Work life/home life | I disagree | | I agree | |
|--|------------|----|---------|----|
| | Number | % | Number | % |
| 1. It is important for the hospital to provide daycare for employees' ill children. | 15 | 15 | 87 | 85 |
| 2. It is important that hospitals provide childcare. | 17 | 17 | 85 | 83 |
| 3. I am able to balance work life and home life. | 20 | 20 | 82 | 80 |
| 4. It is important for the hospital to provide daycare for employees' elderly parents. | 30 | 29 | 72 | 71 |
| 5. Shift work negatively affects my life. | 50 | 49 | 52 | 51 |
| 6. My organization's policy for family leave is adequate. | 53 | 52 | 49 | 48 |
| 7. I have enough energy left after work. | 61 | 60 | 41 | 40 |

Table 4. Results of the work design subscale

| Work design | | I disagree | | I agree | |
|-------------|--|------------|----|---------|----|
| | | Number | % | Number | % |
| 1. | I am able to provide good quality nursing care. | 2 | 2 | 100 | 98 |
| 2. | I am satisfied with my job. | 12 | 12 | 90 | 88 |
| 3. | I have the autonomy to make patient care decisions. | 14 | 14 | 88 | 86 |
| 4. | My workload is too heavy. | 22 | 22 | 80 | 78 |
| 5. | I receive quality assistance from unlicensed support personnel. | 24 | 24 | 78 | 76 |
| 6. | I receive a sufficient amount of assistance from unlicensed support personnel. | 24 | 24 | 78 | 76 |
| 7. | I perform many non-nursing tasks. | 25 | 25 | 77 | 75 |
| 8. | I have enough time to do my job well. | 35 | 34 | 67 | 66 |
| 9. | I experience many interruptions in my daily work routine. | 35 | 34 | 67 | 66 |
| 10. | There are enough nurses in my work setting. | 55 | 54 | 47 | 46 |

In the work world dimension, nurses are moderately satisfied with the quality of their work life. 87% of nurses feel that society does not have the correct image of nurses. An equal percentage of nurses believe their work impacts the lives of patients/families. 75% of nurses think they would be able to find a job in another organization with about the same salary and benefits. Interestingly, 44% of nurses think that

their salary is adequate given the current job market conditions. Table 5 shows the results of this dimension.

The work context dimension is the only dimension where nurses showed a high level of satisfaction with their work life. Nurses assessed questions that related to staff management with a high percentage of satisfaction. Nurses showed a significantly lower

Table 5. Results of the work world subscale

| Work world | | I disagree | | I agree | |
|------------|--|------------|----|---------|----|
| | | Number | % | Number | % |
| 1. | My work impacts the lives of patients/families. | 14 | 14 | 88 | 86 |
| 2. | I feel my job is secure. | 22 | 22 | 80 | 78 |
| 3. | I would be able to find a job in another organization with about the same salary and benefits. | 25 | 25 | 77 | 75 |
| 4. | My salary is adequate given the current job market. | 57 | 56 | 45 | 44 |
| 5. | Society has a correct image of nurses. | 89 | 87 | 13 | 13 |

Table 6. Results of the work context subscale

| | Work context | I disagree | | I agree | |
|-----|--|------------|----|---------|----|
| | | Number | % | Number | % |
| 1. | It is important to secure a separate break area for nurses. | 4 | 4 | 98 | 96 |
| 2. | My nurse manager provides adequate supervision. | 9 | 9 | 93 | 91 |
| 3. | I have good quality communication with physicians in my work environment. | 9 | 9 | 93 | 91 |
| 4. | It's important for me that my hospital provides degree completion programs for nurses. | 10 | 10 | 92 | 90 |
| 5. | I have a feeling of belonging at my workplace. | 12 | 12 | 90 | 88 |
| 6. | I feel respected by physicians in my work environment. | 13 | 13 | 89 | 87 |
| 7. | There is teamwork in my work setting. | 14 | 14 | 88 | 86 |
| 8. | I communicate well with my nurse manager. | 15 | 15 | 87 | 85 |
| 9. | Friendships with my co-workers are important to me. | 20 | 20 | 81 | 80 |
| 10. | I have adequate patient care supplies and equipment. | 21 | 21 | 81 | 79 |
| 11. | I communicate/cooperate with physical therapists. | 24 | 24 | 78 | 76 |
| 12. | I receive feedback on my performance from my nurse manager. | 27 | 26 | 75 | 74 |
| 13. | I receive support to attend in-service and continuing education programs. | 41 | 40 | 61 | 60 |
| 14. | I am recognized for my accomplishments by my nurse manager. | 42 | 41 | 60 | 59 |
| 15. | My work setting provides career advancement opportunities. | 45 | 44 | 57 | 56 |
| 16. | At work I feel safe from personal harm (physical, emotional, or verbal). | 45 | 44 | 57 | 56 |
| 17. | Nursing policies and procedures facilitate my work. | 51 | 50 | 51 | 50 |
| 18. | My organization's upper-level management respects nurses. | 51 | 50 | 51 | 50 |
| 19. | I participate in decisions made by my nurse manager. | 53 | 52 | 49 | 48 |
| 20. | The security department at the hospital creates a safe environment. | 54 | 53 | 48 | 47 |

level of satisfaction regarding career development (56% were satisfied); also, only 50% felt that management has respect for nurses. It is especially important to stress that 44% of nurses do not feel safe in their workplace, while 53% of nurses feel that the

security department does not provide a secure environment. Results are shown in Table 6.

No statistically significant differences were found when comparing the quality of work life in relation to demographics, as shown in Table 7.

Table 7. Results of the quality of work life compared to demographic variables

| | | Quality of work life (total result) | | | |
|--------------------|--------------------------------------|-------------------------------------|-----------|-----------|------------|
| Variable | | Low | Moderate | High | <i>p</i> * |
| Gender | Male | 0 (0.0) | 20 (74.1) | 7 (25.9) | 0.643 |
| | Female | 0 (0.0) | 52 (69.3) | 23 (30.7) | |
| Level of education | General nurse | 0 (0.0) | 22 (62.9) | 13 (37.1) | 0.337 |
| | Bachelor of nursing | 0 (0.0) | 45 (76.3) | 14 (23.7) | |
| | Master of nursing/ Graduate nurse | 0 (0.0) | 5 (62.5) | 3 (37.5) | |
| Years of service | Up to 3 years | 0 (0.0) | 13 (72.2) | 5 (27.8) | 0.702 |
| | 3-15 years | 0 (0.0) | 32 (72.7) | 12 (27.3) | |
| | 16-30 years | 0 (0.0) | 19 (73.1) | 7 (26.9) | |
| | More than 30 years | 0 (0.0) | 8 (57.7) | 6 (42.9) | |
| Workplace | Operating theater | 0 (0.0) | 33 (76.7) | 10 (23.3) | 0.244 |
| | Intensive care unit | 0 (0.0) | 39 (66.1) | 20 (33.9) | |
| Way of work | Rotation work | 0 (0.0) | 36 (67.9) | 17 (32.1) | 0.132 |
| | Shift leader | 0 (0.0) | 2 (40.0) | 3 (60.0) | |
| | Morning work | 0 (0.0) | 9 (90.0) | 1 (10.0) | |
| | On-call | 0 (0.0) | 25 (75.8) | 8 (24.2) | |
| | Other | 0 (0.0) | 0 (0.0) | 1 (100.0) | |

**p* < 0.05 is considered significant, the chi-squared test was used

Discussion

Quality of work life is an important concept in the description of the work environment, and deviations in it can affect the quality of the nursing care provided and also endanger the safety of patients and their families. Numerous studies have shown deviations in the quality of work life among nurses employed in different hospital wards, as well as in primary health care (9).

The results of this study show that the quality of nursing work life level is moderate, and this result is supported by numerous other studies. Suleiman et al conducted a study on emergency service nurses in Jordan, proving that their quality of work life is also moderate (9). The same results were obtained in a study conducted in Iran, and in addition to the above, a correlation between the quality of work life and burnout syndrome was also proven (10). Nayeri et al conducted a study on the relationship between the quality of work life and productivity in 360 nurses, where 61.4% rated their quality of work life as moderate (11).

Most respondents in this study are moderately satisfied with the quality of their work life in the work life/home life subscale. 60% of respondents claim that after work they do not have enough energy, whereas 50% feel that shift work negatively impacts their life. A study conducted among primary healthcare nurses in Saudi Arabia showed similar results (12). The consequence of the above is the impossibility of balancing private and work life, so when work requirements cannot be combined with the obligations of private life, this leads to leaving the workplace or profession (13).

The work design subscale also shows moderate quality of nursing work life. Approximately 75% of respondents feel that their workload is too heavy and that they perform many non-nursing tasks. These results are supported by the study conducted by Vanaki in Iran that included 250 nurses, where a too heavy workload was the main reason for dissatisfaction at work and low quality of work life (14). In our study, more than half of the respondents believe that there are not enough nurses at their workplace, while in the study by Aiken et al, it was determined that each additional patient per nurse increases the probability

of burnout syndrome by 23% (15). Despite that, 88% of respondents stated that they were satisfied with their job, while as much as 98% felt that they were able to provide good quality nursing care.

In the work world dimension, respondents also showed a moderate quality of work life. 87% of respondents felt that society does not have a correct image of nurses, because this image is based on misconceptions and stereotypes stemming from distorted images presented by the media. An example of a stereotype is the image of nurses as "angels" and doctors' helpers, creating the public image of the nurses as feminine and caring, but not as independent patient care providers. Nurses are generally held in high regard because of their virtues - not because of their knowledge and skills (16). Salary is an important factor contributing to dissatisfaction among nurses, and 56% of them believe that they are not adequately paid for their work considering the conditions in the labor market. In accordance with the above, several studies have proven that salary and financial benefits are important items for nurses and that their insufficiency affects the satisfaction, dedication, and performance of employees (12).

The work context dimension is the only one in this study in which nurses stated a high quality of working life. Results like these were also obtained by Morsy and Sabra in their study conducted in 2015 in Egypt on 148 nurses (4). On the other hand, in the Shazly and Fakery study, it was precisely this dimension that showed the poorest quality of working life (17).

About 90% of respondents stated that their nurse manager provides adequate supervision of their work and that they have good quality communication with physicians and feel respected by physicians. Suleiman and Almalki obtained different results: in their study only half of the nurses agreed with the above statements (9,12). With regards to career advancement opportunities, only 56% of respondents stated that they have this opportunity. The potential for advancement was identified as an important motivator in achieving excellence in nursing practice, and strategies for improving their professional status and personal advancement should help in improving satisfaction with the quality of nursing work life (18).

It must be stressed that just around half of the respondents say they feel safe in their workplace and that the security department provides a secure envi-

ronment. Similar results were obtained by the study conducted on 585 nurses in Saudi Arabia, where 60% stated that the security department does not provide a safe environment, and 45% did not feel safe in the workplace (12).

El-Gilany et al conducted a study with the aim of determining the incidence of violence in the workplace among 1091 nurses. Results showed that 28% were exposed to a violent incident during the previous year, with emotional violence comprising 92,1%, and physical 7,9% of all violent events (19). It must be stressed that the feeling of safety in the workplace is necessary for nurses to be able to adequately perform their job. In our study, 96% of nurses agreed that it is important to have a separate break area and that 88% have a feeling of belonging to the workplace, which is an important factor that improves the quality of work life.

Only 50% of respondents feel that management respects nurses and only 59% feel that their nurse manager recognizes their accomplishments. According to Bodek, employees want to feel respected for the work they provide and appreciated for their skills, knowledge, and performance (20). According to AbuAlRub and Al-Zar, recognition of nurses' work directly impacts their intention to stay in their workplace, because a difficult day without recognition can increase the wish to leave the workplace (21).

The study results showed no statistically significant difference concerning gender, education, years of service, workplace, and way of working, just like in the study by Suleiman et al. In contrast, the study by Lebna et al proved that women rather than men, as well as highly educated nurses and those with more than 15 years of experience, have a higher quality of working life (22). As an explanation, we can cite the fact that more experienced nurses have a developed ability to better adapt to the work environment compared to less experienced colleagues. Also, older and more experienced nurses are more recognized and appreciated by managers, which certainly contributes to greater satisfaction (23).

In addition, research by Hadley and Roques proved that nurses who work morning and afternoon shifts have a higher quality of work life compared to nurses

who work night shifts (24). Although in our study we did not examine the link between marital status and quality of work life, many studies prove a statistically significant difference, where married respondents had a higher quality of work life (12,25), the reason for this possibly being that married respondents have better emotional support from their partners, which leads to a reduction in stress and consequently a higher quality of work life (26).

This study has certain limitations. The study was conducted on a small sample of nurses in just two health institutions, which might affect the obtained results. Also, the study is cross-sectional, which limits the observation of changes over time and indicates the need to conduct longitudinal studies that would enable a deeper understanding of the determinants and changes in the quality of nurses' work life.

Conclusion

Based on the results of this study, we can claim that nurses employed in intensive care and anesthesiology departments are moderately satisfied with their quality of work life in all dimensions, except for the work context dimension where they showed a high level of quality of work life. Also, with this study, we pointed out those segments that should be modified in order to increase the level of quality in other dimensions as well. The workload per nurse should be reduced and nurses should also be relieved of tasks that are not in their job description.

Nurses should be paid adequate wages for their work and receive recognition for their accomplishments and education. Hospital management should pay attention to the quality of nursing work life and secure a safe work environment. Many studies have shown a correlation between the quality of work life and the intention to leave the workplace; therefore, management and managers should take effective interventions to prevent nurses from leaving the workplace and/or the profession.

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PERCEPCIJA KVALITETE RADNOG ŽIVOTA MEDICINSKIH SESTARA/TEHNIČARA

Sažetak

Uvod. Kvaliteta radnog života višedimenzionalni je konstrukt koji se sastoji od nekoliko međusobno povezanih čimbenika kao što su zadovoljstvo poslom, predanost poslu, motivacija, radna učinkovitost, sigurnost na poslu, unaprjeđenje sposobnosti, ravnoteža privatnog života i rada.

Cilj. Cilj ovog rada bio je utvrditi razinu kvalitete radnog života medicinskih sestara zaposlenih na odjelima intenzivne skrbi i anesteziologije te postoji li razlika u razini kvalitete radnog života medicinskih sestara/tehničara s obzirom na spol, obrazovanje, radni staž, mjesto zaposlenja i način rada.

Metode. Provedena je presječna studija tijekom svibnja 2021. Korišten je Upitnik sociodemografskih podataka te *Brooks Quality Nursing Work Life Survey* koji sadrži 42 čestice podijeljene u četiri podljestvice. U istraživanju su sudjelovala 102 ispitanika zaposlena na odjelima intenzivne skrbi i anesteziologije u KBC-u Zagreb i KBC-u Sestre milosrdnice.

Rezultati. Upitnik su ispunila 102 ispitanika, a ukupni rezultati pokazuju da medicinske sestre i medicinski tehničari kvalitetu radnog života procjenjuju umjerenom. Gledajući svaku podljestvicu zasebno, medicinske sestre i medicinski tehničari procijenili su kvalitetu radnog života umjerenom u podljestvicama poslovni život / privatni život, dizajn rada i svijet posla. U podljestvici kontekst posla medicinske sestre i medicinski tehničari iskazali kvalitetu radnog života visokom. Nije pronađena statistički značajna razlika s obzirom na spol, obrazovanje, radni staž, mjesto zaposlenja i način rada.

Zaključak. Kvaliteta radnog života medicinskih sestara/tehničara umjerena je na svim podljestvicama osim u podljestvici kontekst posla, gdje se pokazala visokom. Rezultati su pokazali da su medicinske sestre i medicinski tehničari nezadovoljni plaćom, nepriznavanjem svojeg rada te prevelikom količinom radnih zadataka. Rukovoditelji bi trebali poduzeti intervencije koje će poboljšati kvalitetu radnog života medicinskih sestara/tehničara.

Ključne riječi: kvaliteta života, kvaliteta radnog života, intenzivna skrb, sestrinstvo
