

Relationship between Characteristics of Respondents with Quality of Nursing Work Life

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Abstract: Quality of work life as an important factor and the essential of services in hospital including in nursing services. When the hospital concern about that, the nurses will give themselves fully and focus on the service. The purpose of this research was to identify the relationship between characteristics of respondents with quality of nursing work life. The research used correlational method with cross sectional approach. The research involved 193 nurses at a hospital in western Indonesia that were selected using purposive sampling. The researchers used the Brooks' survey of quality of nursing work life which has been translated into English and validity and reliability has been tested. The results showed that every characteristics have no relationship with quality of nursing work life (p value > 0.05) The conclusion is the research showed that no significant relationship between respondents characteristic with quality of nursing work life. Further research is needed to identify the other factors use the other design and with more respondents. Researchers hope the results can be used as a guide for nursing management of one of hospitals in Western Indonesia to do enhancement.

1 INTRODUCTION

Hospital is facility that serves health, has a very vital role and function to improve quality of health. One of hospitals in Western Indonesia which is a national referral hospital based on the Decree of Minister of Health of Republic of Indonesia Number HK.02.02/Menkes/ 390/2014 has the vision to become a superior and transformative Health Institution in improving the health status of people entitled to holistic and plenary health service. The visible role of a hospital is in accordance with the Law of the Republic of Indonesia Number 44 of 2009.

One of hospitals in Western Indonesia has been appointed to be one of the 9 (nine) Pilot Project Hospitals in the Nurse Career Path nationally since 2012 and carried out by the Indonesian Ministry of Health in collaboration with Japan International Cooperation Agency (JICA). This is done as an effort to develop the nursing profession and structuring nursing service in a better direction. Nursing is an integral component of health care in hospital that plays role and determines the quality of health services (Aditama, 2004). Data from Ministry of Health Online Hospital on August 7, 2017

reported that 50.91% of the proportion of all health workers was filled by Nursing Human Resource. The implementation of nurses' roles and functions is influenced by several factors, one of which is the quality of work life.

Brooks and Anderson (2005) state that quality of work life is a concept that describes nurses' perceptions of meeting needs through work experience in organization so that nurses can have maximum work productivity and obtain personal satisfaction in meeting their needs. The main focus of Quality of Work Life (QWL) itself is that the work environment and all the work in it must be in accordance with the people and technology that exists. This is also in accordance with Soedarmoto in Samtica (2011) stating that the focus of QWL is the impact on individuals, namely how work can make one's life better.

This is also in accordance with Gitosudarmo in Usman (2009) who states that the main goal of the QWL program is to create a more democratic organization where everyone has a voice towards something that will affect their lives. Gitosudarmo also mentioned that the other main goal is to improve individual development by creating

condition that supports personal growth. Mahmudah (2013) suggests that the concept work life quality states the importance of human respect in the work environment. QWL has an important role by focusing more on changing the organizational climate in management and individual aspect, so that QWL increases.

The focus and aspect that must be considered are the individual nurses as health providers in their work environment. All established policies in the organization will have an impact on each individual and on job satisfaction and an increase in the quality of the worker's life. This is in accordance with Usman (2009) stating that the quality of work life program is expected to improve communication between nurses and groups, improve coordination between individual and related systems, increase awareness in nurses (motivation) and increase the ability of staff, especially nurses in providing nursing care. This increase was directed towards achieving the organization's vision and mission. Therefore, the application of policies within the organization still must pay attention to the impact of these policies on nurses who will ultimately have an impact on improving the quality of work life.

Based on the results of interviews with the Head of the Special Nursing Service Section that hospital, that the approach given to staff was also adjusted to the characteristic of the nurse. Therefore, researchers feel interested in seeing the relationship between nurse characteristics and the quality of nurse's work life.

2 METHODS

This study used quantitative research with a correlational analysis method. The sample used was 193 people. The sampling technique used was purposive sampling. The selection of sample was based on inclusion criteria (Clinical nursing level 1-4) which were considered to have a close relationship with the characteristics of the population that were previously known, namely they had followed the implementation of clinical nurse career path during the period of pilot project implementation of career path (> 2 years of service) in surgical inpatient and internal medicine room.

The research instrument used the QNWL standard questionnaire from Brooks and Anderson (2005) regarding the conceptual framework with instruments related to the quality of nurse's work life (42 statements). These questions are discussed about work life/ home life, work design, work context,

work world. That questionnaire focused on quality of nursing work life. The questionnaire had used Likert scale (1-4). The questionnaire had been translated by Susilaningih et al (2013) into Indonesian and validity had been done with a range of 0.32-0.88 and reliability with a value of 0.789

The researcher conducted research by paying attention to ethical aspects are beneficence, non maleficence, autonomy, anonimity, veracity, justice, confidentiality. The research also asked informed consent to the respondents. The researchers also through the ethical review process in Health Research Ethics Committee Hasan Sadikin Hospital.

The results of this study were analysed using univariate and bivariate analysis methods, namely by means of statistical calculations with a level trust 95%.

3 RESULTS

3.1 Characteristics Respondents

The table 1 below shows the characteristics of the respondents.

Table 1: Frequency Distribution of Characteristics of Respondents (n = 193).

Characteristics of Respondents	Freq	Percentage (%)
Age (years old)	24-33	46.6
	34-43	37.8
	44-53	14.0
	54-63	1.6
Gender	Male	28,5
	Female	71,5
Length of working (year)	2-11	56,0
	12-21	30,1
	22-31	13,0
	32-41	1,0
Education	SPK	1,5
	Degree	61,7
	Ners	34,7
	Master	2,1
Career level	PK 1	24,9
	PK 2	31,6
	PK 3	40,4
	PK 4	3,1

Data from table 1 illustrates that less than half of respondents were 24-33 years old (46.6%), more than half were female (71.5%), had worked 2-11 years (56%), Diploma (61.7%), and less than a half were categorized as Clinical Nurse 3 (40.4%).

3.2 Frequency Distribution of QNWL

The table 2 below shows frequency distribution of QNWL.

Table 2: QNWL of clinical nurse (n=193).

Dimension	High		Low	
	F	%	F	%
All dimension	190	98,4	3	1,6
Work life/ home life	189	97,93	4	2,07
Work design	174	90,15	19	9,85
Work context	183	94,82	10	5,18
Work world	157	81,35	36	18,65

Table 2 shows that almost all of the respondents had a high quality of work life for nurses (98.4%). Seen from each dimension, almost all of the respondents had high quality work life for nurses.

3.3 Relationship between Characteristics with QNWL

The table below shows relationship between respondents characteristic with quality of nursing work life.

Table 3: Relationship between Characteristic with QNWL.

Crosstabs	Test used	Sig.
Age*QNWL	Chi-Square	0,861
Gender*QNWL	Chi-Square	0,852
Lengthofworking*QNWL	Chi-Square	0,919
Education*QNWL	Chi-Square	0,705
Careerlevel*QNWL	Chi-Square	0,974

Based on table 3, it can be seen that age, sex, length of work, education, and career did not have a significant relationship with the quality of nurse work life ($p > 0.05$)

4 DISCUSSION

This study aimed at assesing the relationship between nurse characteristics and the quality of nurse’s work life. Finding of this suggests that the significance value between age and QNWL was 0.861, it indicated that there was no significant relationship between them. These results were in line with the research of Oyoh et al., (2017) where age is not related to QNWL. But these results were not in line with the results of research conducted by Purnomo (2012), namely that there is a relationship between the age of nurses and QWL. According to Purnomo the age of a nurse will provide an overview

of readiness in serving patients in nursing service. The researcher argued that nursing services require mental readiness because nurse will face different patient characteristics. Nursing services provided must include bio, psycho, socio and spiritual so that a nurse cannot just pay attention to the physical element. In some cases, nurses will find patients who experience socio and psycho problems so that a preparedness is needed to deal with these patients. Researchers argue that along with increasing age in general individuals become more mature, more stable, more determined so that they have a more realistic view that will influence them in making decisions.

As we know, age is the length of time a person lives which is calculated from birth. Age is seen as having an influence on the quality possessed by nurse. The increasing of age, the individual will motivate himself to be better in socioeconomic status by working and will strive to improve the quality of his working life. Research conducted by Kumajas et al. (2014) concluded that age will influence nurse performance which can be seen in the nature of wisdom, decision making, responsibility, mindset, emotional control and tolerance along with age.

It was found that there was no significant relationship between sex and QNWL. The results is in line with Oyoh et al (2017) where sex is not related to QNWL. But these results were not in line with the results of research conducted by Purnomo (2012), namely that there is a significant relationship between the sex of nurses with QWL. Based on staff basis, in this study found that inpatient rooms were filled by female more than half. If we look at the membership report recorded in the nurses' professional organization information system, *Persatuan Perawat Nasional Indonesia* (PPNI) the number of nurses who registered until April 2017 was 359,339 people consisting of 29% (103,013 male nurses) and 71% (256,326 female nurses).

The government and organizations need appropriate management systems and policies to achieve quality work life. The researchers argue that the best method to start is to recognize that there are some important differences between men and women that affect performance. One problem that seems to differentiate between sexes that will affect QNWL is that when employees have preschool children is a choice of work schedules so that female nurses can still share their time with their responsibilities at home) and QNWL targets remain created. Robbins (2006) states that female nurse will tend to have more internal conflicts between work

and responsibilities towards the family which will affect the quality of the worker's life, especially in the dimensions of worklife/ homelife.

As we know, in the era of emancipation, the current increase in the number of women working is normal. Some researchers find that women tend to spend more time on family matters so women were reported to experience more family work conflicts, especially family interference with work (Berk et al). Conversely, men tend to spend more time dealing with work affairs than women, so men are reported to experience more family work conflicts, especially work interference than women. Researcher assumes that gender is a physical trait that distinguishes individual characteristics which can affect nature. This will affect the emotions and mindset and will ultimately affect the acceptance of the process of achieving quality work life.

It was found that the significance value between the length of work and QNWL was 0.919, indicating that there was no significant relationship between them. This was not in line with the results of Purnomo's (2012) study which states that the longer the work period of a nurse, the work pressure will be lower because they become accustomed to facing patients with different characteristics.

This is reinforced by the opinion of Robbins (2001) which states that the working period greatly influences the mastery of employee work details, where the respondent with a longer work period has better experience, confidence and mastery of job description. The researcher argued that the longer a person's work period it will increase the ability and mastery of existing cases. A nurse who has a long work period will try to provide maximum nursing services based on experience during work. This is due to the longer work period of the employee so that the employee becomes more proficient in his work activities. It was in line with Kumajas et al (2014) which states that work experience will increase understanding of duties and responsibilities. Rose et al in Samtica (2011) also states that the length of career and the total length of work in one job is related to career success which is related to completion in work and career which has an impact on success.

The researcher stated that the duration of work will have an impact on job satisfaction and an increase in nursing services that will provide an increase in the quality of nurse's work life and nurse's performance. Also this study finding suggests that there was no significant relationship between education and QNWL. This was not in line with the results of Robbins's research (2006) which

states that recent education greatly influences the ability, insight and level of confidence of respondents in carrying out their work. This is because education is very important in order to improve its abilities. Respondents with a high level of education are able to work with higher levels of difficulty and responsibility.

The level of education affects the individual in responding to something. The higher level of education will be more rational, open and creative in accepting change. In addition, with a high level of education, the insight owned is broader so that it increases motivation in working and finding out new things. The level of education is a formal learning process while informal learning process is in the form of work experience. The level of education of a person make a person will be more rational, open and creative in accepting change. So that it can be concluded that the higher the level of education of employees will improve performance. This is because the higher the level of education of a person, the higher the logic of thinking and the level of self-confidence of employees so that employees in carrying out their work activities will be more systematic so that it will have a positive impact on the performance and quality of nurse work life.

It was found that there was no significant relationship between career level with QNWL. This finding not in line with Rose et al by Samtica, (2011) who states that career levels have a positive effect to on QWL. Some models of careers state that individuals may think that their careers differ depending on their age level. Cascio (2010) states that career levels make employees improve more the quality of service provided to customers and will improve the quality of nurse work life. Nurses will develop faster in their work through experience, trust because they have succeeded in doing previous work and are equipped with training that is suitable for current level. It is important to build strong self-confidence so that he/ she is ready to accept new responsibilities.

Researcher argued that career gap which is an individual characteristic was not related to the quality of work life because it is the role of the effort of hospital nursing management. It was also seen from the nationally appointed one of Western Indonesian Hospitals being one of the 9 (nine) Pilot Project Hospitals in the Nurse Career Level. The pilot project for the implementation of this clinical nurse career level is helping nursing management in order to improve the quality of nurse work life (Patrisia et al., 2018). This is in accordance with the study by Rivai and Sagala (2009) which states that it

takes effort by management through improving the quality of work life which aims to provide greater opportunities to staff. Hopefully these goals can improve the quality of work carried out by nurses and help achieve a hospital agency.

Overall, in this study, patient characteristic was not related to the quality of work life. Apart from the existence of a career pilot program in clinical nurse, this is influenced by other factors. Hanefah in Simanungkalit (2012) states that management plays an active role in the growth and development of each staff by developing factors that influence QNWL. Management provides opportunities for nurses to develop skills and performance. This can be seen from the results of interviews with the Nursing Committee which stated that there was a mapping to take part in formal or non-formal education for each nurse.

The management also provides opportunities for nurses to participate in decision making based on their career level. In this way, the nurse will be responsible for his work. The influence of a comfortable work environment also influences the quality of working life of nurses. Based on the results of observation, the management seemed to facilitate the needs of facilities and infrastructure that support the implementation of nursing care. The existence of supervision also helps nurses to get input and direction when there is confusion in the implementation of nursing care. Based on the results of the interview, it was found that nurses were more eager to finish the work because they got clear direction from their respective superiors (team leader or head of the room). A work environment that has a good relationship between colleagues leads to an increase in QNWL in terms of work design. Based on the results of interviews with nurses, QNWL was also influenced because of the wages and compensation obtained in accordance with the work undertaken. With this pilot project career level, nurses work based on the authority of each career level.

The limitations of this research was only used questionnaire not used the other method like interview.

5 CONCLUSION

This study showed that there was no significant relationship between respondents characteristic with quality of nursing work life. The researcher recommends increase the number of respondents and use the other research design for further research.

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