

## A COMPARATIVE STUDY ON WORK-LIFE QUALITY AMONG NURSES AT PUBLIC AND PRIVATE SECTOR TERTIARY CARE HOSPITALS OF PESHAWAR

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## INTRODUCTION

The concept of the quality of a nurse's work-life developed in the 1970s from socio-technical system theory. Socio-technical system theory is based on two principles first is social and the second is technical both need to be improved at the same time to improve productivity.<sup>1</sup> In our organization of health, nurses are considered assorted and most importantly employees. Nurses play an increasingly large role not just in providing care but their role is shifting to all aspects like patient advocacy and administration.<sup>2</sup> Despite their major contribution to the health sector nurses are facing a lot of issues that need to be addressed. Some of the issues which nurses are facing include, principal positions at a high level are limited for nurses and also, they are not getting the opportunity for higher positions in the health system.<sup>3</sup> Good quality of nursing care will ultimately result in good well-being care and these both are interrelated to work fulfillment. Inadequate quality of work-life might be a contributing factor to a terrible proficient state of mind and a chance of restorative

## ABSTRACT

### OBJECTIVES

*The objective of this study was to assess the quality of nurses' work-life in public and private sector hospitals and to compare the quality of nurses' work-life in public and private hospitals.*

### METHODOLOGY

*The research was done at KTH and RMI Peshawar with a cross-sectional study design. From 218 participants pretested and structured Brooks nurse's quality of work-life questionnaire was filled. Data entered in SPSS for categorical variables' frequency and percentages were done while for continuous variables mean and standard deviation were done.*

### RESULTS

*A total of 218 nurses from RMI and KTH Peshawar participated in the research with a mean age of 28.47 and a standard deviation of 6.41. A major portion of the sample i.e. 80.3% have moderate QNWL, 18.8% have high QNWL, while less than 1% of the sample has low QNWL. The mean QNWL score for government hospitals was 160±15.15 while for the private hospital, the mean QNWL score was 172.07±20.57 which shows that private hospital nurses had a high QNWL score than government hospital nurses. The overall mean QNWL score both for public and private hospital nurses was 165.23±18.37 with a minimum score of 67 and a maximum score of 217.*

### CONCLUSION

*The research concluded moderate QNWL among private-sector and public-sector nurses. Furthermore, private-sector nurses were shown to have a higher QNWL than public-sector nurses. Private sector hospitals reported inadequate salaries and poor job security as compared to government sector hospitals.*

**KEYWORDS:** Quality of Work-Life, Nurses, Hospital

blunders and suicide for serious care medical attendants.<sup>4</sup> These challenges and hurdles are workload burden, no accommodation and transport facility, poor health status of nurses, lack of support from supervisors and administration, lack of promotion and gradation, and poor hospital, and health policies for nurses. Night shifts are difficult to perform as compared to day shifts but still, they are not getting night shifts and risk allowance.<sup>5</sup> Chinese & Canadian nurses feel mild to moderate level of employment-related burnout.<sup>6</sup> Nursing is a bursting job but because of continuous stress and exhaustion usually lead to fatigue and other psychological consequences. Therefore compassion satisfaction or positive feelings are very important to do a better job and this way other people will benefit.<sup>7</sup> The concept of work-life quality is becoming imperative in the well-being setting.<sup>8</sup> Good quality of nurses' work life provides a background that enhances nurses' personal development. The organization considers nurses as important employees and provides an environment where they can face challenges and reach their goals.<sup>9</sup> The nurse's life

needs are very important to fulfil. Nurses are an important part of health care organizations if factors like insufficient payments, poor working environment, heavy work burden, no support from upper-level managers, and other factors that are negatively affecting nurses' work are not considered; the productivity of the organization will be compromised.<sup>10</sup> Organizational success depends on good quality care provided by the nurses to the patients. To improve organizational factors, it is important to remove hurdles that are causing barriers in providing good quality care.<sup>12,13</sup> Because ensuring the quality of patient care is the core of the nursing practice, any irregularity in the employment of nurses to adapt to care demand is a serious threat to the quality of care.<sup>14</sup> With appropriate nursing care, hospital-acquired infection, hospitalization, risk of mortality, cardiopulmonary incidence, and other effects can all be decreased. Several studies have identified a nurse shortage as a barrier to improving the efficiency and quality of care.<sup>15</sup> To recruit and retain new employees, high-quality work-life is required to enhance productivity and lowers burnout, and turnover.<sup>16</sup> Work schedules that are too busy, insufficient staffing, role ambiguity in decision-making, compliance with standards that are unrelated to nursing, a lack of educational initiatives, an unpleasant working environment and insufficient wages were all cited as important determinants of low QWL.<sup>17</sup> Work-life quality is also influenced by management, relationships with colleagues, career development opportunities, and the learning environment.<sup>18</sup> Other studies have confirmed that offering possibilities for contributing to productivity, such as providing learning opportunities and providing support from top management, enhances the effectiveness of nurses' work life.<sup>19</sup> The purpose of the study is to comparative study on work-life quality among nurses at public and private sector tertiary care hospitals. It is crucial to understand the challenges that nurses face (such as workload, staff stress levels, working hours, the image of nurses in society and healthcare organizations, and the balance between work and personal life) and how these challenges affect the quality of nurses' work lives and, ultimately, patient care. This research will serve as a foundation for enhancing the work-life quality of nurses.

## METHODOLOGY

A cross-sectional study was carried out in Peshawar's governmental and non-governmental tertiary care hospitals such as KTH and RMI. The basic purpose of the study was to comparative study of work-life quality among nurses at public and private sector tertiary care hospitals. A total of 218 participants were included in the study. Overall, 130 and 88 participants

were selected from KTH and RMI. Registered nurses currently working in the hospital and having one year of experience and working both at Khyber Teaching Hospital & Rahman Medical Institute were included in the study were included in the study. Nursing superintendents and nursing directors were included in the study were excluded from the study. Data was collected using a Quality of nursing work-life survey. The tool was pre-validated ( $r=0.72$ ,  $P0.01$ ) and reliability (Cronbach= $0.89$ ) was checked. The study was approved by the ethical review board of Khyber Medical University Peshawar. Data collection permission was granted from the hospital administration. Informed consents were granted from the included participants. Data was analyzed using SPSS version.<sup>24</sup>

## RESULTS

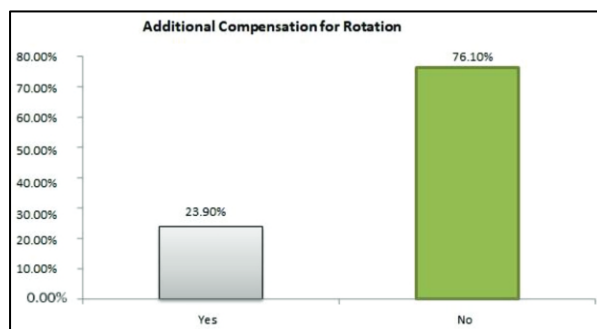
A total of 218 nurses were included in the study. The mean age of the participants was 28.47 with a standard deviation of 6.41. The minimum of the nurses was 21 while the maximum age was 55 years. The majority (81.70%) of the participants were female and 19.3% were male. Among the study participants more than half i.e. 50.50% had a Diploma in Nursing, and almost half i.e. 49.10% had a Bachelor in Nursing, while only one study participant had a Master in Nursing. Among the total nurses who participated in the study, only  $n=79$  (36.2%) were married while  $n=139$  (63.80%) were unmarried. Study participants were inquired about the number of children or number of dependents in the family they had. Among the study participants,  $n=170$  (78.00%) had no children,  $n=23$  (10.60%) had 1-3 children, and  $n=25$  (11.40%) had 4-7 children or dependents in the family. Study participants were also inquired about the rotation of duty at shifts i.e. morning, evening & night shifts. Among 218 study participants, the majority i.e. 214 comprising (98.20%) of the sample had replied yes when asked for rotation of shifts. A very small portion of the sample. Only 4 (1.8%) had responded no when asked for rotation of duties in various shifts. Study participants were also asked about the nature of the rotation of shifts, whether mandatory or voluntary shifting. Among the study participants three fourth i.e. 74.8% replied that rotating shifts are mandatory in their hospitals while only the fourth i.e. 25.2% of the study participants said that rotation of shifts is voluntary in their hospital. Study participants were also asked for the type of hospital i.e. whether they are working in a government hospital or private hospital. Among the study participants, 59.6% responded that they are working in government hospitals while 40.4% of the sample responded that they are working in private hospitals. The majority of

the study participants i.e., 91.3% were charge nurses while a very little portion of the study sample, 6% & 2.8% were head nurses and nursing managers respectively (Table 1).

**Table 1: Number and Percentage of Socio-Demographic Variables**

	Frequency	%age
<b>Gender of the Participants</b>		
Male	42	19.3
Female	176	81.7
<b>Marital Status of the Participants</b>		
Married	79	36.3
Unmarried	139	63.8
<b>Education Status of the Participants</b>		
Diploma Nursing	110	50
BScN / Post RN	107	49.10
MSN	01	0.50
<b>Nature of Hospital</b>		
Government	130	59.6
Private	88	40.4
<b>Current Designation of the Participants</b>		
Charge Nurse	198	91.3
Head Nurse	14	06
Manager Nurse	06	2.8
<b>Number of Children</b>		
No Children	170	78.00
1-3 Children	23	10.60
4-7 Children	25	11.40
<b>Rotation in Shifts</b>		
Yes	214	98.20
No	4.3	1.80
<b>The Nature of Rotations Shifts</b>		
Voluntary	55	25.20
Mandatory	163	74.80

Participants were asked whether they get additional compensation for rotation or not. The majority of the study participants i.e. 76.10% responded that they don't get any additional compensation for rotating shifts. However, a very little portion of the study sample i.e. 23.90% stated that they get additional compensation for rotating shifts (Figure 1).



**Figure 1: Bar-Chart depicting additional Compensation provided to the nurses in Rotations.**

In this study, the average QNWL score for the government was calculated at 160±15.15 while for the private hospital, the mean QNWL score was

172.07±20.57 which shows that private hospital nurses had a higher QNWL score than that of government hospital nurses as shown in the below is a table below 4.7. The total mean score for QNWL score for both public and private hospital nurses was 165.23±18.37 with a low score of 67 and a high score of 217 (Table 2).

**Table 2: Mean QNWL Score of Government vs. Private**

	Government (KTH)	Private (RMI)
Mean	160.70	172.07
Deviation .Std	15.15	20.57
Minimum	107.00	67.00
Maximum	203.00	217.00

A major portion of the sample i.e. 80.3% have moderate QNWL, 18.8% have high QNWL, while less than 1% of the sample has low QNWL. Public sector nurses had lower work-life quality than the private sector. A strong link between the level of QNWL and the Type of hospital with a p-value of 0.01 was observed (Table 3).

**Table 3: Association of QNWL level with Type of Hospitals**

		QNWL of Level			Total
		Low level of QNWL	Moderate Level of QNWL	High Level of QNWL	
Types of Hospital	Government	01	113	16	130
	Private	01	62	25	88
<b>Tests Square-Chi</b>					
Square-Chi Pearson		Value <sup>2</sup> X	Df	Value-P	
		9.084	02	0.011	

Participants in the study were also compared in terms of important items based on the QNWL questionnaire across the government and private hospitals. Items related to assistance from other support personnel, job satisfaction, workload, balance between hospital work and family needs, autonomy, ability to do other activities after job, teamwork, nurses' shortage at the workplace, feedback & recognition of achievements from supervisors, respect from physicians and job security were selected for comparison of government nurses to private hospital nurses. Private hospital nurses were better than government hospital nurses in all of the above aspects except salary and job security (Table 4).

**Table 4: Descriptive Comparison of Items Related to QNWL across Government and Private Hospital Nurses**

Items in The QNWL Scale	%age of Agreed Nurses in Govt; Hospital	%age of Agreed Nurses in Private Hospitals
Help received from other healthcare personals	13.8	70.5
Job satisfaction	91.5	81.5
Heavy workload	85	89
Work and personal life balance	39	61
Patient care decision autonomy	35	65
Energy for the performance of other activities after duty	32	68
Teamwork in Workplace	68	90
Sufficient staff at the workplace	27	53
Feedback from supervisors	43	58
Remuneration	54	38
Respects from Doctors	45	70
Acknowledgement from managers	36	81
Job Security	71	38

## DISCUSSION

The overall mean QNWL score both for private and public hospital nurses was  $165.23 \pm 18.37$ . Most have average scores for the overall QNWL, a low score of 67, and a high score of 217 because the participants in the study came from both the public and private sectors, mostly nurses fall in the category of moderate QNWL. After all, the overall mean QNWL score was  $165 \pm 18.37$ . This score is slightly better than that of another comparative cross-sectional study conducted in India, which had reported a mean QNWL score of  $146.56 \pm 37.02$ .<sup>20</sup> Opposing the current findings, a comparative study conducted in India which says that nurses appear to have moderate QNWL in both the public and private sectors, with government nurses ranking above nurses in private hospitals.<sup>21</sup> A major portion of the sample i.e. 80.3% have moderate QNWL, 18.8% have high QNWL, while less than 1% of the sample has low QNWL. The results of the current study showed that government nurses have lower work-life quality than private hospital nurses. QNWL and the level of the hospital have a strong link with a p. value of 0.011. Moreover, in this current study an average of more than 80% of nurses both in public and private hospitals were agreed that their workload is very heavy. According to some other studies, a greater workload usually leads to tiredness, with nurses having no energy left after the shift. As a result, there is a disconnection between work and home life.<sup>(16,22)</sup> The nurses' workload was revealed to be high in the current study's findings. Another study performed in Iran found similar results to this one, indicating that nurses are overburdened.<sup>5</sup> One of the

reasons for low QNWL in government hospital nurses was inadequate supervision and recognition of their accomplishments by their supervisors/managers. Only 64% of nurses in government hospitals stated they have no recognition of accomplishments by nursing managers. Nurses reported that their accomplishments went unnoticed by their upper management and that there was no effective feedback mechanism in place. External variables influencing job satisfaction and quality of life include adequate supervision and interaction with supervisors.<sup>23</sup> In this current study in government hospital nurses, 54% agreed that their salary was adequate while in private sector nurses, only 36% of the nurses agreed that their salaries were adequate. But despite inadequate salaries, private sector nurses had higher work-life quality than government hospitals. Many other factors like assistance from other support personnel, job satisfaction, workload, the balance between hospital work and family needs, autonomy, ability to do other activities after job, teamwork, nurse shortage at the workplace, feedback & recognition of achievements from supervisors, respect from physicians also affect the quality of nurses work life. One other study found that nurses with higher wages have higher QNWL, which contradicts the findings of this study. In Literature, remuneration has been identified as a determinant of nurses' QNWL in many studies and is a strong predictor of job satisfaction and QNWL.<sup>23,24,25</sup>

## LIMITATIONS

This study has several limitations that should be acknowledged. Firstly, the sample size was limited to nurses from a select few public and private sector tertiary care hospitals in Peshawar, which may not be representative of the broader population of nurses in the region or other parts of the country. Secondly, the study relied on self-reported data, which may be subject to response bias, as participants might overstate or understate their perceptions of work-life quality due to social desirability or recall biases. Thirdly, the cross-sectional design of the study does not allow for the establishment of causal relationships between the variables studied, limiting our ability to infer whether work-life quality is influenced by specific factors within the workplace or is a consequence of broader organizational or systemic issues.

## CONCLUSIONS

The study aimed to assess the work-life quality of nurses in Peshawar, Khyber Pakhtunkhwa, Pakistan, who worked in both government and private hospitals. Based on current research findings, moderate QNWL



among nurses in the public and private hospitals have been reported. Furthermore, private hospital nurses were found to have a higher QNWL than government-sector nurses, even though private-sector nurses reported inadequate salaries and job security. The work-life quality of nurses is a major factor to consider when looking to improve nurse's productivity.

**CONFLICT OF INTEREST:** None

**FUNDING SOURCES:** None

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