

The Analysis of Nurses' Quality of Work Life at Urban Hospital in Indonesia

Dewi Kusumawati¹, Nyoman Anita Damayanti^{1*}

¹Departement of Health Policy and Administration, Faculty of Public Health
Universitas Airlangga, Surabaya, East Java, Indonesia

*Corresponding Author: Nyoman Anita Damayanti

Departement of Health Policy and Administration, Faculty of Public Health,
Universitas Airlangga, Surabaya 60115, East Java, Indonesia
Email: nyoman.ad@fkm.unair.ac.id

Abstract: Nowadays, the nurse's job performance is a global issue considering there are consequences of the need for excellent and high-quality nursing services. The quality of work atmosphere or the Quality of Work Life in the work environment at the hospital is required. To analyze the Quality of Work Life on nurses in the hospital, the method employed in this study was descriptive-correlation performed among 75 nurses at urban hospital in Indonesia by utilizing a questionnaire with Work-Related Quality of Life scale. The results obtained and analyzed using the method of Prosentase analysis. The samples were taken by a simple random method. The Quality of Work Life measurements used the Work-Related Quality of Life scale. The size of Work-Related Quality of Life used six factors consisting of (1) General Well-Being, (2) Homework Interface, (3) Control at Work, (4) Working Condition, (5) Stress at Work, and (6) Job and Career Satisfaction. The results of the study revealed that there were still nurses who were dissatisfied with the Homework Interface factor by 19.01%, Control at Work by 34.9%, Working Condition by 28.6%, and Stress at Work by 87.3%. Furthermore, the quality of work life remains low by 30.2%. In a nutshell, the quality of the work-life of nurses at an urban hospital in Indonesia is indicated poor. It is suggested to identify the factors that influence and develop recommendations on improvement of Quality of Work Life on nurses.

Keywords: Job performance, Quality of Work Life, Work-Related Quality of Life scale.

1. Introduction

Currently, the nurse's job performance is a global issue as a consequence of people's demands for the need for high-quality nursing services. The conditions required in quality nursing services are not only competencies but also the quality of work-life and competitiveness with other hospitals.

The balance of life and work broadly affects five main areas, i.e., saving employees' time, reducing employees, increasing motivation and productivity, absenteeism, and a decrease in health care costs and stress-related illnesses, which can be the leading causes [1]. The research conducted by Javernppa and Eloranthay, when work is associated with broad types of tasks, careful prudence, and skills development opportunities, demonstrates the development of competencies among the workforce [2]. Many varieties of jobs are inherently interesting and provide many opportunities for developing competencies that improve the Quality of Work Life. Human resource (HR) capabilities possessed by organizations are potential resources for sustainable competitiveness advantage for organizations [3].

The main problem in human resource management is how to build a productive culture within the company so that it will improve organizational performance [4]. One measure of the success of HR management is a proper employees' performance evaluation as desired by the organization. Job performance can be influenced or hampered by a non-conducive work atmosphere, unsupportive work environment, or personal problems of nurses, which can interfere with the professional service process directly and indirectly.

The dimensions of performance evaluation are efficiency and effectiveness. The quality of work-life influences performance evaluation. An organization's competitiveness needs something dynamic to ensure that employees are motivated enough to get high-performance appraisals. Current conditions, society, and market share require a high level of dynamism in performance with a high intensive work system and quality of work-life [5]. Thus, the quality of work-life is defined as a strategy, operation, and workplace environment that promotes and maintains employee satisfaction to create a more comfortable working condition for employees and organizational effectiveness for employers [6]. In the hospital sector, the Quality of Work Life is one of the essential aspects that have to do with improving the work performance of qualified hospital employees.

In 2013, the performance evaluation of nurses at the urban hospitals in Indonesia was considered low because only 5.66% was indicated good, meaning that the job performance of nurses at the urban hospitals in Indonesia was still poor. This study aimed to identify the Quality of Work Life of nurses at the urban hospitals in Indonesia and identified the factors that affect the Quality of Work Life as well as to formulate recommendations to improve the nurses' Quality of Work Life.

2. Material and methods

2.1 Research design, population, samples, and variables

The method employed was descriptive-correlation, and its purpose was applicable. This study employed a quantitative approach and was conducted on nurses at an urban hospital in Indonesia. The samples were 63 nurses of the total number of nurses available.

2.2 Instruments

Quality of Work Life measurement used the Work-Related Quality of Life scale [7]. The Work-Related Quality of Life measure has six core factors which explain most of the variation and quality of individual work life, consisting of (1) general well-being including mood, depression or anxiety, life satisfaction, quality of life as a whole, general, optimistic and happiness, (2) correlation between home and work life domain/homework interface, including supporting facilities at work, working hours and managers' understanding, (3) control at work covers issues of communication in the workplace, decision making and decision control, (4) working conditions, including primary resources, physical conditions of work and security, (5) stress at work, which is the stress level that includes items related to demand and perception of stress and excess demand, and (6) job satisfaction & job career and career satisfaction, including clarity about work goals and roles, assessment, recognition and appreciation, career benefits, personal development and improvement, and training needs.

2.3 Research procedures and analysis

The respondents were asked to confirm their agreement or disagreement using a 5-point Likert scale by filling in the checkmark (✓) in the column containing numbers (1) to numbers (5) according to perception perceived by respondents. The numbers had their respective meaning, where number (1) meant strongly disagreed, number (2) meant disagreed, number (3) meant poor, number (4) meant agreed, and number (5) meant strongly agreed. The survey was conducted at the Indonesian urban hospital in July 2014.

The data were analyzed using the Percentage Analysis, which was a simple statistical tool. Utilizing the form of percentages, the data were translated in a standard form with a base equal to 100 as a comparison.

Formularization Percentage Analysis:

$$\text{Percentage of the Respondents} = \frac{\text{Number of Respondents}}{\text{Total Number of Respondents}} \times 100$$

3.Results

The Quality of Work Life survey of 63 nurses at urban hospital Indonesia utilized the Work-Related Quality of Life scale based on 6 (six) psychosocial factors/aspects of Quality of Work Life.

Table 1. The Perceptions of General Well-Being Aspects of Nurses at the Indonesian Urban Hospital in 2014

Perception Rate	Number of Respondents	Percentage
Very Bad	1	1.6
Bad	11	17.5
Good	46	73
Very Good	5	7.9
Total	63	100

Table 1 denotes that, regarding their welfare, 1.6% of nurses felt very bad, 17.5% of nurses felt bad, 73% of nurses felt well, and 7.9% of nurses had excellent general well-being.

Table 2 The Perceptions of Homework Interface Aspects of Nurses at the Indonesian Urban Hospital in 2014

Perception Rate	Number of Respondents	Percentage
Very Bad	1	1.6
Bad	13	20.6
Good	46	73
Very Good	3	4.8
Total	63	100

Table 2 reveals that 1.6% of nurses were aware of the adequate facilities they had at work, while the working hours and the managers' understanding were still terrible. On the other hand, regarding the facilities in the workplace, working hours, and managers' understanding, 20.6% of nurses perceived it bad, 73% of nurses perceived it good, and 4.8% of nurses perceived it very good.

Table 3. The Perceptions of Control at Nurses' Work Aspects at the Indonesian Urban Hospital in 2014

Perception Rate	Number of Respondents	Percentage
Very Bad	0	0
Bad	22	34.9
Good	37	58.7
Very Good	4	6.4
Total	63	100

Table 3 signifies that 34.9% of nurses thought that communication at work, decision making, and control decisions were bad. Meanwhile, regarding those three aspects, 58.7% of nurses felt good, and 6.4% of nurses felt very good.

Table 4. The Perceptions of the Working Condition Aspects of Nurses at the Indonesian Urban Hospital in 2014

Perception Rate	Number of Respondents	Percentage
Very Bad	2	3.2

Bad	14	25.4
Good	45	68.3
Very Good	2	3.2
Total	63	100

Table 4 signifies that regarding essential resources, physical working condition, and safety, 3.2% of nurses perceived very poor, 25.4% of nurses perceived poor, 68.3% of nurses perceived good, and 3.2% of nurses perceived very good.

Table 5. Perceived Stress at Work Aspects of Nurses at Indonesian Urban Hospital in 2014

Perception Rate	Number of Respondents	Percentage
Very Bad	15	23.8
Bad	40	63.5
Good	6	9.5
Very Good	2	3.2
Total	63	100

Table 5 exposes that regarding stress levels at work, 23.8% of nurses had an appalling stress level, 63.5% of nurses had a bad stress level. Meanwhile, 9.5% of nurses were in good condition, and 3.2% of nurses were in excellent condition.

Table 6 Perceived Job and Career Satisfaction Aspects of nurses at Indonesian Urban Hospital in 2014

Perception Rate	Number of Respondents	Percentage
Very Bad	2	3.2
Bad	9	14.3
Good	47	74.6
Very Good	5	7.9
Total	63	100

Table 6 reveals that 3.2% of nurses perceived very bad concerning the clarity of goals and work roles, assessment, recognition and appreciation, career benefits, personal development, and improvement, and training needs. In addition, regarding those aspects, 14.3% of nurses perceived them bad, 74.6% nurses perceived good, and 7.9% of nurses perceived very good regarding the clarity of purpose and role of work, assessment, recognition and appreciation, career benefits, personal development and improvement, and training needs.

Table 7 Perceived Quality of Work Life of nurses at Indonesian Urban Hospital in 2014

Perception Rate	Number of Respondents	Percentage
Very Bad	1	1.6
Bad	18	28.6
Good	43	68.3
Very Good	1	1.6
Total	63	100

Table 7 indicated that 1.6% of nurses believed that their Quality of Work Life was very bad, and 28.6% of nurses thought it was bad, 68.3% of nurses believed it good, and 1.6% of nurses believed that their quality of work-life was excellent.

4. Discussion

Several factors affect job performance, including the Internal Factors of Individual Nurses and Hospital Factors, both of which influenced the nurses' quality of work-life.

Based on the results of the Quality of Work Life survey on nurses at the urban hospital in Indonesia utilizing the Work-Related Quality of Life scale of six core factors, most of the variation and quality of individual work life was elaborated. The results, which was obtained and analyzed using the Percentage Analysis method, identified that most of the aspects still required improvements to achieve organizational goals and qualified employee work.

The aspect of General Well-Being assesses the perception of whether an individual feels good or satisfied with their life as a whole. A broader correlation is between psychological well-being and general health aspects. It was obtained that General Well-Being value amounted to 80.95%, which means that nurses at urban hospitals in Indonesia feel good and satisfied with their overall condition and life related to psychological health and general physical health.

Homework Interface aspects assessed the perception of an individual that feels they can have control over their time, place, and way of working. Perception has a fulfilled life from inside and outside of work, for the benefit of individuals, businesses, and society. With a Homework Interface value of 77.78%, it could be stated that most nurses at the urban hospital in Indonesia could manage time, place, and work method and balance between life inside and outside work related to individual interests with others. However, there were still 22.22% of nurses who even cannot balance between life inside and outside of work. Failure to balance work and home demands tends to threaten employees' ability to provide the best for both lives.

The Control at Work aspect reflected the level of employee control over what was considered appropriate in their work environment, including opportunities to contribute to the decision-making process that affects them. By a Control at Work value of 66.10%, it meant that there were still a number of nurses at the urban hospital in Indonesia who contributed to the decision-making process that affected their work. Therefore, that circumstance had the potential to cause stress and affect their health. Otherwise, 34.90% of nurses had not contributed to it. This condition could happen because of poor communication between managers and employees. In order to bridge the communication problem, the development of a "communication strategy" that focused on the correlation between managers and employees was suggested. Quality of Work Life could be predicted mission statement, good communication, good organizational support for training and development, good decision making flexibility, and satisfaction with the organization's recognition of employee contributions [8].

The aspect of Working Condition assessed employee satisfaction with the available resources, working conditions, and security that their work required effectively. Working Condition value reached 66.67%, meaning that most nurses at the urban hospital in Indonesia were satisfied with the available resources, working conditions, and safety. Meanwhile, only 33.33% of nurses who were not satisfied with the aforementioned aspects.

The Stress at Work aspect was determined by an individual's feelings towards excessive pressure and stress at work. The Stress at Work value obtained was 87.30%, which indicated that nurses at the urban hospital in Indonesia experienced high levels of stress.

Job and Career Satisfaction aspect described the level of work environment that could provide the best things to employees in the workplace. The best things for employees involved appreciation, high self-esteem, and fulfillment of individual potential. Job and Career Satisfaction value obtained was 82.54%, which meant that there were quite a lot of nurses at the urban hospital in Indonesia who were satisfied with what had been given by the management. Several things that were given to the nurses, such as appreciation, high self-esteem, and the development and fulfillment of individual potential from their careers in order to improve the nurses' performances. The previous studies also mentioned that career opportunities had a positive and significant effect on Quality of Work Life [9].

From some of the aspects mentioned above, the Quality of Work Life of nurses at the urban hospital in Indonesia obtained a value of 69.84%, meaning that most nurses had a good quality of life

despite the fact that 31.26% nurses remained suffered from poor Quality of Work Life. The Quality of Work Life value of an employee influences the employee's performance evaluation. The correlation between both of them was linear. Previous research on Quality of Work Life also pointed that the quality of the work-life programs had an effect on increasing organizational commitment and subsequently impacted on employees' performances. The stronger organizational commitment, the better the employees concerned. The application of the quality of work-life programs also affected job satisfaction, which further influenced employees' performances. The higher the level of satisfaction felt towards the company, the better the performance given by the employees [10]. There was a significant correlation between the quality of work-life with organizational commitment, absenteeism from work and delay, and both components, partner satisfaction and job security had the most strong impact on organizational commitment [11]. A survey on 1584 civil servants in six countries concluded that there was a significant and direct correlation between organizational commitment and organizational citizenship behaviour [12]. Rai and Tripathi, in their research, suggested that if an organization has a good, sustainable, and reduction Quality of Work-Life policy and system that can be managed well, the results will also be positive. Quality of Work-Life variables had a significant correlation with job performance [5].

Improving the Quality of Work Life needs to be conducted to create quality performance. The process of improving the Quality of Work Life required a strategy and framework used in the mechanism of performance management, employee career development, and employee involvement to address the main issues of the organization, in this case is the hospital. There was a correlation between the Quality of Work Life and employee satisfaction. All factors were positively related to the Quality of Work Life [13]. They concluded that the Quality of Work Life was positively and significantly related to employees' satisfaction. The most important determinants of Quality of Work Life were physical factors, psychological factors, and social factors. It could also be concluded that an individual's family life was significantly correlated with his Quality of Work-Life level. The level of Quality of Work Life could be related to organizational efficiency variables measured in terms of employees' perceptions about organizational efficiency pertaining to various factors or employee satisfaction with the organization [14]. The information obtained was useful for organizations in increasing the efficiency of individuals and organizations that lead to create human resource values in better working conditions, organizational environment, cost reduction, and increased productivity. High efficiency and productivity of individuals lead to competency development in the workplace through human resource practices that lead to increased motivation, work commitment, and satisfaction among employees.

Quality of Work Life of hospital nurses could be influenced by nurses' internal factors and internal hospital factors. Individual internal factors include age, gender, marital status, child ownership, the workload at home, dependents at home, position in nursing, work experience, and years of service. Hospital Internal Factors cover Social and Environmental Factors, consisting of communication, nurse relations, interdepartmental relations, interprofessional relations, and leadership; Operational Factors, consisting of work schedules, the number of nurses, competition, supervisory supervision, and training of new staff; and Hospital Administration Factors, consisting of hospital policies related to human resource administration and management systems, career development, salary and health insurance. External hospital factors constitute government policies on hospitals, competitor hospitals, and patients' demand on the system, health care policy, labour market, and hospital outreach [15].

5. Conclusion

The level of nurses' perception at the urban hospital in Indonesia is comparatively bad in the aspects of Stress at Work, Control at Work, Working Condition, Homework Interface. Furthermore, the Quality of Work Life remains low, so that it gives an overview that the nurses' Quality of Work Life at the urban hospital in Indonesia is not adequately proper. The employee's Quality of Work Life is influenced by several factors that exist around the employee's environment. Both factors are the individual's internal and surrounding environment as well as the internal organization/hospital where the individual works or the work environment.

The low value of some aspects coherently makes the Quality of Work Life value low as well. The low Quality of Work-Life affects work performance, and accordingly, it affects work performance. It is corroborated significantly that Quality of Work-Life has an effect on the job performance of the employees and is linearly proportional. Steps to Improve the Quality of Work Life for nurses are aimed at the management hospital to form a Committee that specifically plans a strategy to improve the Quality of Work Life. Improving Quality of Work Life is not only for the benefit of the hospital but also for employees in terms of the level of satisfaction. Hence, the hospital can ascertain whether the employees have shown the best performance on the given job. Employee welfare measurements should be taken seriously by management leaders to increase satisfaction levels by providing employees with various benefits and facilities.

6. Acknowledgements

The authors would like to thank the Dean of the Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia.

References:

- [1] Parus B, 2000, Measuring the ROI of Work-Life Programs, *Work span*, **43**(9)pp. 50-54
- [2] Javernpa E. & Eloranthay E, 2001, Information and Communication Technologies and Quality of Working Life: Implications for Competencies and Well-Being. In. G. Bradley, (ed). *Human in The net: Information and Communication Technology, Work Organization and Human Beings*, Stockholm, Sweden, Preventpp. 109-118
- [3] Wright & McMahan, 1992, Theoretical Perspective for Strategic Human Resources Management, *Journal of Management*, **18** pp. 295-320.
- [4] Hasibuan MSP, 2012, *Manajemen Sumber Daya Manusia Edisi Revisi*, (Jakarta: Bumi Aksara)
- [5] Rai R, Tripathi S, 2015, A Study on QWL and Its Effects on Job Performance *Apeejay-Journal of Management Sciences and Technology*, **2**(2) pp.33-42
- [6] Guest R H, 1979, Quality of Work Life – Learning from Terry-town, *Harvard Business Review*, pp. 28-39
- [7] Van Laar D, Edwards J. & Easton S, 2007, The Work-Related Quality of Life scale for healthcare workers, *Journal of Advanced Nursing*, **60** (3) pp. 325-333
- [8] Joseph J, Despanthe S P, 1997, The impact of ethical climate on job satisfaction of nurses, *Health Care Manage Rev*, **22**(1) pp.76-81
- [9] Purnomo M H, 2012, Rekomendasi Pengembangan QWL (*Quality of Work Life*) Berdasarkan Analisis QWL (*Quality of Work Life*) Terhadap Kepuasan Kerja Perawat di Rumah Sakit Kusta Sumberglagah Pacet, Mojokerto, *Tesis*, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia
- [10] Husnawati A, 2006, *Analisis Pengaruh Kualitas Kehidupan Kerja Terhadap Kinerja Karyawan dengan Komitmen dan Kepuasan Kerja sebagai Intervening Variable*. (Undip – Semarang).
- [11] Donaldson, Slewat, 2000, *Health Behavior: Quality of Work Life and Organizational Effectiveness in the Lumber Industry* "Sage publication pp. 122-130
- [12] Kim S, 2006, Public Service Motivation and Organizational Citizenship Behavior in Korea, *International Journal of Management*, **27** (8)pp. 714-722
- [13] Al Muftah H and Lafi H, 2011, Impact of QWL on Employee Satisfaction, Case of Oil and Gas Industry in Qatar, *Advances in Management & Applied Economics* **1** (2)pp. 107-134
- [14] Singh T, Srivastav S K, 2012, QWL and Organization Efficiency: A Proposed Framework, *Journal of Strategic Human Resource Management* **1** Issue 1.
- [15] Widyawati I, 2015, Analisis *Quality of Work Life* pada Perawat Di Rumah Sakit Universitas Airlangga, *Tesis*, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia