



Research Article

Health Related Quality of Life (HL-QOL) of Nurses Working in a Urban Hospital in Isfahan: A Cross-Sectional Study

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Abstract

Background: quality of life is a important part of workforce. Nurses are the biggest service providers in the health system. This study aimed to compare the quality of life of nurses.

Methods: This cross-sectional study was conducted on 137 nurses working in a hospital in Isfahan. A tool for data collection in this study was the quality of life questionnaire (SF36).

Results: The quality of life score of nurses in medical-surgical wards was lower than those in the intensive care units. The average physical and psychological health and quality of life score of nurses in the intensive care units had a significant difference with those in medical-surgical wards ($P < 0.05$).

Conclusion: It seems that the obtained data can help nurses and hospital administrators focus on the methods to improve the nurses' quality of life and the quality of care provided by them.

Keywords

Quality of life; Nurses; Intensive care units; Medical-surgical wards; Cross-sectional study; Iran

Introduction

Today, the world is entering the 21 century facing massive and successive changes which create new knowledge and demands. These demands will contribute to the greater prosperity of communities on the one hand and add their difficulties on the other hand. However, with the advancement and improvement of public health, consideration of objective and subjective issues regarding welfare became highly important and the term "longevity and health" was evaluated in comparison with quality of life [1]. The World Health Organization defined the quality of life in 1993 as follows: quality of life is the individuals' imaginations of their position in life regarding the cultural content and value of the system where they live and in relation to their objectives, standards and concerns [2]. As can be seen in the above definition, six aspects are expressed for quality of life including physical health, psychological state, independence

level, social relationships, environmental relationships and spiritual interests. King believes that a variety of dimensions including socioeconomic, psychological and professional situation influence the quality of life [3]. With regard to the points mentioned, one of the factors affecting the quality of life is job which is an important source of subsistence and social position attainment. At the same time, it can lead to dissatisfaction and decrease of physical and psychological powers [4]. Work environment consists of physical, psychological and social stimulations each of which can cause stress [5]. These stress and tensions have adverse effects on physical and psychological well-being [6]. The efficiency and improvement of the employees' performance will be resulted from job satisfaction and psychological health. However, the lack of quality of life indicators leads to staff burnout and ultimately their turnaround and lack of progress [7]. On the other hand, some jobs are associated with so much stress, and this issue depends on the nature of that work, and the type of duties and responsibilities of such jobs. Hard jobs have negative effects on the individual's perceptions of quality of life generally, and on its environmental, social and physical dimensions specifically. Medical team members experience a high level of stress. Since nurses are among this team, stressors can be considered a psychological or psychosocial threat to them [8]. Quality of Life in nurses, who deal with human life, is important, because it enables them to provide more effective services [9]. Among the jobs, nursing needs more various work shifts than any other job, especially night shifts [10]. For most nurses who work in rotational shift, night shift work will have unpleasant consequences on their normal life most of which are uncontrollable. Night shifts have negative physical and psychosocial effects on personal life of nurses which can eventually affect their families [11]. Shift works can have other negative effects on job performance, sleep quality, physical health, psychological health, social life, and irregular use of various drugs and reduced level of tolerance to job tensions [12]. Due to the fact that the irregular hours of work shifts affect the physical, psychological, personal, and social life as well as performance and efficiency of nurses and given that the shift tensions and its effects directly influence the patient who is an important factor using nursing services; the researcher based on his clinical experience, believes that the improvement of nurses' quality of life can lead to the increased quality of the care provided to the patients. Thus, the researcher aims to study and examine the quality of life of a group of nurses in the intensive care units and medical-surgical wards.

Methods and Materials

This cross-sectional descriptive study was conducted on 137 nurses working in the intensive care units and medical-surgical wards of Dr. Ali Shariati Hospital from January to May 2015 in Isfahan (central region of Iran). Sample size calculated by Cochran formula with confidence interval 95%. The subjects were selected by random sampling method. Inclusion criteria included having at least an associate degree and above, having at least 3 years of clinical work experience in the hospital and at least 6 months of work experience in the current hospital, contract or casual employees. Exclusion criteria was having history of physical or psychological illness. Data collection tools included demographic questionnaire containing questions

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related to individual characteristics and work environment and short form 36 (SF36) questionnaires. SF36 questionnaire is a general and valid tool to measure the quality of life in different societies whose reliability and validity have been studied in different groups [13-15]. The reliability and validity of sf-36 questioner approved in Iran by Cronbach's Alpha 0.86 [16]. This questionnaire contains 36 questions in two physical and psychological dimensions and examines 8 aspects. These aspects include the concepts of physical function, physical role, pain, general health, energy and vitality, social functioning, emotional role and psychological health. According to the questionnaire instructions, the score of each aspect was rated and calculated as 3-option questions with scores of 100, 50 and zero, 5-option questions with scores of 100, 75, 50, 25 and zero and 6-option questions with scores of 100, 80, 60, 40, 20 and zero. In each question, zero indicates the worst condition and 100 indicates the best condition. First, after the coordination arranged by the educational supervisors in the hospital, the researchers referred to the different wards of the hospital during various shifts and days of the week and after explaining the objectives and obtaining the subjects' consent, the questionnaires were given to the nurses eligible according to the inclusion criteria and some explanations were given to them on how to fill out the questionnaires. Meanwhile, the subjects were asked to complete the questionnaires at home and necessary coordination was arranged with head nurses to collect the questionnaires.

This study proposal approved by ethics committee of Isfahan university of Medical Science (Code: 1627/93/154).

Then, the collected data was evaluated through SPSS v20, Kolmogorov-Smirnov (K-S) was used to assess the normal distribution of the obtained sizes. To analyze the data, chi-square test, ANOVA, T-test and correlation analysis were used.

Results

In terms of gender, 72% of samples were female and 28% were male. Minimum and maximum ages of samples were 26 and 48 years, respectively with an average age of 33 years and the highest frequent was in 28-40 years. In terms of marital status, 20% of samples were single and 80% were married. In terms of educational level, 89.9% had a Bachelor's degree, 9% had a Master's degree and 1.1% had an Associate degree. Among samples, 85.5% were fix-term employees and 14.5% were contract employees. Among them, 18.7% had 3-6 years of work experience, 47% had 6-12 years of work experience and 33.3% had more than 12 years of work experience. In terms of work shift, 86% worked in rotational shifts, 10.5% worked in morning shift, 0.6% worked in fixed evening shift and 2.9% worked in night shift (Table 1).

The scores of quality of life aspects in ICU nurses were higher than medical-surgical wards. There was no significant relationship between average quality of life of nurses in rotational shift and fixed shift. The study results showed that the lowest score of quality of life in the physical aspect was related to the ICU and the lowest score in the psychological aspect was related to the medical ward. Moreover, the highest score in the physical and psychological aspect health was related to the CCU.

There was no significant relationship between age and quality of life in two physical and psychological aspects of quality of life. However, T-test showed a significant difference between the quality of life for women and men (Table 2).

Discussion

The results showed that the average score of quality of life in the nurses working in medical surgical wards in physical and psychological and general health aspects is lower than nurses working in intensive care units and the score of quality of life physical health aspect is lower than psychological aspect. In a study titled "A Survey on the Quality of Life in Nurses working in hospitals in Sabzevar showed similar results. In this study, the quality of life score of nurses in psychological aspect is reported lower than physical aspect which is consistent with the present study [17]. Nurses are exposed to so much stress because of their job nature including ongoing contact with patients, so many requests made by the patients and their family, rapid advancements in technology, facing the death, the lack of psychological support and the improvement of laws and regulations system which will have the greatest negative impact on psychological health of nurses [18].

The study results showed that the lowest score of quality of life in the physical aspect is related to ICU and the lowest score in the psychological aspect is related to the medical ward. Moreover, the highest score in the aspects of physical and psychological health is related to CCU. The results of this study are inconsistent with the study [19]. It seems that since nurses in the medical ward are working

Table 1: Demographic Characteristics of Nurses.

| Personal Information | | Frequency | |
|----------------------|---------------------|-----------|------------|
| | | Number | Percentage |
| Gender | Male | 93 | 82 |
| | Female | 32 | 28 |
| Marital Status | Single | 82 | 82 |
| | Married | 112 | 22 |
| Educational level | Associate Degree | 4 | 1.1 |
| | Bachelor's Degree | 113 | 3.23 |
| | Master's degree | 14 | 3 |
| Work experience | 3-6 | 18 | 2.12 |
| | 6-12 | 44 | 42 |
| | 12 and more | 22 | 9.99 |
| Employment Status | Fixed term employee | 112 | 4.24 |
| | Contract employee | 82 | 4.14 |
| Shift type | Rotational shift | 111 | 22 |
| | Fixed morning shift | 14 | .512 |
| | Fixed evening shift | 2 | 2 |
| | Fixed night shift | 2 | 4.8 |

Table 2: Comparison of the average scores of quality of life in nurses working in intensive care units and medical-surgical wards.

| Ward type | Medical-surgical | ICU | Significance level |
|-----------------------------|------------------|---------------|--------------------|
| Quality of life aspects | 87 (Number) | 55 (Number) | |
| Physical role | 1.12 ± 88.22 | 48 ± 28 | 294.2 |
| Physical performance | 2.89 ± 48.14 | 14.83 ± 94.28 | 248.2 |
| Pain | 58.19 ± 63.76 | 37.18 ± 55.82 | 005.0 |
| General health | 32.21 ± 54.69 | 16.22 ± 28.74 | 000. |
| Vitality | 60.20 ± 94.72 | 71.20 ± 45.84 | 04.0 |
| Social health | 71.16 ± 63.74 | 53.16 ± 69.82 | 014.0 |
| Emotional role | 13.19 ± 21.66 | 11.23 ± 41.73 | 041.0 |
| Psychological health | 12.16 ± 54.67 | 14.20 ± 56.77 | 007.0 |
| Physical health aspect | 37.16 ± 43.71 | 46.18 ± 38.76 | 019.0 |
| Psychological health aspect | 96.17 ± 28.70 | 52.19 ± 32.77 | 006.0 |

in a crowded environment with so many beds and patients, they face more stress and ultimately stress affects the quality of their lives. On the other hand, in the ICU, due to the specialized nature of the ward, the increased length of hospitalization and long duration of activity on the patient's bedside over time will lead to physical problems and the decrease of physical activities affecting the quality of life. However, in the CCU, due to less contact with companions and perhaps good communication between doctors and nurses, the availability of doctors when faced with the problem, the physical and psychological health state, quality of life is better than for the other nurses working in the medical-surgical wards. However, the small number of personnel will reduce its generalization.

The study results showed that the scores of quality of life aspects are not significantly related with marriage, education and ward type, but it has significant relationship with gender and experience. That is, the quality of life score in male nurses were higher than that in female nurses and the scores of quality of life in nurses with a work experience higher than 10 years. In their study also showed that there is no significant relationship between ward type and quality of life, the result which is consistent with the present study [17].

Conclusion

The study showed that the average score of quality of life of nurses in medical-surgical wards in the aspects of physical, psychological and general health is lower than the nurses working in the intensive care units and the quality of life score in the physical health aspect is lower than psychological aspect. QOL scores are not significantly correlated with marital status, educational level and ward type, but significantly correlated with gender and work experience. It seems that the obtained data can help nurses and hospital administrators focus on the methods to improve the nurses' quality of life and the quality of care provided by them.

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