

Investigation quality of work life of nurses working in cancer sections

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Abstract: Quality of working life in a body of work or organizational functions such as participatory management, job enrichment and working conditions to make deals, high quality of working life as a basic prerequisite of empowering human resources in the health care system known and nurses are the largest group in the community care provider. The aim of this study was to determine the quality of work life for nurses. **Methods:** The study was a cross-sectional. The study included adult hospitals, including cancer, Tehran University of Medical Sciences study population consisted of 102 nurses working in these sectors constituted. To collect the data, demographic and quality of work life questionnaire was used Walton. **Results:** The findings of this study showed that nurses participating in this study aged 20-30 years old (41.2%) and work experience, most nurses (62.7%) for 1-5 years, quality of work life for nurses at the intermediate level (61.8) were the least fair and adequate polishing (1.8 ± 1.5) and providing opportunities for growth and security of the lives of most (10.41 ± 1.36) had average among the components of quality of work life. **Conclusion:** Most of the nurses participating in this study stated at the average level of their quality of work life and only two percent of nursing his working life at an optimum level (high) report that can be problematic for the health system. The results of this study can be used in the health field managers to develop strategic plans in order to improve the quality of nursing work life contribute to the development of the health system.

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1. Introduction

Although the term 'quality of work life' was not used until the late 19th century but it took special efforts to improve conditions for workers were done independently. The concept of quality of work life first began in Europe and country Sweden (1), but special attention to the concept of "quality of working life" the first time in 1972 at a conference of the International Labor relations were discussed (2). A brief study on the subject shows that the quality of work life investigators initially sought to improve labor relations through increased attention to the humanities and social organizations were later scholars then focus its role on job enrichment turned (3). There is little agreement about the meaning of quality of working life (4) Nevertheless, we can say it will be at least two common uses. First, the quality of working life refers to a set of factors such as

employees' job satisfaction, growth opportunities, psychological problems, job rating, human relations staff and the pay is low. Second, the quality of working life in a body of work or organizational functions such as participatory management, job enrichment and working conditions to make deals (5). Such as health care facilities, incentive schemes, job fit, career planning (enrichment and career development), the importance of the role of the individual in the organization, providing growth and advancement of nurses, nursing, etc., the quality of working life is called (6). Quality of work life is a process by which "all members of the organization through open communication channels and appropriate for this purpose has been created. He believes the quality of working life and the ability of members of an organization meet the needs of the individual in the person's own experiences (3).

Walton also eight main variables to be considered as a target an important point that should be noted is that all these variables are related, so focus on one or a few years older (7).

Walton variables include: **1. payment of fair and adequate:** Equal pay for equal work and the balance of payments with the criteria of staff and its suitability for other types of work. **2. Safe and healthy working environment:** to create safe working conditions in terms of physical and logical working hours. **3. Ensure the continued growth and security opportunities:** to provide means to improve individual skills, opportunities for advancement and opportunities to apply acquired skills and providing income security and employment. **4. The rules on the organization of work:** order, providing for freedom of expression without fear of reprisal higher authority. **5. The social dependence of work life:** the way of perception (perception) refers to employees about corporate social responsibility. **6. Space of life:** the components of the agitation balance between work life and other employee segments including leisure, education and family life refers. **7. Integration and coherence in the work:** This includes the removal of the preservation of the interests of the people in the organization and encourages the formation of teams and social groups. **8. Development of human capabilities:** the availability of opportunities such as the use of self-control and independence in work, benefit from the diverse skills, and access to information is tailored to work with and planning for the staff. (8)

Salamzadeh states that Essen and colleagues (2000) showed that 19% of nurses were satisfied with their status, which indicates the low quality of work life of nurses (9). Enhancing the quality of work life for nurses and doctors an important factor to ensure the sustainability of health systems has been introduced (10). Employee satisfaction and quality of work life directly on the organization's ability to serve its customers affect the right to, if not determine, can not be effectively developed and maintained. Measuring the quality of working life is the positive attitude of employees towards work and organization, productivity and enhances intrinsic motivation and organizational effectiveness (11). Understanding and increasing the quality of nursing work life is an important factor in achieving high levels of quality of care for patients (12). Considering the importance of the issue we decided to study with the aim of assessing the quality of work life for nurses Tehran University of Medical Sciences in the field of cancer hospitals to review.

Analysis method:

The study was a cross - sectional. The study included adult cancer hospitals of the Tehran

University of Medical Sciences. The study population comprised all nurses working in these sectors. Multi-stage sampling was done. Nurses, according to the study criteria (at least one year of work experience in oncology, without apparent physical problems, a bachelor's degree and above) were enrolled. Collecting data and information required in this study using a questionnaire quality of working life with demographic form Walton's QWL among nurses working in oncology according to the criteria of the study was released. The questionnaire consists of eight business fair paid sufficient, legalism in the organization, social dependence of work life, working environment Safety and Health, providing opportunities for growth and security, the overall atmosphere of life, unity and social cohesion and the development of human capabilities to check the quality of working life deals which consists of 24 items on the whole 5 Likert (very low, low, medium, high, very high). In a rating scale, 2-4 is low, 5-7 is medium and 8-10 are high. The overall level of quality of work life at three levels: low (24-55 points), medium (56 -87 points), and high (88-120 points) specified. The reliability and validity of the tools used in the research quality of working life Khaghanizade et al (2008) (8), as the relationship between job stress and quality of work life of nurses in selected hospitals of the Armed Forces. The validity of the method to measure the quality of working life determine the validity and reliability of the test-retest method was used the correlation coefficient between the calculated and the equivalent of 90% and showed good correlation is questionable. The questions in the 1973 Richard Walton model has been developed and is being used in Iran. Necessary permits and ethical considerations for the implementation of the Tehran University of Medical Sciences and the Center were taken to hospitals. The questionnaire was distributed among 102 qualified nurses. The participants in this study were enrolled full consent for their information to be kept confidential. For data analysis software Spss version 16 was used.

Findings:

Demographic data showed that nurses participating in the study age range 20-30 years (41.2%) were also frequently work experience of nurses (62.7%) for 1-5 years. Shift work of nurses (40.2%) is in circulation. Material majority of nurses participating in this study (5.74%) were female and over (60.8%) are married nurses. 68.6 percent of its economic situation at the intermediate level nurses were evaluated. Most of the nurses participating in this study a bachelor's degree (98 percent) have had. Also studied nurses in contract or agreements with statutory health centers (52.2 percent).

The findings in this study show that the average quality of work life of nurses working in oncology is 60.24. 36.2% of his working life quality of nurses expressed at a low level. 61.8% also their quality of work life of nurses on average, and only 2 percent of them their quality of life at the top level or not

desirable. The mean QWL of Nurses Walton's theory in Table (1) shown the lowest related to the payment of fair and adequate (1.8 ± 1.5) and the highest average belonged to the overall living space providing opportunities for growth and security (10.41 ± 36.1).

Table 1: Average QWL of nurses in cancer section

QWL dimensions	Mean	S.D
Providing opportunities for growth and security of living space	10.41	3.16
Legalism in the organization	9.89	3.87
overall atmosphere of life	9.22	2.48
Development of human capabilities	8.95	2.20
Integration and social cohesion	8.48	2.29
Social dependence of work life	4.83	1.56
Safe and healthy working environment	4.30	1.44
fair and adequate payment	1.80	1.57

Table 2: Measuring the quality of work life of nurses in cancer section

Quality of working life	NO.	Percent
Low	37	36.3
Medium	63	61.8
High	2	2
Total	102	100
Average	60.24	
S.D.	13.79	

Discussion:

Nurses' largest provider of health services in all countries, and the quality of their services directly to the effectiveness of health systems - health care associated (13).

The major findings of this study can be noted that the quality of work life for nurses it is estimated that the average level that results are consistent with Salamzadeh et al. (9) and Azarang et al. (12) and research of Dehghan Nayeri et al. at Tehran University of Medical Sciences conducted among nurses working. Dehghan et al study shows that nurses 9/41 percent have a Medium level of quality of working life and only 1 percent reported poor quality of life (6). The findings of the study as well as the port and colleagues at Tehran University of Medical Sciences were and Saifi was conducted at the University of Sanandaj not match so that nurses in their study of quality of life are paramount (13, 14).

Low levels of employee satisfaction and retention and quality of working life can leave the zip code in which they are to be effective (6). The quality of working life an important contribution to the satisfaction of other aspects of life such as family,

leisure and health was considered. Researchers have shown that the working environment directly impact on patient outcomes. Research shows the mortality rate in hospitals that have supportive work environments is lower than other hospitals. (6)

Also, this study found that nurses' salaries themselves are unhappy with so that nurses lowest of the QWL on fair pay sufficient account (Table 1) that can affect the performance and satisfaction levels of nurses affect. The study was conducted in Australia in 2001 shows that the increase in wages, quality of work life of employees will be upgraded. Although with age in these patients is whole, lower their quality of work life (14). In a study by Muhammad al-Maliki and colleagues in 2009 in the region of Jazan Saudi done show the majority of participants in this study were dissatisfied with their working life quality factors such as poor working hours, lack of facilities for nurses, mismatch between the needs of families balance work with insufficient vacation time for nurses, lack of manpower, lack of opportunities for career development and poor working environment in terms of job security component of the quality of work life for nurses has affected (16). Leiter obtained in the study, such as salaries, high job

stress, job insecurity etc. on their dissatisfaction with the quality of nursing work life and plays an important role (17). If the payment of fair and adequate human and development capabilities as the two dimensions of quality of work life are in the planning and implementation we can probably expect employees with high normative commitment. If employees feel that membership in the organization causes them to achieve their goals and values if employees feel that membership in the organization causes them to achieve their personal goals and values. Employees will be committed to the organization and committed employees are less likely to behaviors such as absenteeism, delay and deny quit attempts (18). In this study, significant correlations were found with information regarding nurses' quality of work life with the results of the study are consistent Dehghan Nayeri, So that a study by the variable quality of work life, marital status, turnover, a second job is not associated nursing and work experience (6). The results of the study with colleagues port to check the quality of work life of nurses in hospitals of Tehran University of Medical Sciences being paid to the quality of work life of nurses in connection with demographic data is not the same (14).

Conclusion:

Quality of work life for nurses at the average level, and only a few nurses have expressed it at an optimum level. On the other hand inadequate salaries are a major reason affecting the quality of work life for nurses to account. As well as general information on the quality of work life of nurses age, gender, work experience and others the impact is not effective.

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