

## Quality of Work Life and Its Effects on Registered Nurses' Turnover Intention in Egyptian and Philippines University Hospitals

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**Abstract:** Nurse turnover has a negative effect on the capability to encounter client requirements and deliver a great quality of care, which may generate more stress on other staff owing to increased workloads. Also, it can lead to dangerous deviations in the performance of nurses towards their jobs producing less job satisfaction and productivity, and leaving the institution. Therefore, this study aimed to examine Quality of Work Life and its effects on registered nurses' turnover intention in Egyptian and Philippines university hospitals. Subjects and Methods: A descriptive correlational research design was used. This study was conducted at Menoufia university hospital in Shebin El-Kom City, Egypt. Dr. Amado P. Diaz Provincial university hospital in Philippines. The study sample was 100 nurses worked in the Egyptian hospital and 195 nurses worked in Philippines hospital. Two instruments were used in the current study; Brooks' Survey of Quality of Nursing Work Life and The Anticipated Turnover Scale (ATS). Results: The study results showed that the majority of staff nurses were dissatisfied with all components regarding quality work life in both Philippines and Egyptian hospitals with highly statistically significance difference except the items of work life home, Work design and Work context coworker were with no statistically significance difference. It indicated strongly negative correlation between work life, work design, work world and turnover intention in Egyptian hospital. Also, it showed negative correlation between work life, work world and turnover intention in Philippines hospital. While, it reflected positive correlation of work context and turnover in both Egyptian and Philippines hospital. Recommendation: Hospital administrators can keep suitable activities to develop quality of nursing work life and decrease nurses' turnover. Also, constructing and retaining a healthier work life for nurses are so vital to advance their job agreement, decrease turnover, and improve efficiency and nursing care products.

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**Keywords:** Nurse, Quality of work life (QWL), Turnover Intention.

### 1. Introduction:

Quality of Work Life (QWL) offers workforces by incentive to achieve better (1). Developing workforces' QWL is essential to raise their efficiency. Positive effects of QWL involves decreased burnout, decreased absenteeism, minor turnover (2), enhanced job satisfaction and organizational commitment (3).

The quality of nursing work life (QNWL) means the degree toward which registered nurses can gratify significant individual requirements through their proficiencies in their labor institution although accomplishing the institution's aims (4). The great quality of work life is vital for institutions to request to novel nurses and retain their staff. Nevertheless, consistent data on the quality of work life and turnover intention of nurses (5).

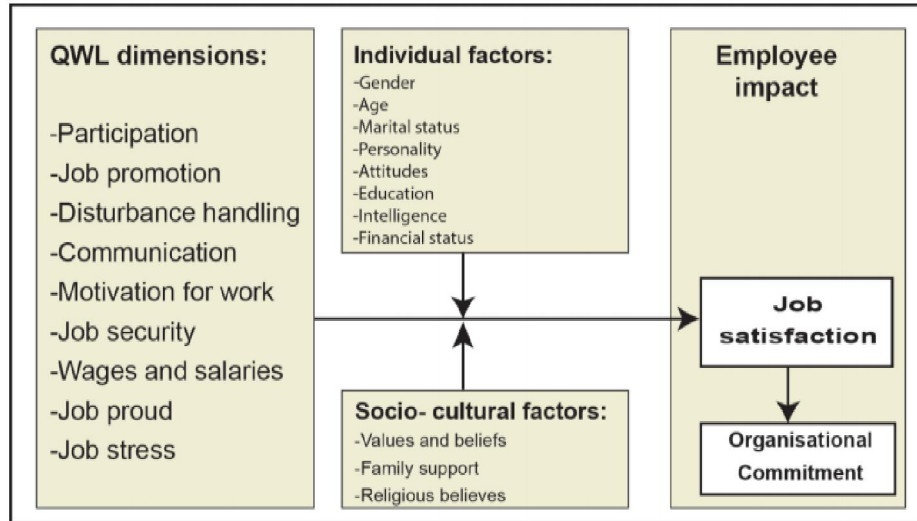
Worker turnover is member's intended removal from the institution. Turnover of experienced and proficient healthcare worker can suffer extensive budgets for institutions. Hiring and preparation novel

staff is expensive for institutions. Excessive employees' turnover can also affect harmfully an institution's capability to encounter client requirements and offer quality healthcare facilities. Workers behavioral intention to turnover is a forecaster of their real turnover. Turnover intention may be sign of decreased QWL (6).

Several researches establish a positive correlation among nurses' QWL and their work satisfaction (7, 8). Minor staff work satisfaction is an important factor of their turnover intention (9). Extra experimental studies approve the vital part of institutional obligation in the turnover steps (10). Demographic data for example age and occupation were also stated as personnel' turnover factors. Therefore, depressed working conditions, reduced salary, extraordinary pressure levels, enlarged amount of work, reduction of job satisfaction and little commitment levels are some of the causes for the employee turnover in Indian health care institutions (11 and 12).

On the other hand, the part of QWL in employee turnover has not been fine examined. The planned frame offered at Figure (1) goals to clarify the correlation among workers' QWL and their turnover intention. It is expected that enhancing workers' QWL

raises their work satisfaction plus consequently their institutional obligation. By way of an outcome, workers' intention to leave the institution will be reduced (13).



**Figure (1).** Imagine correlation between QWL and turnover intention

Therefore, institutions requirement to concentration on the work life feature of the employees to motivate optimistic approach and performance at the work for example decreased absence (14), developed work satisfaction (15), improved obligation (16) then decrease turnover (6).

Consequently, it is essential to discover the job proficiencies of health care employee to improve active approaches to develop opinions of QWL, decrease their turnover intention, decrease budgets related with turnover, and maintain the workforce required for quality patient care. Furthermore, the health care institutions should focus on progress and application of advanced Human Resource Management (HRM) practices and consider the employees as the strategic associates (17). Further, improving the HRM system to satisfy the desires of the employees can improve the overall performance and attractiveness of the institution (18). Furthermore, institutions should also discover the instruments through which HRM performs influence employee behavioral intention (19).

Numerous studies have concentrated on the reasons and results for the turnover of health care employees (20; 21 and 22). Latest studies have supported that turnover and turnover intention are commonly predisposed through the scope toward that the nurses are gratified with the factors of their labor life (5). Additionally, important works in different businesses, including health care have recognized the status of QWL to report the turnover of employees

(23; 24 and 25). Therefore, the health care institutions need to recognize and measure the factors specific to the person and work setting that effects QWL, as the requirement and anticipation of employees from their workplace has a huge impact on their turnover intention. Health institutions in several nations have confronted certain problems like lack of health professionals, in addition to high turnover percentage, specifically among nurses. Nurse turnover has a harmful effect on the capability to meet the client requests and provide great values of care (26).

#### **Significance of the study:**

Nursing scarcity and great turnover of nurses is a serious contest to healthcare institution (27). These matters have great budgets for health services, patients, the institution and nurses themselves. The retention of qualified nurses is critical if healthcare institutions are to survive. One talented means to know nurses' retaining is to measure QWL and associated issues in Figure 2 (4). This research will help in filling the existing gaps in the research literatures and offer findings to aid healthcare institutions, nurses and patients. Also, the results will benefit decision- makers and administrators in identifying the causes that disturb the QWL of nurses and their association with turnover intention.

#### **Aim of the study:**

The aim of the current research was to examine Quality of Work Life and its effects on registered nurses' turnover intention in Egyptian and Philippines university hospital.

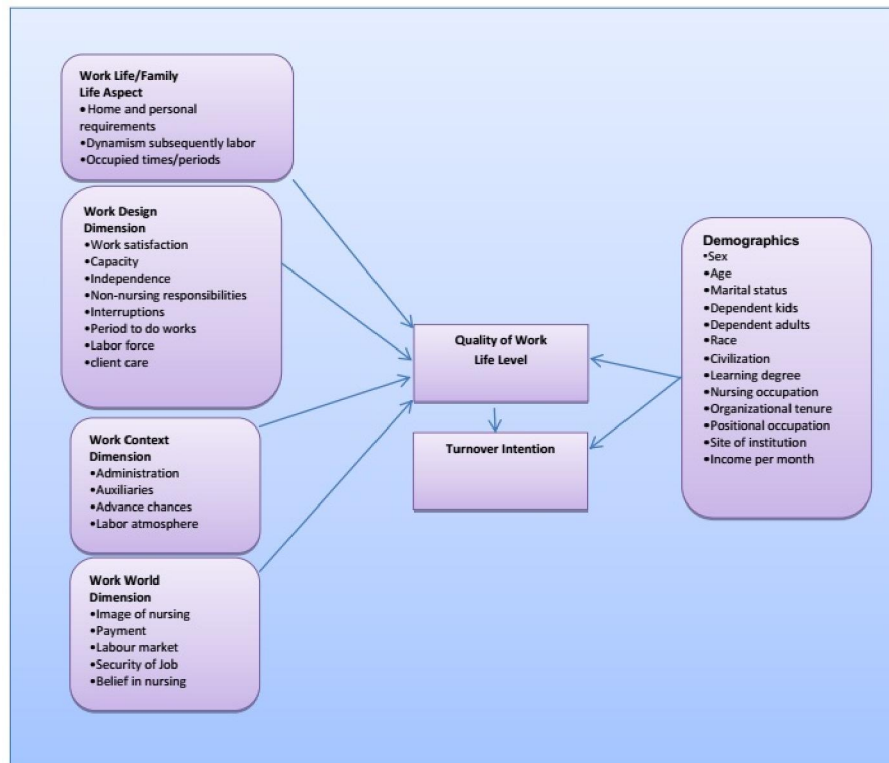


Figure 2 QWL and turnover intention context.

## 2. Subjects and Methods:

### 2.1. Research Design:

A descriptive correlational research design was used in the conduction of this research.

### 2.2. Setting

The current research was conducted at Menoufia university hospital in Shebin El-Kom City/ Egypt and Dr. Amado P. Diaz Provincial university hospital in Midsayap, Cotabato City/ Philippines.

### 2.3. Subject

The researchers used a random sample to select participant nurses; 100 nurses worked in the Egyptian hospital and 195 nurses in Philippines hospital involved in the research.

### 2.4. Tool of Data Collection

#### 2.4.1. The research tools:

Two tools were applied in this research as well as the demographic data. These were the Brooks' Quality of Nursing Work Life (QNWL) Survey which was developed by Brooks (28) and the Anticipated Turnover Scale (ATS) developed by *Hinshaw and Atwood* in (29).

**Tool I:** It contains two portions as the following:

#### Part I: Socio-demographics.

This instrument was developed by the researchers to collect socio-demographic data of participant nurses. It involved 28 items that were clustered into three sections: individual data, learning and occupation and experience. Demographic

information of the nurses was involved of objects associated to nurse age, gender, learning requirement, place of labor and total years of experience.

#### Part II: Brooks' Survey of Quality of Nursing Work Life (QNWL).

Brooks' Survey of QNWL was established by Brooks (28) to examine the QWL amongst registered nurses. It is a self-accomplished survey which covers 42 objects in the subsequent 4 subtitles: (a) work life/home life, (b) work design, (c) work context and (d) work world. The work life/home life dimension is defined as the interface between the nurses' work and home life. The work design dimension is the structure of nursing labor and defines the real labor that nurses achieve. The work context dimension contains the practical locations in which nurses' labor, and then it discovers the effect of the labor atmosphere on both nurse and client organizations. Lastly, the work world dimension is clearance the impact of general social effects and alterations on the performance of nursing (28). The tool tested participant nurses how much they agree or disagree with every element on a 6-point scale, with '1' representing 'strongly disagree' and '6' representing 'strongly agree' with several features of their work life. While those who gained score <60% were measured having unsatisfactory QNWL then satisfactory score was  $\geq 60\%$ .

#### Tool II: The Anticipated Turnover Scale (ATS).

The ATS survey was developed by *Hinshaw and Atwood (29)* to investigate turnover intention amongst nurses. It searches for to assess nurses' views of the option of freely terminating their current work. The ATS is a 12 items self-managed tool with a 7 point Likert scale ranging from strongly agree to strongly disagree. It contained 6 items reflecting intention to stay (+ positive response) with Likert scale strongly agree 7 to strongly disagree 1 and also included 6 item reflecting intention to leave (- negative response) vice versa with Likert scale that strongly agree 1 to strongly disagree 7. The tool's objects were associated to nurses' expected amount of time to leave and probability of leaving the work. The lower scores were <60% indicated dissatisfaction. (-negative response) scores reflecting greater intention to leave the present position or job. While, the scores were  $\geq 60\%$  (+ positive response) indicated greater satisfaction and intended to stay the present position or job.

#### **Pilot study:**

It was achieved on 20 participants to examine the practicality plus probability of the research tools, recognize all obstacles, assessing the period required to complete the form. Established consequences of the pilot study, the essential adjustment then interpretation of certain questions were completed. Validity and reliability of the research instrument was tested using Cronbach's coefficient alpha (0.84).

#### **Method of Data collection:**

Consent of official evaluation board at the particular hospital was attained. Subsequently, when the subjects were requested to sign the intended approval form, at that time the investigator offered the form for filling it out, every nurse was consumed 20-30 minutes to accomplish the form. The researcher informed the nurses that all data collected will be used only for the aim of study, and outcomes of the research will be printed. The period of research data gathering was achieved in 3 months from 1/10/2018 to 30/12/2018.

#### **Ethics and human rights:**

An informed consent was gained from all the applicants before gathering any information. Clarification of the research aim in a simple and perfect way was done to each applicant. Whole information was kept private. Applicants were knowledgeable about their moralities to exclude from the research at any time without introducing any rational.

#### **Data Analysis Plan:**

Data were reviewed, coded, entered, analyzed and tabulated using SPSS version 23. Both descriptive statistics (frequency, percentage) and inferential statistics (Pearson correlation and chi-square tests) were done rendering to kind of variables. P value less than 0.05 was considered significant.

### **3. Results:**

The characteristics of the research sample were summarized in table 1. Three fourths of the respondents were female in both Egypt and Philippines (70%- 66.6%) respectively. The mean age of them were ranged between (20-29 years ) in both Egypt and Philippines (71%- 79%) respectively. More than half of the respondents were married in Egypt while 72.8% were single in Philippine. The table shows (41.0% -33.0%) of the sample have Bachelor's degree and Master's degree in Egypt compared by 89.2% of the sample in Philippines have Bachelor's degree. More than half of the respondents had experience between 5-9 years in Egypt as a nurse and in hospital while 80.0% of them had experience  $\leq 4$  years as nurse, 83.1% had  $\leq 4$  years at hospital in Philippines.

Table (2) indicates correlation between total scores of quality work life components and total score of turnover intention among both Egyptian and Philippines hospital. It indicates strongly negative correlation between work life, work design, work world and turnover intention in Egyptian hospital. Also, it shows negative correlation between work life, work world and turnover intention in Philippines hospital. While, it reflects positive correlation work context and turnover in both Egyptian and Philippines hospital.

Table (3) reflects comparison between staff nurses in Philippines and Egyptian hospital regarding quality of work life components. The table reflects that the majority of staff nurses were dissatisfied with all components regarding quality work life in both Egyptian and Philippines hospitals with a highly statistically significance difference except the items of work life home, Work design and Work context coworker were with no statistically significance difference.

Table (4) displays staff nurses' opinion among Egyptian and Philippines hospital concerning turnover intention. The table reveals that more than half of staff nurses were intending to leave regarding all items (1,2) in both Egyptian and Philippines hospitals with no statistically significance difference. While, the staff nurses opinion intending to leave was (80%, 70%, 53%, 59%) in Egyptian hospital regarding items (3,5,7,9) respectively compared by Philippines hospital with highly statistically significance difference. On the other hand, it showed that the staff nurses' opinion about intention to leave was (54%,70%,65.1%,65.6%, 57.4%,73.3%) in Philippines hospital as regarding items (4,6,8,10,11,12) respectively with highly statistically significance difference.

Distribution of turnover intention by demographic variables in Egyptian hospital were

demonstrated in table (5). The table reflected the majority of staff nurses had turnover intention to leave regarding Age, Sex (26.0% male and 70% female), education (Diploma, Bachelor's Degree, Master's Degree), Marital status and Experience among Egyptian hospital. Also, it reflects that no statistically significance difference in all variables except sex, Experience as a nurse and in hospital were statistically significance difference.

Table (6) illustrated distribution of turnover intention by demographic variables in Philippines hospital. As noticed from the table, the majority of staff nurses had turnover intention to leave regarding Age, Sex (31.5% male and 63.1% female), education (Diploma, Bachelor's Degree, Master's Degree), Marital status and Experience among Philippines hospital. Also, it revealed no statistically significance difference in all variables except the items of Sex and Experience as a nurse were statistically significance difference.

Figure (1) showed distribution of the staff nurses according to their turnover intention in Egyptian hospital. As indicated from the table, the majority of staff nurses were intending to leave their jobs in Egyptian hospital.

Figure (2) displayed distribution of participant nurses according to their turnover intention in Philippines hospital. As observed from the figure, the majority of participant nurses were intending to leave their jobs in Philippines hospital.

Table (7) indicates correlation between demographic variables and turnover intention. The table shows strongly positive correlation between age and turnover intention in both Egyptian and Philippines hospitals with highly statistically significance difference. Also, it refers to a positive correlation between marital status and turnover intention in both Egyptian and Philippines hospitals with no statistically significance difference. On the other hand, the table reflects negative correlation between nurses' educational level and turnover intention in both Egyptian and Philippines hospitals with statistically significance difference. Also, it reflects strongly positive correlation between years of work experience as nurse and in hospital and turnover intention in Egyptian hospital with highly statistically significance difference. While, it shows positive correlation between Years of work experience as nurse and in hospital and turnover intention in Philippines hospital with no statistically significance difference.

**Table (1) Demographics of the staff nurse in both Egyptian and Philippines Hospital**

Items	Egyptian Hospital		Philippines Hospital	
	N	%	N	%
<b>Sex</b>				
Male	30	30.0	65	33.4
Female	70	70.0	130	66.6
<b>Total</b>	100	100.0	195	100.0
<b>Age</b>				
20-29 years	71	71.0	154	79.0
30-39 years	29	29.0	21	10.7
40-49 years			15	7.7
50-59 years			5	2.6
<b>Total</b>	100	100.0	195	100.0
<b>Marital status</b>				
Single	38	38.0	142	72.8
Married	62	62.0	53	27.2
<b>Total</b>	100	100.0	195	100.0
<b>Education level</b>				
Diploma	26	26.0	6	3.0
Bachelor's Degree	41	41.0	174	89.2
Master's Degree	33	33.0	15	7.8
<b>Total</b>	100	100.0	195	100.0
<b>Experience as a nurse</b>				
≤4	20	20.0	156	80.0
5-9	69	69.0	25	12.8
≥10	11	11.0	14	7.2
<b>Total</b>	100	100.0	195	100.0
<b>Experience in hospital</b>				
≤4	32	32.0	162	83.1
5-9	57	57.0	23	11.7
≥10	11	11.0	10	5.2
<b>Total</b>	100	100.0	195	100.0

**Table ( 2). Correlation between Total Scores of the Quality Work Life Components and Total Scores of Turnover Intention among both Egyptian and Philippines Hospital.**

Items	Turnover			
	Egyptian Hospital		Philippines Hospital	
	R	P- value	R	P- value
<b>QWL</b>				
Work life	-.315 <sup>xx</sup>	.001*	-.153 <sup>x</sup>	.033
Work design	-.115	.257	.059	.412
Work context	.089	.377	.076	.292
Work world	-.186	.064	-.203 <sup>xx</sup>	.005*

**Table (3): Comparison between Staff Nurses in Egyptian and Philippines Hospital Regarding Quality Work Life Components (N = 295).**

Items QWL	Hospital	Satisfaction		Dissatisfaction		X2	P value
		N	%	N	%		
Work life home	Philippines	6	3.1%	188	96.9%	3.157 <sup>a</sup>	.076
	Egypt	0	0.0%	100	100.0%		
Work design	Philippines	2	1%	192	99%	1.038	.308
	Egypt	0	.0%	100	100.0%		
Work context supervision	Philippines	2	1.0%	192	99.0%	25.725 <sup>a</sup>	.000*
	Egypt	16	16.0%	84	84.0%		
Work context coworker	Philippines	4	2.1%	190	97.9%	.936a	.333
	Egypt	4	4.0%	96	96.0%		
Work context development	Philippines	4	2.1%	190	97.9%	14.491a	.000*
	Egypt	13	13.0%	87	87.0%		
Work context environment	Philippines	2	1.0%	192	99.0%	38.702a	.000*
	Egypt	22	22.0%	78	78.0%		
Work world	Philippines	18	9.3%	176	90.7%	14.498a	.000*
	Egypt	26	26.0%	74	74.0%		

**Table (4) Comparison between Staff Nurses' Opinion Regarding Turnover Intention among Egyptian and Philippineshospital (N = 295).**

Turnover Intention Items	Hospital	Turnover				X2	P value
		Intention to stay		Intention to leave			
		N	%	N	%		
1. I plan to stay in my position	Egypt	39	39.0	61	61.0	.121 <sup>a</sup>	.727
	Philippines	72	36.9	123	63.1		
2. I am quite sure I will leave my position in the predictable future	Egypt	39	39.0	61	61.0	.121 <sup>a</sup>	.727
	Philippines	72	36.9	123	63.1		
3. Deciding to stay or leave my position is not a dangerous problem for me at this point in time	Egypt	20	20.0	80	80.0	62.877 <sup>a</sup>	.000*
	Philippines	134	68.7	61	31.3		
4. I identify whether or not I will be leaving this hospital within a short time	Egypt	38	38.0	62	62.0	6.879 <sup>a</sup>	.009*
	Philippines	104	54.0	88	45.8		
5. If I acquired another work offer tomorrow, I would give it severe thought	Egypt	30	30.0	70	70.0	19.584 <sup>a</sup>	.000*
	Philippines	111	57.2	83	42.8		
6. I don't have intentions of leaving my current position	Egypt	35	35.0	65	65.0	33.799 <sup>a</sup>	.000*
	Philippines	137	70.0	58	29.7		
7. I have been in my position about as long as I want to	Egypt	47	47.0	53	53.0	6.997 <sup>a</sup>	.008*
	Philippines	123	63.1	72	36.9		
8. I am certain I will be staying here	Egypt	40	40.0	60	60.0	16.992 <sup>a</sup>	.000*
	Philippines	127	65.1	68	34.9		
9. I don't have any idea how much longer I will stay	Egypt	41	41.0	59	59.0	15.008 <sup>a</sup>	.000*
	Philippines	126	64.6	69	35.4		
10. I plan to hang on to this job	Egypt	16	16.0	84	84.0	65.193 <sup>a</sup>	.000*
	Philippines	128	65.6	67	34.4		
11. There are huge fears in my thoughts whether or not I will be ready to stay in this hospital	Egypt	40	40.0	58	58.0	7.216 <sup>a</sup>	.007*
	Philippines	112	57.4	83	42.6		
12. I plan to leave this position shortly	Egypt	45	45.0	53	53.0	21.318 <sup>a</sup>	.000*
	Philippines	143	73.3	52	26.7		

**Table (5) Distribution of Turnover Intention by Demographic Variables in Egyptian Hospital.**

Items	Turnover				X2	P- value
	Intention to stay		Intention to leave			
	N	%	N	%		
<b>Sex</b>						
Male	4	4.0	26	26	9.722 <sup>a</sup>	.007*
Female	0	0.0	70	70		
<b>Education</b>						
Diploma Degree	0	0.0	26	26.0	5.996 <sup>a</sup>	.050
Bachelor's Degree	4	4.0	37	37.0		
Master's Degree	0	0.0	33	33.0		
<b>Experience as a nurse</b>						
≤4	0	0.0	20	0.0	27.885 <sup>a</sup>	.000*
5-9	4	4.0	65	0.0		
≥10	0	0.0	11	11.0		
<b>Experience in hospital</b>						
≤4	0	0.0	32	32.0	20.343 <sup>a</sup>	.009*
5-9	4	4.0	53	53.0		
≥10	0	0.0	11	11.0		
<b>Age</b>						
20-29 years	4	4.0	67	67.0	11.859 <sup>a</sup>	.457
30-39 years	0	0.0	29	29.0		
40-49 years						
50-59 years						
<b>Marital status</b>						
Signal	0	0.0	38	38.0	2.554 <sup>a</sup>	.110
Married	4	4.0	58	58.0		

**Table (6) Distribution of Turnover Intention by Demographic Variables in Philippines Hospital.**

Items	Turnover				X2	P- value
	Intending to stay		Intending to leave			
	No	%	No	%		
<b>Sex</b>						
Male	2	1.05	60	31.5	3.917 <sup>a</sup>	.048*
Female	8	4.2	120	63.1		
<b>Education</b>						
Diploma	1	0.5	4	2.1	.672 <sup>a</sup>	.715
Bachelor's Degree	8	4.2	166	87.3		
Master's Degree	1	0.5	10	5.2		
<b>Experience as a nurse</b>						
≤4	8	4.2	148	77.8	66.680 <sup>a</sup>	.001*
5-9	1	0.5	24	12.6		
≥10	1	0.5	8	4.2		
<b>Experience in hospital</b>						
≤4	8	4.2	154	78.9	44.890 <sup>a</sup>	.689
5-9	0	0.0	23	11.7		
≥10	0	0.0	10	5.1		
<b>Age</b>						
20-29 years	8	4.2	146	76.8	21.604 <sup>a</sup>	.362
30-39 years	2	1.05	21	11.0		
40-49 years	1	0.5	9	4.7		
50-59 years	1	0.5	2	1.05		
<b>Marital status</b>						
Single	6	3.1	136	70.8	.005 <sup>a</sup>	.945
Married	2	1.04	48	25		

### Turnover in Egypt

■ Intended Leave ■ Intended Stay

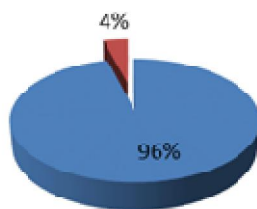


Figure (1): Distribution of the Staff Nurses according to their Turnover Intention in Egyptian Hospital.

### Turnover in Philippine

■ Intended Leave ■ Intended Stay

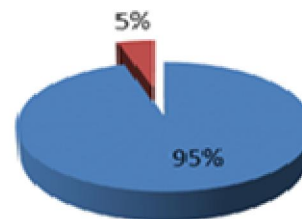


Figure (2): Distribution of the Participant Nurses according to their Turnover Intention in Philippines Hospital.

**Table (7): Correlation between Demographic Variables and Turnover Intention among Staff Nurses in both Egyptian and Philippines Hospital.**

Items	Turnover intention			
	Egyptian hospital		Philippines hospital	
	R	P- value	R	P- value
Sex	.162	.107	-.176*	.016
Age	.508**	.000*	.252**	.001*
Marital status	.077	.445	.108	.137
Have children	-.124	.218	-.205**	.005*
Education level	-.443**	.000*	-.144*	.049
Years of work as nurse	.561**	.000*	.045	.541
Years of work in hospital	.454**	.000*	.017	.816

#### 4. Discussion:

The findings of study reflected that three fourths of the respondents were female and the mean age of them was ranged between (20-29 years) in both Egyptian and Philippines hospital. More than half of the respondents were married in Egypt while 72.8% were single in Philippine. The sample have Bachelor's degree and Master's degree were (41.0% -33.0%) in Egypt compared by 89.2% of the sample in Philippines have Bachelor's degree. More than half of the respondents had experience between 5-9 years in Egypt as a nurse and in hospital while 80.0% had experience  $\leq 4$  years as nurse, 83.1% of them had  $\leq 4$  years in hospital in Philippines.

In this context *Mosadeghrad, (6)* indicated that more than half of the participant nurses were females and over three fourths were married. They had mostly at least a Bachelor's degree. Also, *Ahmed et al., (30)* added that majority (99%) of nurses were female and married (85%). The number of nurses within the age category 25 years to less than 30 years was almost equal to the number between 30 and less than 40 years and those aged 50 years and more (28, 28, and 27%, respectively). More than half (56%) of the nurses had

nursing diploma. A minority (9%) of nurses had a Bachelor's degree in nursing. Half (50%) of the nurses had 10 years or more of experience within the hospital.

Moreover, the findings of the present research showed that the majority of the staff nurses were dissatisfied with all components regarding quality work life in both Egyptian and Philippines hospital with a highly statistically significance difference between work life components in both Egyptian and Philippines hospital except the items of work life home, work design and work context coworker with no statistically significance difference.

Our results are agreed with results of a number of earlier researches where nurses were dissatisfied with their work life (31, 32, 33). They indicated that the hard work to develop QWL among health care staff can improve the morale of employees and institutional effectiveness. Additionally, Research perspective dissatisfaction with the work life aspects including family needs, working hours and had no energy left after work. Nurses described that they spent a long time at work so they had little energy left after work. As a result, the nurses were incapable to balance their



work with their family life. This is agreed with results *Ramesh et al (35)* from previous studies (32, 34)

Also, *Devi & Hajamohideen (36)* initiated that more than six in ten of the nurses involved in the research were dissatisfied with their quality of work life. The result of this research indicated a small but essential part to the puzzle of how to keep the excellence of work life among nurses in the health care facilities at Thanjavur. The author found that autonomous indicators of excellence of work life amongst the research people were learning status, salaries, employed department, and labor setting. The results in this research and researches stated from somewhere else identify that awareness of nurses about the quality of their work life can be adapted if health care directors are thoughtful of the main subjects nearby QWL.

Our study indicated that negative correlation between work life, work design, work world and turnover intention in Egyptian hospital. Also, it showed negative correlation between work life, work world and turnover intention in Philippines hospital. While, it reflects positive correlation to work context and turnover in both Egyptian and Philippines hospital.

This findings agreed by *Mosadeghrad, (6)* who indicated strong relationship among QWL of nurses and their gender, marital status, institutional position, and learning level. Those who were married had a higher level of QWL as compared to the singles. When asked whether they would leave their institution, if they find another job opportunity, 40.4% of hospital employees responded that they would leave their institution if they find another job opportunity. QWL was negatively associated with turnover intentions. QWL was positively associated with mentioning the institution to others for lober. QWL was a main provider to nurse turnover intention.

According *Devi & Hajamohideen (36)*, the result showed that age, gender, marital status, years of experience, and type of organization had no significant correlation with QWL. On the contrast, a research showed in Iran revealed that there is a close relation among age and QWL. Moreover, the promotion opportunities and professional growth had an influential impact on the QWL of nurses. When nurses feel dissatisfied with their future promotion and career development, their quality of work life will be affected negatively. It is recommended that the motivation and payment packages, workplace arrangements, and opportunities for further education and profession advance should be reexamined to satisfy the concerns of the nurses in the research facilities.

Also, our findings reflected comparison between staff nurses in Egyptian and Philippines hospitals regarding quality work life components that indicated

the majority of the staff nurses were dissatisfied with all components regarding quality work life in both Egyptian and Philippines hospitals with highly statistically significance difference between work life components in both Philippines and Egyptian hospital except the items of work life home, Work design and Work context coworker was with no statistically significance difference.

These findings were in similarity with the consequences stated by *Almaki et al., (30)* who reflected that among 508 PHC nurses in Saudi Arabia were dissatisfied with their work life. Also, he reflected the main affected aspects in quality of work life were inappropriate labor times, shortage of facilities for nurses, incapability to equilibrium labor with family requirements, insufficiency of holidays time for nurses and their families, poor staffing, organization and direction practices, deficiency of proficient advance chances, and an unsuitable working setting in terms of the level of security, patient care supplies and equipment, and recreation facilities (break- area). Additional vital aspects include the community's view of nursing and an insufficient income.

Moreover, the findings were in the same track with, *Chegini et al., (37)* who reported that the percentage of QWL lower than that found in another studies. Assumed that the nursing environment has been found to be fundamentally stressful (38) and that nurses in Critical Care Units (CCUs) experienced great workloads and insufficient relaxation time. Likewise, study conducted by *Kaddourah et al., (39)* illustrated that the majority (54.7%) of respondents was dissatisfied with their quality work life. Furthermore, a study conducted by *Brooks et al., (4)* to assess the Quality Nursing Work Life (QNWL) of staff nurses using the identical scale reported nursing dissatisfaction with their work life.

Also, *Morsy and Sabra (40)* added that more than two thirds of nurses had low quality of work life. While, *Khani et al., (41)* described a adequate quality of nursing work life among 120 Iranian registered nurses at Isfahan Hospital University of Medical Sciences, The nurses stated that they were unable of harmonizing among the work home lives and were dissatisfied in their work.

In the same line *McNeese-Smith et al., (42)* emphasized that expertise nurses have more work satisfaction, efficiency and institutional commitment. In relations of work experience, *Lum et al., (43)* revealed that nurses with more experience are more satisfied and had less burnout. In the meantime, *Price and Mueller, (44)* established that less experienced nurses be likely to be newer, contribute less in decision making, which might lower their opinion of QWL (40).

Furthermore, these findings were contradicted with **Eren and Hisar (26)** who mentioned that the quality of work life and institutional commitment of older participants are at greater levels. It was reported also in some other studies that the work life quality and institutional commitment levels increase with the increasing age of nurses (45,46). These results can be interpreted as with the increasing age the nurses establish a better work environment for themselves and feel belonging to the institution (45). Likewise, **Yunus et al., (47)** declared that respondents with children were more satisfied with their QWL than those who didn't have children and they also had lower tendency to leave.

The study illustrated more than half of staff nurses were intending to leave regarding items (plan to stay in position and quite sure who will leave position in the predictable future) in both Egyptian and Philippines hospitals.

The study results in the same vein with **Ahmed et al., (30)** who referred the majority of nurses who left were highly experienced and talented, which affected the quality of care. More than half (52.2%) of the nurses did not prefer continuing to work in their hospital. More than half (53.3%) of the nurses preferred to leave as soon as possible. More than one-third (38.9%) of the nurses reported that they would not return to the hospital if they left. The correlation between intention to leave the profession and age and educational level. There was a significantly weak negative correlation between nurses' intention to leave the profession and their age ( $r=-0.227$ ). There was no significant correlation between nurses' intention to leave the profession and their educational level ( $r=0.059$ ).

Our findings reported that the majority of staff nurses had Turnover intention to leave regarding Age, Sex (31.5% male and 63.1% female), education (Diploma, Bachelor's Degree, Master's Degree), Marital status and Experience among Philippines hospital. Also, it reflects that no statistically significance difference in all variables except the items of Sex and Experience as a nurse were statistically significance difference.

In the same line, single nurses aged up to 30 years old and having operated for fewer than and up to three years have a greater predisposition to leave their work. Expertise nurses who have had a lengthier employ at the institution are fewer likely to leave (48). These three demographic features seem to be correlated, as nurses who operated for less than and up to three years are usually new and alone. New nurses find it easy to leave their work for numerous causes, for example unmet anticipations, a wish for constancy, and the essential to attain labor-family equilibrium. Many parts of frustration seem amongst new nurses

who are associated to occupation content, for example a deficiency of direction, an unclear plus irregular working schedule (49). Furthermore, new nurses experience fluctuations at phases of their lives which must be familiar to their job, for example getting married, having kids, plus change their home site. They may even have to decide to leave their role in spite of loving their work as a nurse. The organization directors revealed that nurse's leave their work for numerous causes, which are individual causes, tolerant an offer from a different institutions, and job circumstances. Nurses' individual causes in leaving their work are discovered by the organization directors as being in the same with the new nurses' causes for leaving their work [14], specifically main life alterations, for example marriage, having kids, plus perinatal plans. Furthermore, nurses leave their present work for obtainability of work offers from extra institution. In Indonesia, nurses try to follow work in the government area or the dependable private area, for example in large hospital. Nurses will transfer to a different institution to discover the best work safety delivered by government or dependable private institution (50).

Nurse turnover has a negative effect on the competency to provide the client requirements and deliver great quality care (26). Furthermore, the turnover of nurses' risk to unsatisfactory employment raises the workloads and strain on further nurses (51). High turnover has adverse effects on institutional efficiency, effectiveness, and productivity (52). Nurses' turnover can also negatively affect patients as well as those nurses who remain in the profession (53).

The study findings shed light on the existence of higher turnover rate among nurses in both Egyptian and Philippines nurses. 96% of Egyptian nurses had turnover intention and 95% of Philippines nurses had turnover intention. Our findings were greater than revealed in many previous studies. These results can be attributed to many factors as different policies, procedures, working environment, work design, salaries, work context supervision, job overload, and great work hours which impact their personal and family life. But, this result was in the similar track with **Kaddourah et al., (39)** reflected that 94% of respondent nurses had turnover intention.

Moreover, these finding were supported by **Hassan and Elhosany (54)** who indicated that less than two thirds of staff nurses who working in Shubra General hospital had positive turnover intention. Furthermore, these finding were reinforced through qualitative results of the research about 29.3% and 46% of the nurses to the open-ended questions indicated that they plan to leave their present PHC in the following 12 months and the coming 5 years,

respectively (47). Similar results demonstrated that overall, 64% of the nurses in their study had an intention to leave their work (37).

Moreover, a research conducted in Egypt by *Mosallam et al.*, (55) and another study performed in Ethiopia (56) reflect great rates of turnover intention among participants. The high rates establish in these researches can be clarified by the point that great levels of burnout and emotional fatigue are predominant in CCUs (57; 58).

Conversely, in a Korean study investigating turnover rates among infection control nurses, similar findings were not established (59). These opposing results can be inferred by the association between greater revenue and lower turnover intention. Meanwhile, *Sokhanvar et al.*, (60) reported that hospital nurses had moderate job security and around one third of them intended to leave their career.

The findings of the present study revealed the existence of a strongly negative correlation between quality work life and turnover intention among nurses in the studied hospitals. These results were consistent with most previous studies. A study conducted by *Mosadeghrad*, (6) found a reverse relationship between QWL and turnover intention. Furthermore, a study conducted *Yunus et al.*, (47) about the quality nursing work life and turnover intention in primary healthcare services among registered nurses in Selangor demonstrated dissatisfaction with their QWL and a high turnover intention. Also, *Rostiana*, (61) verified that turnover intention is affected by the institutional aspects (quality of work life /QWL) and also by individual aspects (institutional commitment and person institution fit).

### Conclusion

Study findings revealed that there was strongly negative correlation between work life, work design, work world and turnover intention in Egyptian hospital. Also, it shows negative correlation between work life, work world and turnover intention in Philippines hospital. While, it reflected positive correlation work context and turnover in both Egyptian and Philippines hospitals. The majority of staff nurses were dissatisfied with all components regarding quality work life in both Egyptian and Philippines hospitals. The majority of nurses were intending to leave their jobs in Egyptian and Philippines hospitals.

### Recommendation

This research may help by way of base for next researches in other nations, on a higher measure. Extra researches that include hospital nurses from other nations would improve the works on hospital nurses' QWL which could in try create policies to develop the

universal retention of hospital nurses. Hospital administration can provide proper actions to progress staffs' QWL and then decrease staffs' turnover. Also, constructing and retaining a healthy work life for nurses is a vital to advance their job agreement, decrease turnover, and improve efficiency and nursing care products.

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