

The relationship between quality of work life and caring behaviors of nurses

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Abstract: Background and objective: care is the base of the nursing knowledge and profession and it is considered as the basic need of humans. The efficiency of nursing human resources in the health systems relies on the measures taken to protect their body and soul in the organization. These measures include welfare facilities and health services, incentive plans, and job fit, called as work life quality. Thus, the current research was conducted to evaluate the relationship between quality of work life and caring behaviors of the nurses. **Methodology:** This cross-sectional study is a correlational study, in which 102 nurses working in cancer units of Tehran University of Medical Sciences were selected using convenience sampling method. The data collection tool was a demographic characteristics questionnaire, quality of work life questionnaire, and a nurses' caring behavior questionnaire. Descriptive statistics and inferential statistics were used to analyze the data using SPSS 16 software. **Results:** results revealed that 60.24% of nurses stated quality of their work life at moderate level. In addition, the mean and standard deviation of the caring behaviors from the nurses' viewpoint was 5.8 and 0.66, respectively. In dimensions of "professional knowledge and skills" and "respect for others", the highest and the lowest mean and standard deviation scores were obtained, respectively. According to the results of Pearson test, no significant relationship was found between quality of work life and nursing caring behaviors. **Conclusion:** While nurses provided caring behaviors at a desirable level, only 2% of them considered the quality of their work at a high level. Therefore, conducting similar studies in other units of hospital is recommended.

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1. Introduction

Nursing theoretical principles are based on understanding the caring behaviors and care is the most important task in nursing. The nurses are continuously using the word "care", but no proper definition of care, its components, and the care process has not been provided for it ⁽¹⁾. The core reality of nursing is care ⁽²⁾. and it has been accepted as an important part of nursing by most of the nurses and researchers and is synonymous with nursing actions ⁽³⁻⁹⁾ Care focuses on the basic needs of humans and the underlying nursing profession ^(1, 10-12). Nurses are considered as the largest caregiving group in the health care system, which their services have direct relation to patient satisfaction, so that one of the most important ways to improve the treatment process in hospitals is improving the quality of nursing care. For this reason, nursing managers are always looking for ways to enhance the quality of nursing cares ⁽¹³⁻¹⁷⁾. Corbin argues that nursing care has been affected by the work environment of nurses and culture of the society. Moreover, Ehlers argues that providing good care depends on nurses and patients' understanding of

the concept of care, cultural background, medical diagnosis, type of therapeutic institution, nursing and patient age ^(18, 19). Factors such as shortage of work force, non-standard working conditions, lack of organizational support, nurses' dissatisfaction, and increased nursing age negatively affect the providing of the nursing care and can challenge the value of nursing work ⁽⁴⁾. High quality of work life has been recognized as an essential prerequisite for the empowerment of human resources required by health care system ^(20, 21). Enhancing the quality of work life of nurses and physicians is one of the important factors to ensure the sustainability of the health system ⁽²²⁾. A strong relationship seems to be between the quality of work life and of nurses' involvement in their careers, so that the quality of work life is a vital factor to achieve high quality of cares. From this point of view, evaluating the quality of work life that a person feels in the organization is very important, since it can affect quality of nursing care at all levels ^(23, 24). At present, cancer is one of the most serious health problems ⁽¹⁰⁾. The impact of cancer on the person is always a life-changing and fundamental

experience, which its outcome continues repeatedly from the onset of treatment. In this regard, there are many opportunities for nurses to help the patient improve their cancer experience. Accordingly, nurses can provide required care and support at any stage of the cancer process (25, 26). In other words, nurses, as caregivers, would find an opportunity to provide their care to patients through their behaviors. According to Richardson et al, it has been found that major part of the cancerous patients' needs is not met in the oncology units (7, 27). Thus, given the importance of the subject in the nursing profession and the importance of care as the most important component of nursing actions, and differences in understanding the caring behaviors in different cultures and disagreement among the researchers and the researcher's experience in this regard, it seems that, in addition to investigating the caring behaviors, factors related these behaviors needs to be investigated so that nurses can act with open vision in providing the care for patients and nursing managers in organizing the resources and providing supportive solutions. Thus, the current research was conducted to evaluate the relationship between quality of work life and nursing caring behaviors.

Methodology

This research was correlational type of cross-sectional study. The research population included nurses working in cancer units of Tehran University of Medical Sciences. The inclusion criterion of research was having a nursing bachelor degree and the exclusion criterion of the research was being head nurse and those who were in charge of work shift of nurses. Convenient sampling was used in this research. The number of nursing personnel employed in these centers was 123 people, invited to participate in the research. Finally, 102 nurses met the inclusion criteria of the study participated in this research. Three questionnaires were used in the current research to collect data including: personal and occupational information questionnaire, quality of work life questionnaire to assess the quality of work life of nurses, and caring behaviors inventory.

The validity and reliability of the quality of work life tools have already been evaluated in the research conducted by Khaghani Zadeh That correlation coefficient of the questionnaire was obtained to be 90%, indicating desired correlation of questions (28). The validity and reliability of caring behavior tool have been already evaluated by researchers (29). in a research entitled "Comparing the viewpoints of the patients and nurses on caring behaviors of the nursing employees" by using internal consistency method and Cronbach's alpha coefficient was calculated. The alpha coefficient was obtained 98% and 93% for patients and nurses, respectively.

The questionnaires were completed in self-reporting way and 24-48 hours after delivery of the questionnaires, they were collected. For collecting the samples and complete the statistical population, researcher referred to the concerned ward frequently for four months. The research limitations included collecting the questionnaires in self-reporting way, which might affect the results. In the present research, the collected data were analyzed using descriptive and analytical statistics through SPSS16 software. The used statistics included numerical indices, absolute and relative frequency distribution table, and mean, standard deviation, diagram, and to determine the relationship among variables, Pearson correlation coefficient, T-test, and, ANOVA test were used.

Results

In this study results show, the age range of 20-30 years was higher among the nurses (41.2%). Most of the nurses in the cancer units had a work experience in the range of 1-5 years (62.7%). Most of the nurses in the studied units (40.2%) had circular work shift.

Most of the nurses were female (74.5%) and married (60.8%). Additionally, the contract of the nurses working with medical centers in the studied wards was formal or contractual (52.2%). Most of the nurses stated their economic status (68.6%) at moderate level. The current research results showed no significant relationship between these two components of quality of work life and caring behaviors of the nurses (Table 1).

Table 1: The relationship between quality of work life of nurses and caring behaviors of nurses working in cancer wards from the nurses' point of view

Caring behaviors dimensions	Quality of work life		Pearson test results
	mean	SD	
Respect for others	59.09	9.09	P=0.298 r=0.104
Positive attitude and relationship	62.17	8.31	P=0.267 r=0.111
Confidence of human presence	44.28	6.67	P=0.078 r=0.175
Professional knowledge and skill	26.67	26.67	P=0.356 r=0.092
considering other people experience	21.17	21.17	P=0.477 r=0.071
All caring behaviors	230.40	28.14	0.191=P 0.131=r

Discussion

Based on the data analysis, no significant relationship was found between quality of work life and caring behavior of the nurses. Although no study focusing on the relationship between quality of work life and caring behaviors in numerous scientific searches, in a research conducted by Habibzadeh et al. (2011) in teaching hospitals affiliated to University of Medical Sciences in Urmia, the relationship between quality of work life and clinical competence was examined. Findings showed that there is a positive and significant correlation between the quality of work life and clinical competence in nurses. Despite significant relationship between the quality of work life and clinical competence, it is not so appropriate in terms of linear relationship in quantitative manner. In the current research, the subjects were divided into two lower and upper groups in terms of quality of work life and their clinical competence were classified into three states of weak, moderate, and good. The two components were evaluated qualitatively, which the results showed that the quality of work life should reach to desired level to affect the clinical competence, which 52.4 percent of people with low quality of life and 68.1 percent of people who have high quality work life, showed good and high clinical competence which is statistically significant⁽³⁰⁾.

The findings of the current research are not in line with those of the current research. In the research conducted by Dehghan Niriet et al, results revealed a significant relationship between the quality of work life and nurses' productivity. While this relationship was not strong, there is evidence indicating that satisfied employees are more productive, more functional, and more conscientious⁽⁷⁾. On the other hand, another research carried out in North Carolina showed that having a job independence and proper relationship between nurse and physician increases job satisfaction of the nurses and prolong their stay in their jobs⁽¹⁴⁾. Increased quality of work life of employees in an organization, where employees are in contact with humans, such as nursing, is important and affects different levels of work⁽³¹⁾. In other research, it was revealed that the outcome of increased organizational quality of work life, such as increased productivity and product quality, cost saving, and reduced absenteeism and change, and organizational effectiveness leads into employees' involvement in the organization⁽³²⁾. Moreover, the quality of work life affects the performance of personnel and organizational goals are met by increasing the quality of work life^(30, 33).

Conclusion

Given what was said above, a lack of correlation between the quality of work life and caring behaviors of the nurses in this research might relate to quality of life of nurses, so that only 2% of nurses in this research evaluated the quality of their work life at high level. Leadership, cultural, economic, social, and supportive factors can help ensure the quality of life of nursing staff, which in turn increases their participation in their work. Therefore, leadership practices are beneficial for employees and organizations.

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Conflict of Interest:

We don't have any conflict of interest

References:

1. Hasanpour-Dehkordi A. Self-care concept analysis in cancer patients: An evolutionary concept analysis. *Indian journal of palliative care*. 2016;22(4):388.
2. Townsend MC, Morgan KI. *Psychiatric mental health nursing: Concepts of care in evidence-based practice*: FA Davis; 2017.
3. Dehkordi AH. Influence of yoga and aerobics exercise on fatigue, pain and psychosocial status in patients with multiple sclerosis: A Randomized Trial. *Journal of Sports Medicine and Physical Fitness*. 2016;56(11):1417-22.
4. Hasanpour-Dehkordi A, Jivad N, Solati K. Effects of yoga on physiological indices, anxiety and social functioning in multiple sclerosis patients: a randomized trial. *Journal of clinical and diagnostic research: JCDR*. 2016;10(6):VC01.
5. Heydarnejad S, Dehkordi AH. The effect of an exercise program on the health-quality of life in older adults. *Dan Med Bull*. 2010;57(4):113-7.
6. Mojtaba S, Jalil A, Hossein R, Mitra H, Fatemeh Y. The incidence of pressure ulcer in old patients undergoing open heart surgery and the relevant factors. *Journal of Preventive Epidemiology*. 2017;2(2).
7. Motaarefi H, Mahmoudi H, Mohammadi E, Hasanpour-Dehkordi A. Factors associated with

- needlestick injuries in health care occupations: A systematic review. *Journal of clinical and diagnostic research: JCDR*. 2016;10(8):IE01.
8. Naderifar M, Zagheri Tafreshi M, Ilkhani M, Kavousi A. The outcomes of stress exposure in hemodialysis patients. *J Renal Inj Prev*. 2017;6(4):274-81.
 9. Nazar CMJ, Bojerenu MM. Diabetes education. *J Renal Endocrinol*. 2016;2(1):e02.
 10. Hasanpour-Dehkordi A, Mohammadi N, Nikbakht-Nasrabadi A. Re-designing Orem's self-care theory for patients with chronic hepatitis. *Indian journal of palliative care*. 2016;22(4):395.
 11. Malek Khahi A, Mohseny M, Soleimany F, V, ejdani M, Keshvardoost A, Amir P. self-transcendence and physically-healthy patients under hemodialysis in participating in peer-support group; a randomized clinical trial. *J Renal Inj Prev*. 2017;6(4):253-8.
 12. Mohammadi N, Hassanpour Dehkordi A, Nikbakht Nasrabadi A. Iranian patients with chronic hepatitis struggle to do self-care. *Life Sci J*. 2013;10(1):457-62.
 13. Ahmed SMA, Nazar CMJ, Khurshid T, Aziz JA. A literature review of the effectiveness of primary prevention measures to reduce transmission of hepatitis C infection in injecting drug users. *Immunopathologia Persa*. 2016;2(1).
 14. Hasanpour-Dehkordi A, Khaledi-Far A, Khaledi-Far B, Salehi-Tali S. The effect of family training and support on the quality of life and cost of hospital readmissions in congestive heart failure patients in Iran. *Applied Nursing Research*. 2016;31:165-9.
 15. Lackland D, Roccella E, Deutsch A, Fornage M, George M, Howard G, et al. American Heart Association Stroke Council; Council on Cardiovascular and Stroke Nursing; Council on Quality of Care and Outcomes Research; Council on Functional Genomics and Translational Biology. Factors influencing the decline in stroke mortality: a statement from the American Heart Association/American Stroke Association. *Stroke*. 2014;45(1):315-53.
 16. Mazroie Sebdani A, Pourhossein Alamdary M, Abdollahpour N. Depression among patients undergoing hemodialysis; a narrative review. *J Prev Epidemiol* 2018;3(1).
 17. Vafaei AA, Nobahar M. The care preferences of patients under hemodialysis. *Journal of Renal Injury Prevention*. 2017;6(3).
 18. Lusk JM, Fater K, editors. *A Concept Analysis of Patient - Centered Care*. Nursing Forum; 2013: Wiley Online Library.
 19. Wilkin K, Slevin E. The meaning of caring to nurses: an investigation into the nature of caring work in an intensive care unit. *Journal of clinical nursing*. 2004;13(1):50-9.
 20. Dehghanyieri N, Salehi T, Asadinoghabi A. Assessing the quality of work life, productivity of nurses and their relationship. *Iranian Journal of Nursing Research*. 2008;3(9):27-37.
 21. Kazeroni PA, Khazaei Z, Mousavi M, Khazaei S, Sohrabivafa M, Dehghani SL, et al. Prevalence of human immunodeficiency virus and tuberculosis among homeless individuals. *Immunopathologia Persa*. 2017;4(1).
 22. Bragard I, Dupuis G, Fleet R. Quality of work life, burnout, and stress in emergency department physicians: a qualitative review. *European Journal of Emergency Medicine*. 2015;22(4):227-34.
 23. Gurses AP, Carayon P, Wall M. Impact of performance obstacles on intensive care nurses' workload, perceived quality and safety of care, and quality of working life. *Health services research*. 2009;44(2p1):422-43.
 24. Van Bogaert P, Timmermans O, Weeks SM, van Heusden D, Wouters K, Franck E. Nursing unit teams matter: Impact of unit-level nurse practice environment, nurse work characteristics, and burnout on nurse reported job outcomes, and quality of care, and patient adverse events—A cross-sectional survey. *International journal of nursing studies*. 2014;51(8):1123-34.
 25. Barzegar M, Afzal E, Tabibi SJ, Delgoshaei B, Koochakyazdi S. Relationship between leadership behavior, quality of work life and human resources productivity: data from Iran. *International Journal of Hospital Research*. 2012;1(1):1-14.
 26. Heydarnejad M, Hassanpour DA, Solati DK. Factors affecting quality of life in cancer patients undergoing chemotherapy. *African health sciences*. 2011;11(2).
 27. Zamanzadeh V, Azimzadeh R, Rahmani A, Valizadeh L. Oncology patients' and professional nurses' perceptions of important nurse caring behaviors. *BMC nursing*. 2010;9(1):10.
 28. Khaghanizadeh M, Ebadi A, Rahmani M. The study of relationship between job stress and quality of work life of nurses in military hospitals. *Journal Mil Med*. 2008;10(3):175-84.
 29. Jaarsma T, Strömberg A, Mårtensson J, Dracup K. Development and testing of the European Heart Failure Self - Care Behaviour Scale. *European Journal of Heart Failure*. 2003;5(3):363-70.
 30. Habibzadeh H, Ghorbanzadeh K, Khalkhali H, Mohammadpour Y. Survey of relationship

- between quality of working life and clinical competency in nurses. *Journal of Orumie University of Medical Science*. 2012;10(3):332-9.
31. Beaudoin LE, Edgar L. Hassles: Their importance to nurses' quality of work life. *Nursing Economics*. 2003;21(3):106.
 32. Mirkamali SM, Thani FN. A study on the quality of work life (QWL) among faculty members of University of Tehran (UT) and Sharif University of Technology (SUT). *Procedia-Social and Behavioral Sciences*. 2011;29:179-87.
 33. Almalki MJ, Fitz Gerald G, Clark M. The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia. *BMC health services research*. 2012;12(1):314.

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