

Factors Related to Quality of Work Life in Nursing Personnel of Public Hospitals in Southern Ecuador

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Abstract

The nursing profession requires the development of competencies and skills to provide effective care to patients. To provide effective care, nurses' quality of life (QWL) must be optimal. This study aimed to identify factors related to QWL and assess the QWL of professional nursing personnel of the southern public hospitals in Ecuador through a cross-sectional analytical study. The data were collected from a sample of 187 units of analysis, selected by simple probabilistic sampling. The ad hoc survey was applied to identify intrinsic and extrinsic factors in the work environment. Also, the APGAR test was applied for family functionality. The QWL was assessed using the CVT-GOHISALO questionnaire. Mean comparison tests were applied and selected according to the data distribution; a p-value of <0.05 was considered significant. Job integration, job satisfaction, well-being achieved through work, and management of free time showed a low global perception of QWL. QWL showed significant differences such as type of function, type of workday, perception of health status, having a diagnosed chronic disease, presence of psychological disorders, musculoskeletal disorders, having children under two years of age, and family functionality. QWL in nurses is low and modified by work, health, and family factors.

Keywords: *Quality of Life, Work, Nursing, Job Satisfaction.*

Introduction

Nursing is a profession in high demand worldwide. It requires the acquisition and development of multiple competencies and soft skills, which allow them to practice in constant contact with intrinsic and extrinsic stressors (Hong et al., 2021; Permarupan et al., 2020). Nursing professionals are essential at all levels of care. In addition to care, other nursing responsibilities include, in many cases, policy-making, management, or redesign of health systems. At the regional level, according to the Pan American Health Organization [PAHO], the nurse-patient density is insufficient to meet the population's needs (Pan American Health Organization, 2020). It also recognizes the need to ensure the quality, quantity, and relevance of the nursing workforce to achieve the goal of “universal health access and universal health care” (Pan American Health Organization, 2023)

Quality of work life (QWL) is a concept that numerous authors have addressed; the explanation is complex because multiple factors are involved in its definition, such as gender roles, family, profession, family structure, leisure, self-development, among others (Powell et al., 2019; Teniza et al., 2020). All the above highlights the need for labor humanization that allows any individual to feel motivated and satisfied in their work environment through their experiences in the organization.

QWL has been assessed in various scenarios, in China applying the WRQL-2 scale in five hospitals, a mean QWL score of 3.4 + 0.61 (on a scale of 1 to 5) was identified. This study found the lowest scores in working conditions (3.42 + 0.78) and job stress (2.72 + 0.68). These showed statistically significant correlations ($p < 0.05$) with age, title, education level, and type of hiring, being a clear indication that extrinsic factors can modify the perception of QWL (L. Wang et al., 2020). Other significant findings were found in the Iranian hospital population, where 41.7% had a medium to low perception of LVC, being stress at work (2.97 + 0.62) and working conditions (3.02 + 0.47) the dimensions with lower scores, finding statistically significant

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correlations with age, education level, work experience, internal department, work shift and type of hiring (Lebni et al., 2021).

Misovicova and Tomagova show that nurses' quality of work life varies from low to medium and is affected by factors such as age, length of practice, type of workplace, night shifts, education, and family status (Mišovičová & Tomagová, 2022). These results match those reported by Cueva-Pila et al. in Latin America, where they found a medium to low QWL perception predominance. Also, factors such as job security, remuneration, and working time influenced the perception of QWL (Cueva-Pila et al., 2022). Henríquez-Figueroa et al. also pointed out that 11 of the 15 articles included in the study reported poor QWL in nursing personnel, with percentages ranging from 34% to 100%, with a greater predominance of low perception in women (Henríquez-Figueroa et al., 2022).

In Quito - Ecuador, QWL was evaluated in three public hospitals, finding that 61.3% of nurses presented a “low level” of life at work; low satisfaction is affected by the imbalance between personal and work needs, generating stress, exhaustion, and demotivation (Cueva-Pila et al., 2023).

The present research sought to identify the perception of quality of work life and its associated factors. It is based on the concept and theory of Gonzalez et al., who states the following: QWL is integrated when the worker is satisfied through institutional support, security, integration, and job satisfaction, identifying the well-being achieved through their work activity and personal development, as well as the management of their free time (Gonzalez et al., 2010). His theory has been used to measure QWL in Latin America, showing a high level of acceptability in the surveyed population (Cueva-Pila et al., 2022).

Material and Methods

A study with a quantitative, analytical, and cross-sectional approach was proposed. The population consisted of 420 nursing professionals from public hospitals in Loja-Ecuador. A sample was calculated for a finite population proportion. The sample size was 187 nurses selected by simple probability sampling. The inclusion criteria were the following: nursing personnel working in public hospitals in Loja who freely and voluntarily accepted participation in this research by signing the informed consent form. The Ethics Committee for Research on Human Beings of the University of Cuenca approved the project with code 2023-016EO-IE.

This study used the short version of the CVT-GOHISALO questionnaire (Pando et al., 2018) to collect data and evaluate the QWL. It contains 31 items, which uses a Likert-type scale with values from 0 to 4 according to the degree of satisfaction of each worker; according to the number of items in each dimension, the total maximum rating is:

Table 1. Quality Of Work Life Rating - Instrument: Short Version Of CVT-GOISALO.

Dimensions	Quality of Work-Life Levels		
	Low	Medium	High
Work Institutional support	< 12	12 to 16	> 17
Job security	< 8	8 to 12	> 13
Job integration	< 9	9 to 10	> 11
Job satisfaction	< 19	19 to 21	> 22
Well-being achieved through work	< 20	20 to 21	> 22
Employee's personal development	< 8	8 to 10	> 11
Free time management	< 6	6 to 7	> 8
Total QWL	<83	83 to 97	> 97

Source: Reliability and factorial validity of the instrument to measure the quality of life at work "CVT-GOHISALO" (brief version) (Pando et al., 2018).

A self-developed instrument was used to collect sociodemographic, health, occupational, family, and educational variables. The APGAR family test was applied to measure family functionality, with a reliability of Cronbach's alpha of 0.86 (Smilkstein et al., 1982).

The data was collected from December 2023 to March 2024 by applying an online form through the Microsoft Forms tool and physical forms for people who required them.

The study applied descriptive statistics for the univariate analysis. The statistics considered summary of measurements for qualitative variables and central tendency measurements and variability for quantitative variables. To identify the factors associated with CVL, dependency analysis was applied with T Student for independent samples or Mann-Whitney U in dichotomized grouping variables. ANOVA was applied to group variables with more than three domains of variation. The analysis was carried out in SPSS Software V 29 (license granted by the Universidad Técnica Particular de Loja).

Results

Of the 187 participants, 87.2% were women; the mean age was 36.5 ± 8.05 , and 72.5% had third-level academic training. 100% of the population self-identified as mestizo and 65.8% worked in hospitalization areas. Regarding the presence of diseases 52.4% report having a diagnosed chronic disease. Musculoskeletal disorders were the most predominant in 19.8% of the participants, followed by psychological disorders such as depression and anxiety in 16% of the participants.

Table 2 Characteristics of the Population

	Frequency	Percentag	Confidence Intervals (95%)
	(F)	(%)	
Gender			
Male	27	14.4%	9.36% – 0.19%
Female	160	85.6%	80.56% - 90.63%
Age			
Mean: 35.5 años \pm 8.052			
Level of education			
Bachelor	136	70.6%	64.07% - 77.12%
Graduate	51	24.1%	17.97% - 30.22%
Work area			
Emergency and Critical Care Units	43	23,00%	16.96% - 29.03%
Hospitalization	123	65.8%	59.0% - 72.59%
Outpatient Clinic	21	11.2%	6.67% - 15.72%
Diagnosed Chronic Disease			
Presence of a disease	98	52.4%	45.24% - 59.55%
Main disorders			
Musculoskeletal	37	19.8%	14.08% - 25.51%
Depression and/or anxiety	30	16,00%	10.74% - 21.25%
Neurological	26	13.9%	8.94% - 18.85%
Obesity	19	10.2%	5.86% - 14.53%

Source: Elaborated by the authors

The overall QWL analysis for each of the different dimensions, such as job integration (mean: 7.93 ± 1.87), job satisfaction (mean: 15.5 ± 4.05), well-being achieved through work (mean: 17.77 ± 3.56), and free time management (mean: 5.16 ± 1.52), shows a low perception of QWL. In the summary analysis, a predominance of the low level was found for the same dimensions: 57.2%, 80.2%, 68.4%, and 54.5%, respectively.

On the other hand, the dimensions of institutional support at work (mean: 13.86 ± 4.18), safety at work (mean: 11.26 ± 3.41), and personal development of the worker (mean: 8.12 ± 1.12) showed intermediate scores in overall perception.

As for total QWL, the overall perception (mean: 79.59 ± 16.61) was at a low level. In the evaluation with summary measures, more than half of the population (55.1%) had a low perception, followed by a medium perception of 34.2% and a high perception of 10.7%.

Table 3 Quality of Working Life

Dimensión	Low	Intermediate	High	Mean	SD
	N (%)	N (%)	N (%)		
Institutional Support at Work	41 (21.9%)	91 (48.7%)	55 (29.4%)	13.86	4.18
Safety at work	27 (14.4%)	50 (26.7%)	110 (58.0%)	11.26	3.41
Job integration	107 (57.2%)	66 (35.3%)	14 (7.5%)	7.93	1.87
Job satisfaction	150 (80.2%)	31 (16.6%)	6 (3.2%)	15.5	4.05
Well-being achieved through work	128 (68.4%)	32 (17.1%)	27 (14.4%)	17.77	3.56
Employee personal development	57 (30.5%)	111 (59.4%)	19 (10.2%)	8.12	1.12
Free time management	102 (54.5%)	72 (38.5%)	13 (7.0%)	5.16	1.52
Total QWL	103 (55.1%)	64 (34.2)	20 (10.7%)	79.59	16.61

Source: Elaborated By the Authors

The bivariate analysis showed significant differences ($p < 0.05$) in the perception of QWL, contrasting the type of function variables. The group that provides patient care (mean: 79.1) has a lower mean than the group that performs administrative or management functions (mean: 87.39).

According to working time, the rotative shift group showed a lower mean (mean: 78.79) than the morning shift group (mean: 87.46). As for the perception of health status, the group with a poor perception of health had the lowest QWL score, with a mean of 74 compared to the groups with a good and fair perception of health, with mean values of 85.11 – 77.46, respectively.

On the other hand, the population group with a diagnosed chronic disease evaluated the QWL with a mean of 77.58. This is a significant difference compared to the group with no morbidity condition (mean: 82.45). The presence of psychological disorders such as depression or anxiety and musculoskeletal disorders showed differences in the perception of QWL $p < 0.05$.

Regarding family variables, the perception of QWL showed significant differences in the group with children under two years of age (mean: 74.47). Family functionality shows the lowest score, particularly for the severe family dysfunctionality dimension (mean: 70).

Table 4 Factor Related to The QWL.

	Quality of working life
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Dimensión	N	%	Mean	± DE	Test	P-value
Gender						
Female	160	85.56	78.59	15.92	*1.94	0.053
Male	27	14.44	85.56	19.46		
Age						
<30 años	46	24.60	78.13	14.59	**-0.7	0.485
30 - 39 años	89	47.59	79.06	13.60		
40 - 49 años	38	20.32	83.05	14.08		
≥ 50 años	14	7.49	78.43	12.50		
Commuting time (home-work)						
20 min	127	67.91	80.49	17.37	*1.07	0.285
> 20 min	60	32.09	77.7	14.81		
Academic Level						
Bachelor	136	72.73	78.66	15.73	**-1.51	0.13
Posgraduate	51	27.27	82.02	18.67		
Work task						
Patient Care	169	90.37	79.1	16.54	*-2.047	0.042
Administrative/Management	18	9.63	87.39	14.07		
Working time						
Rotative shifts	163	87.17	78.79	16.63	*2.44	0.016
Morning shifts	24	12.83	87.46	16.80		
Category						
SP 5	154	82.35	80.09	15.94	*0.345	0.731
> SP 5	33	17.65	79.00	18.98		
Perception of health status						
Good	85.11	45.51	85.11	14.32	***4.79	0.009
Fair	77.46	41.42	77.46	17.08		
Bad	74	39.57	74.00	4.36		
Diagnosed chronic diseased						
Yes	98	52.41	77.58	1.73	*-2.036	0.043
No	89	47.59	82.45	1.64		
Psychological disorders (depression-anxiety)						
Yes	30	16.04	72.9	21.18	**-2.018	0.044
No	157	83.96	81.24	15.13		
Musculoskeletal disorders						
Yes	37	19.79	74.19	14.71	*-2.384	0.018
No	150	80.21	81.31	16.62		
Hypertension						
Yes	13	6.95	85.08	14.82	*1.177	0.241
No	174	93.05	79.51	16.56		
Obesity						
Yes	19	10.16	77.68	13.585	*-0.617	0.538
No	168	89.84	80.15	16.78		

Endocrine disorders						
Yes	16	8.56	77.75	12.266	*0.545	0.587
No	171	91.44	80.10	16.822		
Socioeconomic Level						
Low	14	7.49	82.79	16.121	***0.686	0.505
Intermediate	170	90.91	79.51	16.242		
High	3	1.60	88.67	32.517		
Economic support for household						
Yes	72	38.50	81.47	16.255	*1.034	0.302
No	115	61.50	78.91	16.596		
Children						
Yes	113	60.43	81.7	14.148	*1.860	0.083
No	74	39.57	77.15	19.269		
Children from 2 to 5 years old						
Yes	17	9.09	74.47	11.463	*-2.330	0.022
No	96	51.34	82.98	14.242		
Support in domestic activities						
Yes	117	62.57	81.64	14.878	*1.883	0.061
No	70	37.43	76.99	18.58		
Family functionality						
Severe dysfunction	10	5.35	70	4.57	***5.407	0.001
Moderate dysfunction	34	18.18	72.44	14.187		
Mild dysfunction	86	45.99	81.06	16.054		
Normal	57	30.48	84.33	17.729		

*T-test independiente, **U-MannWhitney, ***Anova

Source: Elaborated by the authors.

Discussion

The present research showed a predominance of the female gender, which matches the historical characteristics of the profession, which has been a female predominance (van der Cingel & Brouwer, 2021).

Regarding the QWL, it was evidenced that the dimensions of Institutional support for work, Safety at work, and employee personal development predominated a “medium level” QWL, while Job integration, Job satisfaction, and Well-being achieved through work and free time management are at “low level.” The mean score on the total QWL was 79.59 ± 16.61 , qualifying as a “low” total QWL according to the theoretical mean; this finding presents similarity with that referred by Cueva Pila et al. In their study, the quality of life at work was analyzed by the dimensions of the nursing staff of three public hospitals in Quito-Ecuador. The results identified the Institutional Support and Safety at work at a “medium level” QWL (mean: 34.5 ± 9.3 ; mean: 30.0 ± 8.2), while Job Integration, Job Satisfaction, Well-being achieved through work, Personal Development, and Leisure Time Management are at “low level” (mean: 26.2 ± 6.5 ; mean: 28.8 ± 6.1 ; mean: 31.6 ± 6.4 ; mean: 20.4 ± 4.5 ; mean: 11.3 ± 3.0) and the overall mean was 182.8 ± 35.1 qualifying with an overall QWL “low level” (Cueva-Pila et al., 2023). These results indicate that the score was significantly low, suggesting that the balance of QWL in nursing professionals would be at risk.

Although not statistically significant ($p < 0.053$), the study showed 85.56% of women nurses, which was considered a possible risk factor for the perception of CVL due to the probability of work-family/family-work conflict, due to the simultaneity of the demands of the two environments and the double presence

(National Institute of Safety and Health at Work (IN SST), 2023) This result is consistent with Lebni et al.; in their research, they did not find significant differences between gender and QWL ($p > 0.05$) (Lebni et al., 2021). On the other hand, it differs from the research conducted by Gragnano et al., who showed that job satisfaction was stronger in women than in men ($p < 0.05$). Also, it shows a negative association between gender and work-family conflict, as well as between gender and work-health balance ($p < 0.01$) (Gragnano et al., 2020), this findings according to the author can be explained through the evaluation theory: when work threatens family life (conflict between work and personal life), work will be perceived negatively (Lazarus, 1991).

In our study, professionals who are taking care of the patient have a low perception of QWL compared to administrative or management staff; this is consistent with the research conducted by Acosta-Romo et al., who found significance in mental strain in the care staff in contrast to administrative staff. In the direct patient care environment, there is a risk that mental fatigue may have a negative impact on patient care and decrease the quality of health care. In addition, the same study found that care staff had a greater workload in the dimension of physical demands. Therefore, occupational health in the institution must identify the following: the main risks for workers, particularly those that can lead to mental and physical affectations and promote healthy practices that contribute to the overall well-being of professionals. These can ensure an optimal QWL (Acosta-Romo et al., 2022).

The workday variable shows significant differences in the perception of QWL ($p: 0.016$), being lower in those who work rotating shifts. This result is consistent with the study conducted by Vásquez-Yáñez and Guzmán-Muñoz; this analyzes the quality of life of nurses in daytime versus rotating shifts. They find that there is a decrease in emotional role ($p: 0.039$), greater emotional fatigue ($p: 0.046$), and lower feeling of personal fulfillment at work ($p: 0.022$) (Vásquez-Yáñez & Guzmán-Muñoz, 2021). Ganesan et al. state that work in rotating shifts, especially those that include night shifts, has been associated with decreased alertness during the night and lower sleep recovery capacity during the day, resulting in increased sleepiness and fatigue; thus, they perceive their work as physically and mentally exhausting (Ganesan et al., 2019).

The health condition perception variable showed significant differences with the perception of QWL, with lower QWL scores. When the perception of their health status was between poor and fair ($p: 0.009$), the QWL score was low. This finding is consistent with the study by Uzun and Mayda, who report that job burnout score increases when perceived fitness decreases ($p < 0.001$) (Uzun & Mayda, 2020). Hwang and Yu confirmed that nursing professionals with poor health perception had a significantly higher work-family conflict.

($p < 0.001$) compared to those with moderate or good health perception (Hwang & Yu, 2021). Additionally, Zurlo et al. found that work-family conflict was significantly associated with somatization (Zurlo et al., 2020).

For the professionals diagnosed with chronic disease, the QWL is significantly low ($p: 0.043$); this result is similar to the research reported by Baye et al. Baye et al. show that chronic disease presents a 3,3 times higher risk of work stress (OR: 3.3 CI95% 1.6-6.8) (Baye et al., 2020). Likewise, Uzun and Mayda report that nurses with a diagnosed chronic disease have scores indicating more significant job burnout ($p > 0.05$) (Uzun & Mayda, 2020).

The psychological disorders variable presents a significant association with QWL ($p: 0.044$). This finding agrees with Kaushik et al., who indicate that there was an association between lack of job satisfaction with depression ($p 0.001$) and anxiety ($p 0.041$) (Kaushik et al., 2021). Brooker et al. showed that those at high risk for shift work disorders had higher depression and anxiety ($p < 0.001$) (Booker et al., 2020). Also, Uzun and Mayda report that nurses who receive psychiatric help have higher scores on the job burnout scale ($p > 0.05$) (Uzun & Mayda, 2020).

Regarding the musculoskeletal disorders, it perceived low QWL ($p: 0.018$); this outcome matches with the results reported by Hosseini et al., where nurses with symptoms of musculoskeletal disease showed

significant differences ($p < 0.05$) considering the whole work fatigue and all subscales (Hosseini et al., 2021).

Professionals with children from 2 to 5 years old present low QWL ($p:0.022$); this finding is similar to results reported by Baye et al., where parenting is significantly associated with work-related stress. Nurses with children were twice as likely to experience work-related stress (2.1; 95%CI 1.2-3.7) (Baye et al., 2020). Likewise, Aponte et al. report that nurses with children have a lower compassion quality of life ($p:0.020$). Housework represents an additional burden to work, and dedicating time to childcare takes time away from rest or leisure, making it difficult to recover after long working hours (Aponte-Daza et al., 2020).

The variable "family dysfunction" modifies the LQOL; the perception of LQOL decreases when the level of dysfunction increases ($p 0.001$), causing concentration problems, stress, sleep disorders, and impairing work productivity. In a study conducted on nurses, poor marriage link and job satisfaction were obtained in the variable family/work balance ($p < 0.001$) and job satisfaction ($p < 0.17$) (Yan-Qiong et al., 2019). Poor marriage link is an issue of great complexity. Nurses' work stress can negatively impact their marriage; nursing is a demanding profession where nurses are constantly involved in critical patient life decisions, leading to mental pressure. They experience negative emotions and find it challenging to maintain a balance between family and work due to work stress (M.-L. Wang & Tsai, 2014). Also, nurses have less time to share with spouses and family members because of different work schedules.

Conclusions

The work environment can impact professional development; hence, knowing and maintaining the good quality of the institutions' personnel is required to provide good quality care and human services to patients. This research shows that the quality of work life is low; four of the seven dimensions have a predominance of low perception.

Work, health, and family variables influence the perception of QWL. These variables can trigger stress for professionals, affect their interpersonal relationships, and impact the institutional organization.

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