

## CHAPTER 5

### DISCUSSION

Quality of work life of professional nurses and factors affecting it was measured in this cross-sectional survey. Initially QWL of professional nurses was determined according to standardized scales[4,22]. There was no entry in the good QWL category. Different factors were assessed for their effect on QWL between the two groups(Fair and Poor) of QWL obtained in this study. The numbers of Poor(51) and Fair QWL(50) were almost equal. The scales used to determine the levels of QWL were borrowed and modified from management science! The job satisfaction scale was well tested and had been used in nursing setting earlier(4). The cut off point was the mean of the means of several field trails. But the professional needs scale though used in management science, was originally developed for psychological use. Even though it was used in management science earlier but for the first, time these two scales were combined and used in this study. In that sense this study had some unique properties as well as some disadvantages. Obtained results could have been influenced to some extent by the reliability of these instruments.

Among the variables investigated some demographic and job environment variables were found to be significantly different between two groups. Other factors in categories of existence needs, relatedness need and growth needs had little or no effect at all.

As all the subjects in this study were female so there was no question of gender dissimilarity. But at the same time it should borne in mind that the results obtained, might have general reflection of QWL of female professional nurses, and might not essentially be applicable to their male counterpart. A significant difference was marked in age distribution between two groups of QWL. Subjects in the Poor QWL were relatively younger, which might explain the higher aspiration, expectation of rich life style and hence dissatisfaction of them in their present situation. The older professional nurses were comparatively settled down and might have altered vision of job and life. A marginal difference was marked about their duration in the present job. This can be explained by that, this sample hospital was opened a short time ago and both younger non-experienced and older experienced professional nurses were hired at the same time.

### Other Demographic Variables

Other significant results were shown in this category were position, and nursing experience. It was quite obvious that very few professional nurses were supervisor and head nurses in this new hospital. Most probably they were senior also in nursing experience and salary scale. It could be postulated that these three variables were interrelated. Although salary itself failed to produce any significant result. It was also noted that marital status, previous working setting had no effect on the QWL of professional nurses. Overall it could be said that most of professional nurses were younger(61.4%), had nursing experience less than 10 years(80.2%) and moderately paid(48.5%).

### Job Environmental variables

All the factors in this category shown highly significant effect on QWL of professional nurses. The distribution between two groups were different and also the obtained chi-square values and p-values. There were two major types of variables in this category. One type measuring the positive attitude of professional nurses related to job environment; level of satisfaction, interest, happiness, likeness and enjoyment with job, While the other types measured the opposite side of it like dislikeness, unwillingness, etc(Table 4.7) with the job environment. Major responses were negative sided and less positive responses were



recorded. Although in some variables controversial or true response were not obtained. The result was fairly consistent with the fair QWL group. They almost always agreed both with the positive and negative environment of the job. This could be the reflection of the indecision or confusion about profession of the nurses in the Poor QWL.

#### **Growth, Relatedness and Existence needs variables**

None of these variables in these categories showed any significant effect on QWL of professional nurses, these variables were mainly concerned with human relation, professional development. It was quite interesting to observe that all these variables failed to produce any effect. As a whole all these factors were none or less related with the future quality of work life in professional nurses. And in some cells there was no response at all. So when appreciating the problem as a whole, it can be safely postulated that most of the subjects in this study were concerned with the present job status, current income, and at hand facilities. As they had experienced that past experience had no bearing on their present situation and their disagreeance with the present situation prevented them to be futuristic.

Finally on multivariate analysis four variables showed significant effect on QWL of them the most impressive result shown by disappointment with the job, although this factor was not significant statistically. One reason could be

the total no response in the Fair QWL group and 15% negative response (Agreed with disappointment) in the Poor QWL group. The extremely high odds ratio produced by this factor was felt important to report removal of this factor from the equation did not change much the result in other factors and their significance. Other factors (Table 4.13) were "Interest in job", "Dislikeness in job" and "Satisfy with job". All were significant statistically and have high odds ratio values. ALL these variables measured the different aspects of the present perception of the nurses regarding job. Dislikeness in job, interest in job can either way produce Poor QWL if one agreed with the former and disagreed with the later.

However one trend became apparent in this study of QWL of professional nurses is that, professional nurses today are mostly concern with the present condition of the job rather than future, and that either they have little or no appreciation of human relation, professional skill development, client centeredness. In other words, it could also equally possible that either HRM or professional development job or existence, relatedness and growth needs were not in the curriculum of the nursing study or grossly ignored and neglected by private hospital.

This study was conducted in a big private hospital which had just established since 1992. The hospital policy and other administrative structure were unstable, changing and developing in order to gain properly market share under

changing social situation. The number of professional nurses might be too less to examine the QWL if compared with the hospital size(500 beds). Therefore, the result of this study might miss or loss some credibility to be the true representative to generalize for professional nurses as a whole in term of how good their QWL were. At the sometime some findings of this study might not be cover the field which were applicable for the general big private hospital or other setting. But the researcher hoped that some result or some finding will helpful and give the ideas for hospital administrator and P/HRM (Personal/ Human resource manager) to gain their understanding on nursing perspective in relation to needs and circumstances. The patient would receive indirect benefit because of improving quality of care productivity.



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย