ABSTRACT

Study objectives: The broad objective of the study was to contribute to the understanding of the work environment of nursing staff and the quality of their work life. The specific objectives were to identify the job characteristics of nurses, the significant work environment of public sector hospitals which impact on nursing tasks, to study the effect of the job characteristics and the work environment upon the quality of work life of nursing staff in public sector hospitals and to explore the potential improvement in work environment of nursing staff in public sector hospitals that would be lead to improvement in the quality work of life of the nursing staff.

Research methodology: The research study was explanatory and utilised both qualitative and quantitative parameters. The primary unit of analysis was nursing staff from five medium sized peripheral hospitals of Municipal Corporation of Greater Mumbai (MCGM) in Mumbai who have completed three years of service by January 1, 2008. A structured interview schedule was administered among the nursing staff (317) and an interview guide was used to collect the data from Key Informants (9) including Medical Superintendents-2, Chief Medical Officers – 2, Matron -4, Assistant Matron - 1. The data analysis was done by techniques of univariate, bivariate and multivariate analysis (logistic regression).

The key findings with regard to the Job characteristics identified and the work environment variables: the demographic profile indicates that majority of the nursing staff have crossed 42 years of age, and on an average have 19 years of work experience. Seventy one percent have an education up to HSc and the remaining 28 percent have studied upto SSLC; apart from acquiring their diploma in nursing. Hardly two nursing staff have a BSc in nursing. Nearly 74 percent of the nursing staff stay in a nuclear family. They have an average monthly income of Rs.15,301 and the mean income of the family is Rs.22,831. It is found that nearly 59 percent of the spouses are working in private companies and the casual work sector where job tenure is not permanent. The income of the nurse is the main source of income hence they are the stable earners of the family.
The job related aspects indicate that the nursing staff are provided with a job description. However nearly 19 percent report that they also carry out non-nursing job such as clerical work, handling visitors and telephones etc. Even though the hospitals have formal duty systems nearly 83 percent would prefer to do morning shift and nearly 16 percent have given their preference to do an afternoon shift while hardly any staff (less than one percent) have shown preference in doing the night duty. The staff nurses work for 195 hours and sister in-charge 188 hours in a month. It is reported that 58.4 percent of the staff do get an official break during the shift and whilst 38.5 percent report that they have none. The current vacancy positions in the hospitals are nearly 10 percent of both the staff nurses and sister in-charge positions. The mean current nursing staff and patient ratio is 1:13 i.e. one staff member is responsible for thirteen patients. There is no provision for extra staff incase of extra workload in the hospital. Almost 90 percent of staff is rotated every year as a practice. Time spent on direct patient care by staff nurse is 50 percent of her shift while sister in-charges spent 42 percent thus indicating higher time spent on the administrative matters by the latter.

Nearly half of the nursing staff have indicated that the working conditions and facilities, promotion rules, safety and security in the premises are not upto the expectations. The nursing staff also find the current climate of professional development, the status of collaborative relationships and team work, respectful relationship with all stakeholders, as also supervisor and decision making opportunities inadequate.

The effect of work environment variables upon quality work life of nursing staff: According to the work life indicators atleast half of the nursing staff state that they maintain adequate worklife. However a large majority resort absenteeism and admit to being stressed while working. The nursing staff are able to discuss their mistakes with their supervisors in a transparent manner. However, there is lack of written operating instructions in the hospitals. Nearly half of the nursing staff have agreed that their hospital leadership is a role model for other hospital in the public sector. Further two thirds of the staff have stated that the break is not an official one. The nursing staff displays much confidence about their own nursing skills and knowledge with regard to patient care management. One third of the staff has indicated that the present job gives them complete satisfaction.
Comparing personal demographic characteristics like age, marital status, educational status, years of experience, state of origin, children, income (self and family) with quality of work life, it is found that older the nursing staff (51 and above) and longer the years of experience (26 and above) the quality work life experienced is higher for both staff nurses and sister incharges. The multivariate analysis (Logistic Regression) indicates that demographic variables like age may positively impact their quality of work life.

Comparing job characteristics such as working according to job description, duty roster, able to modify the shift for personal emergency, official break, double duty, frequency of double duty, provision of staff for extra work load, job rotation, motivational potential scores, it is found that the quality of work life experienced is lower. This finding while it applies to both staff nurses and sister incharges, it appears to be slightly higher for the sister incharges. The multivariate analysis (Logistic Regression) indicates that with improvement in the job characteristics such as a break during the shifts, and better work load management will positively impact on their quality of work life.

Comparing work environmental characteristics including physical facilities, hospital rules (leave rules, transfer policies, promotion rules), promotional development opportunities, and socio-psychological characteristics such as collaborative relationship, respectful relationship, supervisory support, opportunity to participate in decision making, employees’ faith in management, nursing staff service quality, it is found that the quality of work life experienced is lower. This finding while it applies to both staff nurses and sister incharges, it appears to be slightly higher for the sister incharges. The multivariate analysis (Logistic Regression) indicates that the inclusion of avenues for professional development and respectful encouraging an environment of relationship is likely to positively impact their quality of work life.

To conclude the study shows that

1. Nursing staff who are older with longer years of experience perceive themselves as enjoying a better quality of work life.
2. The study shows that apart from pay and secure tenure, the third basic need i.e. safety and security at work place too is inadequate and makes for lowest quality of work life.

3. Beyond their job descriptions nurses are doing non-nursing activities. They do not get adequate break during the shifts. Nurses are asked to do double duty even at the cost of efficient patient care and there is no provision to increase nursing strength even an emergency.

4. The hospitals lack appropriate standards for providing proper physical facilities such as drinking water, basic sanitation facilities, safety and security which reflects negatively on quality of work life.

5. The hospitals have inadequate provisions for professional growth and development. Performance assessments and competency development of nursing staff are not carried out, which reflects on lowering quality of work life.

6. There is no provision to support the younger nurses in terms of counseling, and providing guidance with regard to career, leave management, home management and balancing the work and family and life. This too leads to lowering quality of work life.

7. There is a potential scope for improving the quality of work life of nurses in the present work environment significantly. If nurses are encouraged to improve as also go in for highest educational qualifications, professional development, it would add to their QWL.