ABSTRACT

A co-relational study on quality of life and psychosocial variables of nurses working in selected hospitals of Udupi and Mangalore (South Canara) districts, Karnataka, India was carried out by Tessy Treesa Jose for the Degree of Doctor of Philosophy, at Manipal College of Nursing Manipal, Manipal University, Karnataka.

The objectives of the study were to: 1) determine the Quality of Life of nurses as measured by WHO Quality of Life questionnaire (WHOQOL-BREF), 2) identify the psychosocial variables of nurses: stress, coping, psychiatric morbidity, self-esteem, social support, and job satisfaction, 3) find out the determinants of Quality of life of nurses with regard to: 3.1) Demographic variables such as age, professional qualification, marital status, married status, number of children, type of family, and monthly income. 3.2) Work place variables such as area of work, daily working hours, experience in current area of work and total years of experience, 4) find out the determinants of psycho-social variables with regard to demographic and work place variables, 5) find the relationship between quality of life and psycho-social variable, 6) find the relationship among the psycho-social variables, 7) compare the quality of life of nurses working in private and government hospitals, 8) compare the psycho-social variables of nurses working in private and government hospitals and 9) determine the predictors of quality of life.

The assumptions underlying the study were: 1) Nursing is a helping profession requiring a high degree of commitment and involvement. 2) Quality of life is subjective and can be measured. 3) Quality of life influences the performance of nurses. 4) Nurses’ health and well-being are greatly influenced by the psychosocial
and physical environment at work place. 5) Stress is a natural phenomenon that everyone experiences in their lifetime. 6) Coping responses are influenced by the source of stress, individual’s appraisal and situation in the workplace. 7) Self-esteem is one of the most important moderating variables in determining the effects of stress on individuals. 8) Job satisfaction is an important aspect of quality service delivery. 9) Social support contributes to a person’s physical and mental well-being generally and/or as a buffer for someone under stress and 10) Subjects will feel free to answer the questions in the questionnaires.

The conceptual framework was developed by the researcher by relating all the concepts under the study as the researcher could not locate any appropriate model as a base for the conceptual framework for the present study, which includes all the variables under the study.

In view of accomplishing the research objectives survey approach was considered the best as the study aimed at determining quality of life of nurses. Descriptive correlational design was found to be more appropriate for the present study which aimed to determine the Quality of life, stress, coping, psychiatric morbidity, social and family support, self-esteem and job satisfaction and to find the relationship among them. The primary outcome variable of the study was Quality of life and the Psychosocial variables were Stress, Coping, Social support, Psychiatric morbidity, Self-esteem and Job satisfaction. Study also included demographic variables such as marital status, married status, type of family, monthly income, number of children, and work place variables such as area of work, hours of work, experience in current area of work and total years of experience.
The terms operationally defined were: Quality of life, age, type of family, marital status, area of current work, experience in current area of work, total years of experience, psycho-social variables, stress, coping, confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape/avoidance, planful problem solving, positive reappraisal, nurses, social support, job satisfaction and self-esteem.

Extensive review of the literature was performed from various sources and content was organized in relation to study variables under the headings of Concept of quality of life, Quality of life of nurses, Stress and coping of nurses, Self-esteem of nurses, Social support of nurses, Psychiatric morbidity among nurses, Job satisfaction of nurses, and Indian researches on study variables.

The study was conducted in selected medical college hospitals and government hospitals of Udupi and Mangalore (South Canara) districts. The study population consisted of the registered nurses working in selected medical college hospitals and government hospitals of Udupi and Mangalore districts during the period of data collection in 2009-2010. Purposive sampling was used to select the samples from medical college hospitals whereas all available samples were chosen from government institutions as the population in these institutions was very less. Sample size was 1040.

Data were gathered by administering Background proforma, Social support scale, Questionnaire on Quality of life (WHO QOL-BREF), Nursing Stress scale (Toft PG and Anderson JG), Ways of coping questionnaire (Folkman & Lazarus),
General health questionnaire-12 (Goldberg DP), Self-esteem scale (Rosenberg), and Minnesota satisfaction questionnaire.

Based on the objectives of the study and the hypotheses to be tested descriptive and inferential statistics were used for the statistical analysis of the data. The main findings of the study were as follow:

**Sample characteristics**

The subjects were between 21 to 56 years of age, with a mean age of 28.9 ± 7.67 years. Majority (70.2%) of the subjects were in the age group of 21 to 30 years. General Nursing and Midwifery was the professional qualification for 906 (87.1%) of the subjects. With reference to marital status, 555 (53.4%) were single and among the married 326 of the subjects (67.22%) were staying with spouse. With regard to type of family majority (82.5%) were from nuclear family. Data on number of children show that among 485 married subjects most of them i.e. 214 (44.13%) have two children. Monthly income for 532 (51.2%) of the subjects was within the range of rupees 5001-9000.

With regard to area of work most of the nurses (32.1%) were from medical area. Majority of them (75.5%) were working for eight hours in a day. With reference to data on total years of experience 592 (56.92%) had 1-5 years of experience and 54(5.19%) of them had experience of more than 20 years. Data on experience in current area of work reveal that 390 (37.5%) had less than one year of experience.
Quality of life

Median score of QOL of nurses on overall perception of quality of life and health were equal (4). In transformed score of QOL within the range of 4-20, social domain obtained the highest (15.5) score while the environmental domain (13.5) had the lowest score.

Psychosocial variables

Stress: -majority of the subjects i.e. 60.38% experience low stress, 38.46% experience moderate stress and stress was high among 1.16% of the subjects. Mean stress score (7.03±3.1) was highest for the nurses in the sub area of death and dying and lowest mean stress score (2.7±1.6) was in the area of lack of staff support.

Coping: -In the subscale of coping mean score is high (12.2±4.5) for Positive reappraisal followed by seeking social support which had the mean score of 8.8±3.6. It is observed that the mean score was least in the area of accepting responsibility (4.9±2.3).

Psychiatric morbidity:-Severe distress was experienced by 0.9 % of the subjects and 5.6% had evidence of distress. Normal samples were 93.5%.

Social support: - Very good social support was perceived by 686 i.e. 66% subjects and 21 (2%) subjects perceived social support as poor.

Self-esteem:-Majority of the subjects had normal self-esteem i.e.813 (78.2%) and 211(20.3%) had low self-esteem.

Job satisfaction:-Based on the transformed score majority i.e. 977(93.94%) were in the category of low satisfaction and only 10 (0.96%) subjects had high job satisfaction.
Determinants of Quality of life using selected variables

With regard to demographic variables significant association was observed between Quality of life and marital status (p<0.001) i.e. the married subjects had better QOL compared to subjects with single status. Significant association is also observed between quality of life and income per month (p<0.001). With Bonferroni correction it was revealed that the subjects who are having monthly income<5000 rupees are having lower quality of life compared to the subjects in other income category. No significant association was found between QOL and other demographic variables.

With reference to work variables there was significant association between Quality of life and area of work, working hours and total years of experience (p<0.05). With Bonferroni correction it is observed that subjects working in casuality are with lower QOL compared to subjects working in other areas. Nurses who work for 12 hours or more and nurses who have the experience of 1-5 years are having less Quality of life. There was no significant association between quality of life and experience in current area of work. Hence the determinants of quality of life identified are marital status, monthly income, area of work, daily working hours and total years of experience.

Determinants of Psychosocial variables using selected variables

Determinants of Stress

Among demographic variables significant association was found between stress and professional qualification (p=0.02), and marital status (p= 0.04). Further
analysis of the data revealed that more stress is experienced by the nurses who are qualified with General Nursing and Midwifery and nurses who are married. Other demographic variables were not significant at 0.05 level.

Analysis of data on work variables showed that there is significant association between stress and area of work, and further analysis showed nurses working in special ward experience more amount of stress. No significant association was found between stress and working hours, total years of experience and experience in current area of work. Therefore the determinants of stress identified with reference to selected variables are professional qualification and marital status and area of work.

**Determinants of Coping**

With regard to demographic variables significant association was found only between coping and marital status (p=0.03) of the nurses and married nurses are having lesser coping ability. There was no significant association between coping and other demographic variables. Kruskal - Wallis test computed for total years of experience ($z = 21.21, p<0.001$) and experience in current area ($z = 11.07, p<0.01$) and coping of nurses was significant. But area of work and hours of work are independent of coping. Further analysis showed nurses who have the experience of 6-10 years are having lowest coping. With Bonferroni correction experience in current area was not statistically significant (p>0.008). Hence marital status, total years of experience, and experience in current area of work are identified as determinants of coping.
Determinants of Psychiatric morbidity

No significant association between psychiatric morbidity in nurses and demographic variables was observed. With regard to work variables significant association is observed between psychiatric morbidity and total years of experience ($z=10.67, p=0.03$) and experience in current area of work ($z=9.43, p=0.02$). Psychiatric morbidity score was more for the nurses who have 1-5 years of total experience and 1-3 years of experience in current area of work. Hence total years of experience and experience in current area of work are considered as determinants of psychiatric morbidity in nurses.

Determinants of Self-esteem

There was significant association between self-esteem and married status of the nurses as the p-value computed is 0.005. Subjects staying away from husband due to job reason (Md=16) were having less self-esteem compared to the subjects staying with husband. Self-esteem of nurses had significant association with area of work and, daily working hours with regard to work variables. Nurses working in Intensive care units and nurses working for eight hours daily are having more self-esteem. Therefore married status, area of work and, and daily working hours could be considered as factors determining self-esteem of nurses.

Determinants of Social support

Significant association exists between social support and demographic variables except married status ($p>0.05$). Married nurses have less social support and also nurses from joint family are having less social support. The Spearman Rho calculated between social support and age was -0.199 with p value of 0.001 which shows a significant but weak negative correlation between social support and age.
Nurses with BSc Nursing as professional qualification, having one child and having monthly income 5001-9000 rupees are having better social support. Significant association is also observed between social support and total years of experience and experience in current area of work (p<0.05). Further analysis with Bonferroni correction revealed that nurses who have the total experience within 1-5 years and who are having <1 year of experience in the current area of work are having more social support. Hence the determinants of social support of nurses are age, professional qualification, marital status, type of family, number of children, monthly income, total years of experience and experience in current area of work.

**Determinants of Job satisfaction**

With reference to demographic variables significant association exist only between job satisfaction and income per month i.e. nurses who are having the income rupees <5000 per month are less satisfied with their job. Significant association between job satisfaction, area of work and working hours (p<0.05) is also observed. Analysis with Bonferroni correction revealed that nurses working in Intensive care unit (Md=55) and working for eight hours per day (Md=54) are having more job satisfaction compared to the nurses working in other areas and nurses who are working for more than eight hours per day. Hence monthly income, area of work and daily working hours are identified as determinants of job satisfaction of nurses.

**Relationship between Quality of life and psychosocial variables**

Quality of life had significant negative but weak relationship with stress ($\rho=-.236, p<0.001$) and psychiatric morbidity ($\rho=-0.272, p<0.001$) and a positive but weak
relationship is observed with self-esteem (\( \rho = 0.293, p < 0.001 \)), social support (\( \rho = 0.323, p < 0.001 \)) and job satisfaction (\( \rho = 0.278, p < 0.001 \)). Even though the correlation is statistically significant the magnitude of the correlation coefficient was very low. No significant correlation exists between QOL and coping ability of nurses.

**Relationship among psycho-social variables**

There was weak positive correlation for stress with coping (\( \rho = 0.198, p < 0.001 \)), and psychiatric morbidity (\( \rho = 0.27, p < 0.001 \)) and weak negative correlation for stress with self-esteem (\( \rho = -0.217, p < 0.001 \)), social support (\( \rho = -0.153, p < 0.001 \)) and job satisfaction (\( \rho = -0.153, p < 0.001 \)). With regard to coping positive correlation exist with self-esteem (\( \rho = 0.06, p = 0.032 \)), social support (\( \rho = 0.092, p = 0.003 \)) and job satisfaction (\( \rho = 0.176, p = 0.001 \)). Weak negative correlation was also observed for psychiatric morbidity with self-esteem (\( \rho = -0.341, p < 0.001 \)), social support (\( \rho = -0.15, p < 0.001 \)) and job satisfaction (\( \rho = -0.198, p < 0.001 \)). Data on self-esteem show a weak positive correlation with social support (\( \rho = 0.215, p = 0.001 \)) and job satisfaction (\( \rho = 0.267, p = 0.001 \)). Positive but weak correlation is also observed between social support and job satisfaction (\( \rho = 0.174, p < 0.001 \)).

**Comparison of Quality of life and psychosocial variables between nurses working in private and government institutions**

There was no significant difference in median Quality of life scores of nurses working in private and government hospitals at 0.05 level (\( p > 0.05 \)).
Comparison of psychosocial variables of nurses working in Private and Government institutions

Significant difference ($z = 3.29, p = 0.001$) was observed between median social support score of nurses working in private and government institutions. No significant difference was found with regard to stress, coping, job satisfaction, psychiatric morbidity, and self-esteem.

Predictors of Quality of life

Stepwise multiple regression analysis revealed that social support has highest influence on total quality of life (Standardized Coefficients $\beta = 0.27$) followed by job satisfaction (Standardized Coefficients $\beta = 0.16$), marital status (Standardized Coefficients $\beta = 0.13$), and self-esteem (Standardized Coefficients $\beta = 0.11$). Variables which are negatively related to quality of life are psychiatric morbidity (Standardized Coefficients $\beta = -0.14$), stress (Standardized Coefficients $\beta = -0.13$), and working hours (Standardized Coefficients $\beta = -0.07$).

An extensive discussion on the findings of the study followed by conclusion, implications of the findings in nursing practice, research and education, limitations of the study, and also recommendations for future research are made.