

Quality of Hospital Nursing Work Life, Psychological and Subjective Well-Being

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Abstract: Topic is currently up to date due to the fact that the quality of working life for nurses, their psychological and subjective well-being affects not only nurses themselves but also others, because nursing is directly connected with caring for others. The goal of this scientific study was to find out the correlations between hospital nursing quality of working life, their subjective and psychological well-being. The study involved 56 medical nurses, aged between 25 and 65 years and with job experience of more than 5 years. The convenience method was used for the selection of the respondents, and all the nurses are from a single largest hospital in Latvia. Data abstraction was used: Quality of Nursing Work life survey, psychological well-being research survey, subjective well – being survey and the authors developed survey. The results of this study offer a wide range of answers on four study questions. Most of the medical nurses describe work life quality as satisfactory. Work life quality correlates positively with psychological well-being. The overall feeling of psychological well-being among the personnel is on a medium level. The respondents show higher scores for the ability to adapt to the environment and society, on the mutual relationship and sense of life scale. The respondents show lower scores on the autonomy, personal growth and self-acceptance scales. The respondents find relationship with other people important, and trust and well-being of others are essential for them. The study results allow make the conclusion that there is the correlation between quality of working life, psychological and subjective well-being. The results of this study could be used to optimise personnel's quality of working life as well as its psychological and subjective well-being.

Keywords: quality of work life, psychological and subjective well-being.

Introduction

The rationale behind the topic is that the work life quality, job satisfaction, psychological and subjective well-being of medical nurses affect not only medical nurses themselves, but also other people because the job of a medical nurse directly involves caring for people. The definition of work life quality has been developing since 1930, which is when Mayo studied the influences of workplace lighting on the job efficiency of the personnel. Soon after these studies, more studies were conducted into job satisfaction, the increasing concerns regarding civil rights and social responsibility (Hsu, Kernogan, 2006). Work life quality has been studied in a wide range of areas, including sociology, psychology, education, management, healthcare and nursing (Krueger, Brazil, 2002). Why is quality of work life so important? A high work life quality is necessary and highly significant in order to attract new personnel and retain labour. By focusing on improvement of work life quality, the organisation may increase personnel satisfaction, loyalty and productivity both individually and in the organisation in general. A happy personnel is efficient, devoted to work, and committed to obligations. On the other hand, inability to manage and monitor these factors may largely affect the manifestations of personnel behaviours (Almalki, FitzGerald, 2012). A working environment which is able to satisfy the needs of the personnel assures an outstanding quality of work life, which includes reward, promotion, recognition and development (Ajala, 2013). Medical nurses are the largest part of the personnel in healthcare organisations or hospitals. Therefore, it is not surprising that many research studies have been conducted specifically regarding concepts associated with the work life quality of medical nurses (Vagharseyyedin, Vanaki, 2011). Research suggests that high workloads of medical nurses have negative impacts on the quality of care and safety, and the quality of work life (Gurses, Carayon, 2009). It is highly important to improve the work life quality of medical nurses because poor quality of work life leads to high levels of medical nurse turnover (Hayes, O'Brien-Pallas, 2006).

Social, economic and political changes have increased significantly on the global scale in the last five decades. Consequently, individuals are forced to face new challenges, such as more difficult daily routines, continuously changing social and cultural standards requiring constant adaptation to the

conditions of life and work (Kallay, 2013). An optimal life, which is lead in well-being, outweighs evanescent joy and satisfaction, through focusing on own abilities and being aware of own potentials (Ryan, Deci, 2001, Ryff, Singer, 2008).

Work life quality is a multi-dimensional construct consisting of interrelated factors, such as work satisfaction, commitment to work, motivation, job efficiency, health, work safety/guarantee, improvement of abilities/competences, and a balance between work and private life. Nowadays, work life quality is defined as personnel satisfaction with individual and work needs while taking part in the achievement of the workplace targets (Almalki, FitzGerald, 2012). The key components of work life quality are clear mission and targets, mutual association, reliable management, common structure, proper training, systematic, mutual and structural support (Kline, 2009).

Already from the beginnings of philosophy, which further developed into psychological studies, well-being has been defined in two different aspects: subjective (hedonic) and psychological (eudemonic) well-being. One of the first propagators of subjective well-being was Aristippus of Cyrene (435-356 B.C.), who claimed that an individual should primarily strive to be happy. In contemporary psychology, subjective well-being is defined as satisfaction with life, frequent feeling of happiness and lack of negative emotions (Kallay, 2013).

Psychological and subjective well-being Research suggests that psychological well-being is a multi-dimensional concept, and that its manifestations can be found in various spheres of life. Like other values, well-being develops through a cluster of the following values: control of emotions, personal traits, identity and life experience. Psychological well-being includes both Eudaimonic and Hedonic components of well-being. The Eudaimonic components are described as living well (Ryff, 1989), whereas the Hedonic components are described as feeling well (i.e., getting positive emotions and life satisfaction (Keyes, Shmotkin 2002).) Psychological well-being has six dimensions: self-acceptance, mutual relationships, autonomy, being able to integrate into environment and society, sense of life and personal growth (Ryff, Singer, 2008, Kallay, 2013).

E. Diener (Diener, 1984) describe subjective well-being as a multi-dimensional construct consisting of three different components: presence of positive emotions, absence of negative emotions and life satisfaction. Consequently, there are two distinct aspects of subjective well-being: the cognitive, which is usually operationalised as assessments regarding the overall life satisfaction, and the affective, which has been defined in some studies as sense of happiness/unhappiness and measured as the individual's self-evaluation of their own emotional condition in a certain time period. (Myers, Diener, 1995).

The research questions in the project were the following: Are there links between the indicators of work life quality and psychological well-being? Are there links between the indicators of work life quality and subjective well-being? Are there links between the indicators of psychological and subjective well-being? Are there statistically significant relationships between the demographic indicators, work life quality, psychological and subjective well-being?

The authors believe that it would be valuable to investigate the links between work life quality and psychological and subjective well-being. The authors of the research study chose to investigate the hospital X, which is among the largest hospitals in Latvia. The goal of this scientific study was to find out the correlations between hospital nursing quality of working life, their subjective and psychological well-being.

Methodology

Design. The study was conducted in the hospital in 2015 in Latvia. A cross-sectional study design was used. Data were analysed by correlation analyses.

Participants: The study involved 56 medical nurses, aged 25 - 65 years and with job experience of more than 5 years.

Methods: Four surveys were used for the study purposes: Quality of Nursing Work Life (Brooks, 2001). After contacting the author and receiving his consent, the authors of the project carried out a linguistic adaptation of the survey. The results show the degree of the respondent's satisfaction with the quality

of work life; Scales of Psychological Well-Being (Ryff, 1989.) This has been adapted in Latvia in 2001. (Voitkāne, Miezīte, 2001). The Scales of Psychological Well-being measure aspects of well-being on six scales: Positive relationships; Autonomy; Environmental mastery; Personal growth; Purpose in life; Self-acceptance; Satisfaction with Life Scale (Diener, Emmons, 1985; Diener, 1984). The tool has been created to be able to measure the overall assessment of their life expressed by an individual; the authors developed a survey.

Procedure. The authors of the Paper prepared electronic questionnaires and, with the permission of the hospital management, sent them out to all medical nurses in the hospital.

Results and discussion

The Quality of Work Life (QWL) survey (Brooks, 2001) determines the indicators of the respondents' work life quality, which are divided into 4 scales: the work/home scale, the work design scale, the work context scale, the work world scale. A majority (39 respondents) describe their work life quality as satisfactory, and 16 respondents describe their work life quality as high. To interpret the results of the survey in greater detail, they were also investigated within the individual scales, by questions. The results were viewed based on the mean values of the results: The Work/Home Life Scale - the employees are generally satisfied with their current hours of work; on the Design Scale the respondents are generally satisfied with their jobs; the Work Context Scale - the respondents are generally satisfied with their colleagues, working environment, and the management, the employees receive support and assistance when needed, the respondents have adequate working conditions and recreation rooms, the respondents have good and trusting relationships with their colleagues; on the Work World Scale - the respondents are not satisfied with their salaries, the respondents specify that the society still perceives the job of a medical nurse negatively.

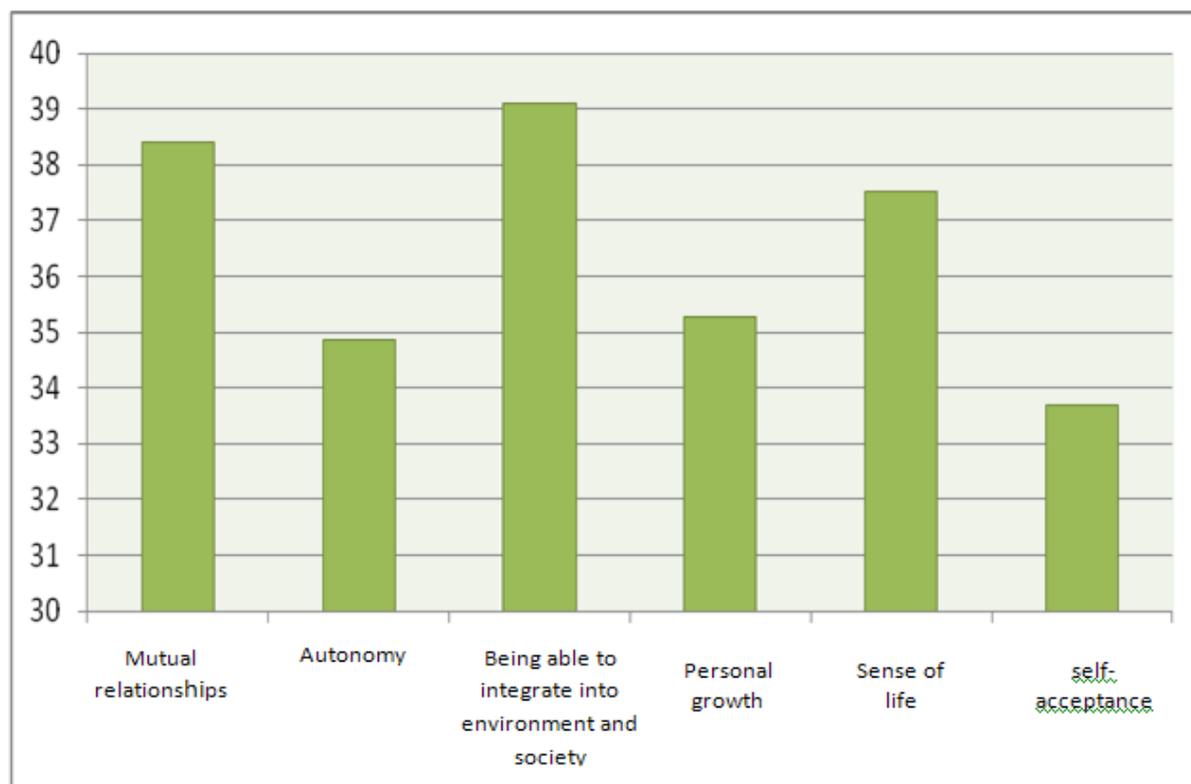


Figure 1. Distribution of the mean values of the results of the Scale of Psychological Well-being by C. Ryff by the scales of the survey.

The Scale of Psychological Well-being (Ryff, 1989) helps understand the aspects of psychological well-being of the respondents. These are divided into six dimensions to reflect the overall psychological well-being in more detail. Figure 1 shows that the respondents have higher scores for the ability to integrate into the environment and the society, and for the scale of mutual relationships and sense of life. The

respondents had lower scores on the autonomy, personal growth and self-acceptance scales, which are interrelated areas. If the individual is not satisfied with themselves, this may influence personal growth and autonomy. The respondents are probably not satisfied with their past and wish to be different.

On the Life Satisfaction Scale (Diener, Emmons, 1985), the tendency is that most of the respondents demonstrate medium scores and are slightly dissatisfied with life. The respondents have not provided marginal responses, and this suggests that the respondents have doubts and feel uncertain with regard to their life satisfaction. Thus, the respondents are generally neutral with regard to their lives, the attitudes are neither negative nor positive.

The Mathematical Statistics of the Study Data. All of the surveys used in the study comply with the normal distribution, and therefore the Pearson's Correlation Coefficient has been used to analyse the correlations.

The 1st research question. Are there links between the indicators of work life quality and psychological well-being? The results of the survey suggest statistically significant correlations between work life quality and psychological well-being ($r = .46, p \leq 0.01$); the higher the work life quality scores, the higher the level of psychological well-being.

The 2nd research question. Are there links between the indicators of work life quality and subjective well-being? There is a medium strong statistically significant correlation between work life quality and subjective well-being ($r = .29, p \leq 0.05$); the higher the work life quality scores, the higher the level of subjective well-being. There is a medium strong statistically significant correlation between the demographic indicators and the work life quality indicators: type of job (full-time, part-times) ($r = .27, r \leq 0.05$), which suggests higher quality of work life in those working full time, and lower levels of quality of work life in those working part-time. The following results were obtained from the calculations of the correlation between the work life quality scales and levels of life satisfaction of medical nurses: There is a medium strong statistically significant correlation between the level of life satisfaction and the work and home life ($r = .31, p \leq 0.05$) which means that the higher levels of links between life at work and at home, the higher the levels of life satisfaction, and vice versa, the higher the level of life satisfaction, the higher the scores for indicators describing life at work and home; the work design ($r = .31, p \leq 0.05$) which means that the higher the levels of job satisfaction, the higher the levels of life satisfaction, and vice versa, the higher the levels of life satisfaction, the higher the scores for satisfaction with work; the work environment ($r = .36, p \leq 0.01$) which means that the better one feels at work, the higher the scores for life satisfaction, and vice versa, the higher the scores for life satisfaction, the better the individual feels at work.

The 3rd research question. Are there links between the indicators of psychological and subjective well-being? The calculations of the links between the *psychological well-being scales and the level of life satisfaction* yielded the following results: there is a statistically significant link on just one scale, between the *level of life satisfaction and self-acceptance* ($r = .31, p \leq 0.05$) which means that the higher the level of life satisfaction, the higher the scores for self-acceptance, and vice versa, the higher the scores for self-acceptance, the higher the levels of life satisfaction.

The 4th research question. Are there statistically significant relationships between the demographic indicators, work life quality, psychological and subjective well-being? There is a medium strong statistically significant correlation between the *demographic indicators* and the *psychological well-being indicators*: education ($r = .28, p \leq 0.05$) which suggests that the higher the level of education, the higher the level of psychological well-being, and vice versa. The following results were obtained from the calculations of the correlation between the work life quality and psychological well-being scales of medical nurses: There is a medium strong, but statistically significant negative, correlation between *work, home life and personal growth* ($r = -.26, p \leq 0.01$) which means that the higher the links between the work and home life, the lower the levels of personal growth, and vice versa, the higher the levels of personal growth, the lower the levels of links between work and home life, which can be interpreted as follows: the higher levels of links between their home and work life the individual has, the less time they have for their personal growth. There is a medium strong statistically significant correlation between *work design and ability to meet the daily needs* ($r = .32, p \leq 0.05$) which means that the higher the levels of job satisfaction, the higher the levels of ability to meet the daily needs, and vice versa, the

higher the levels of being able to satisfy the daily needs, the higher the levels of job satisfaction. There is a statistically significant correlation between *work design and self-acceptance* ($r = .35, p \leq 0.01$) which means that the higher levels of job satisfaction among the respondents, the higher the levels of self-acceptance, and vice versa, the higher the levels of self-acceptance, the higher the levels of job satisfaction. There is a medium strong statistically significant correlation between the *relationships between the colleagues and self-acceptance* ($r = .27, p \leq 0.05$). The better the relationships with colleagues, the higher the scores for self-acceptance, and vice versa, the higher the levels of self-acceptance, the better the relationships with colleagues. There is a statistically significant correlation between the *work environment and being able to satisfy the daily needs* ($r = .37, p \leq 0.01$) which means that the better one feels at work, the higher their levels of being able to satisfy their daily needs, and vice versa, the better the ability to satisfy the daily needs, the better the individual feels at work. There is a medium strong statistically significant correlation between the *work environment and self-acceptance* ($r = .26, p \leq 0.05$) which means that the better one feels at work, the higher the scores for self-acceptance, and vice versa, the higher the levels of self-acceptance, the better the person feels at work. There is a medium strong statistically significant negative correlation between the *work world and un the attainment of the goal in life* ($r = -.28, p \leq 0.05$) which means that the more adequate the payment for the work of a medical nurse, the lower the scores for the attainment of the goals in life, and vice versa, the higher the levels of attainment of the goals in life, the more inadequate the payment, which might be interpreted as follows: the lower payment the individual receives, the more they would be willing to attain higher targets in order to achieve better results. There is a statistically significant correlation between the *work world and self-acceptance* ($r = .34, p \leq 0.01$) which means that the more adequate the payment is, the higher the levels of self-acceptance, and vice versa, the higher the levels of self-acceptance, the more adequate the payment.

Conclusions

Work life quality, psychological and subjective well-being cannot be completely isolated from each other, as the three concepts are interrelated. Work life quality includes elements of psychological and subjective well-being, such as life satisfaction, mutual relationships and self-acceptance. Most of the surveyed medical nurses describe their work life quality as satisfactory. The respondents are satisfied with their jobs, colleagues, work environment and the management, the employees receive support and assistance when needed, the personnel have adequate working conditions and rooms for recreation, the respondents have good and trusting relationships with their colleagues. Personnel work life quality positively correlates with psychological well-being, but the overall sense of psychological well-being among the personnel is on a medium level. Medical nurses demonstrate higher scores for the ability to integrate into the environment and the society, on the mutual relationships and life sense scale, lower results on the autonomy, personal growth and self-acceptance scales, which are interrelated areas, and this suggests that in case the individual is not satisfied with themselves, this may influence their personal growth and autonomy. Medical nurses find relationship with others important, the trust of other people and well-being are significant for them, they are able to handle their everyday duties successfully, can use opportunities efficiently, and are able to create the environment according to their needs. Overall, medical nurses have positive attitudes towards themselves, they are aware of their good and bad character traits, and they are neutral in the thoughts about their lives. Medical nurses are not satisfied with the payment for their work and with how the work and image of a medical nurse are perceived in the society. If the employee is not satisfied with themselves, their personal growth and autonomy, this may affect their work life quality in general. By increasing personnel satisfaction with the quality of their work life and their psychological and subjective well-being in order to avoid low self-acceptance, personal growth and autonomy indicators, the human resources section should investigate and know what difficulties the personnel experience and what factors might contribute to insufficient levels of self-acceptance, personal growth and autonomy. This might potentially be achieved through use of anonymous surveys. The management of the hospital X should pay more attention to the personnel who have experienced some difficulties, provide support, listen to the problems, go deeper into these problems, and be able to help in dealing with the issues, in order to increase the trust of the personnel in the management. The research study was conducted within a single organisation, with its unique gender, age and education indicators. Based on the information obtained from the hospital management, other

hospitals largely have similar difficulties and problems, and there is therefore a high chance that the information and results obtained from one hospital might, at least partially, be attributed to other hospitals in Latvia.

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