

Original Article

Nursing's Job Life Quality's Effect on Job Satisfaction

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Abstract

Objective: This study was conducted to determine the effect of nurses' life at job on job satisfaction.

Materials and Methods: The study was carried out at Agri State Hospital in Agri between December 2017 and March 2018. The space of the research; consists of 231 nurses working at Agri State Hospital. No sampling method is chosen and nurses in Agri State Hospital who accepted to participate in the research form the sample group of the research. Personal Information Form, Nursing Job Life Quality Scale and Minnesota Job Satisfaction Scale were used as data collection tools. Number, percentage, independent groups t test, Kruskal Wallis test and Pearson Correlation were used in the evaluation of the data.

Findings: According to our study data, 46.7% of the nurses evaluated the quality of work life as good and the average score of "Nursing Work Life Quality Scale" was found to be moderate (99.69 ± 18.98). The relationship between the opinions of the nurses on the quality of work life and the average of job satisfaction scores was found significant ($p < 0.05$). Nurses' job satisfaction level average was 56.99 ± 13.49 . The internal satisfaction levels of the participants were found to be relatively higher than the external satisfaction levels and general satisfaction levels. There was a strong correlation between the job life quality and job satisfaction level of the nurses ($r: 0.625$) ($p < 0.05$).

Conclusion: It was determined that the job quality of the nurses was moderate and the job satisfaction levels of the nurses increased as the job quality of the nurses increased. For this reason, it may be advisable to increase the quality of work life and to take necessary measures especially in units where the scores of the work quality qualities are lower.

Keywords: Nursing, Job Satisfaction, Work Life Quality.

Introduction

The quality of work life is expressed as the improvement of working conditions by taking into account not only physical but mental, psychological and social needs of the person (Martel & Dupuis, 2006; Cole et al. 2005). Together with the developments in science and technology, the process of change in the world is very fast, and the society demands more quality living (Martel & Dupuis, 2006). The provision of quality of life, which can be defined as the integration of the personality and social relations, is largely based on the quality of work life (Low & Molzahn, 2007). The quality of work life is an important factor in the overall life satisfaction of the employee (Royuele, Lopez-Tamaya &

Surinach, 2009). People spend much of their day at work, causing their expectation that their physical, mental and social needs will be met from the work environment (Kandasamy & Sreekumara, 2009). It is a fact that the people of the working life influence the working life and vice versa. The attitude of the employee in the working life and what the job means to him/her affect the job satisfaction of the employee. (Aytac, 2006; Lu, While & Barribal, 2007; Sengin, 2003). The essence of job life quality is positive business environments. Nursing care is emphasized in the 45th World Health Assembly in line with 'Health Strategies for All' and it is stated that providing appropriate working conditions, motivating more nurses will improve

nursing services quality (Ulker, 1995). Donald defined the quality work environment as "a place where the needs and expectations of nurses as individuals are met and at the same time that the patients have attained their health related goals" (Donald, 1999).

Feedback on performance, team work, positive communication, adequate and fair wages, participation in decision-making processes, manager-employee relationships, balance between work and home / private life can be considered among the criteria of quality work life in nursing (Sengin, 2003; Knox & Irving, 1997; Lewis et al. 2001; Brooks & Anderson, 2004). High job satisfaction in nurses; institutional and professional commitment, high moral is important in the decision of staying in nursing. Studies show that the job satisfaction of the nurse is the determinant of the intention to leave work. On the other hand, providing good patient care is an important factor determining the job satisfaction of the nurse (Turkistan, Donmez & Sari, 1999). Within the scope of the Health Transformation Project in our country, there is a need to determine the working conditions that make nurses dissatisfied and the reflection of it on patient satisfaction and to undertake initiatives. Knowing the factors affecting the job satisfaction of the nurse is expected to provide important information to the manager and the researcher and will guide the manager nurses in their planning (Ozata, Aslan & Arslaner, 2007). Nursing shortage continues to be a universal nursing problem in the world as much as it is in our country. The low number of nurses affects both patient safety and patient care negatively and at the same time causes job dissatisfaction and job quitings in nurses (Seren et al. 2014). Today, most employees have very low levels of job satisfaction and morale. However, in order for an institution to be successful, the job satisfaction of the individuals in that institution needs to be kept high (Kucukyilmaz, Gok & Tasci, 2006).

This study was conducted to determine the effect of job quality of nurses on job satisfaction. It is believed that the impact of job quality of nurses on job satisfaction will provide important information about managers and researchers and will guide manager nurses in their planning.

Material and Method

Type of Study: The research was of descriptive and cross-sectional type.

Location and Time of the Study: Research, between December 2017 and March 2018, is located in Agri State Hospital Pain was implemented in the city center.

The Space of Research and Sampling

The space of your research consists 231 nurses working at Agri State Hospital.No sampling method is chosen and nurses in Agri State Hospital who accepted to participate in the research form the sample group of the research

Data Collection Tools

1. Personal Information Form: consists of 9 questions on personal and professional specifications prepared by the researcher. In accordance with the literature,

2. Quality of Nursing Work Life Scale: This scale was developed by Sokmen and friends (Sokmen, 2011). Nursing Work Life Quality Questionnaire Turkish Form consists of 5 point Likert-scale (1 = I strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree), the higher the total score, the higher the nurses' work life quality is and the lower the total score lower the quality of work life of nurses.

Cronbach's alpha coefficient of the scale is 0.89, while the lower dimension Cronbach's alpha coefficients was found to be between 0.62-0.81.

3. Minnesota Job Satisfaction Scale: The Minnesota Job Satisfaction Scale was developed by Dawis, Weiss, England and Lofquist and was adapted to Turkish by Baycan in 1985 (Baycan, 1985). The original reliability of the scale is .83.

Reliability study of the test in Turkey was done by Yıldırım in 1996 and test-retest reliability coefficient was found to be .76 and internal consistency coefficient was found to be .90. The scale is a five-point Likert-type scale scored between 1 and 5, and I am not satisfied with the score; 1 point, I am not satisfied; 2 points, Undecided; 3 points, Satisfaction; 4 points, Very satisfied; is 5 points. The Minnesota Job Satisfaction Scale consists of 20 items and 2 sub-dimensions (Yıldırım, 1996).

1. Sub-Dimension (Internal Satisfaction): Consists of items related to satisfaction with the internal nature of work, such as recognition or appreciation, job itself, job responsibilities, task change due to promotion and finishing. These dimensions are 1, 2, 3, 4, 7, 8, 9, 10, 11, 15, 16 and 20. The internal satisfaction score is formed

by dividing the sum of the scores obtained from the substances constituting the internal factors into 12.

2. Sub-Dimension (External Satisfaction): Consists of items related to the job environment such as business policy and management, supervision, manager, work and subordinates, working conditions, wages. The items of this dimension are 5,6,12,13,14,17,18,19.

The external satisfaction score is obtained by dividing the total of the scores obtained from the items containing external factors by 8.

The overall satisfaction score is calculated by dividing the total of the scores obtained from the items by 20.

Collection of Data

After the ethics committee of Agri State Hospital gave approval and the aim of research was explained to the nurses who were sampled during the working hours allowed by the administration of Agri State Hospital between December 2017

and March 2018, the questionnaires were distributed to the nurses considering their volunteerism and at the end of sufficient time (20-25 min average) they were collected.

Evaluation of the data: Statistical analysis of the data was made in SPSS 20.0 statistical package program. Number, percentage and parametric tests were used in the evaluation of the data. Statistical significance level was accepted as $p < 0.05$.

The difficulties and limitations of the research: The study is limited to Agri State Hospital.

Results

There was no statistically significant difference in the age, marital status, working position, working status, service quality and quality of life scores of the nurses participating in the study ($p > 0.05$). The relation between the opinions of the nurses on the quality of life and the average of the quality of work life was found to be significant ($p < 0.05$) (Table 1).

Table 1. Comparison of Nurses' Demographic Characteristics and Work Life Quality Scores

Variables	n (%)	Mean ± SS	Signifiante
Age			
18-23 Age Group	31(23.0)	57.2±9.8	X ² KW=1.087 p=0.780
24-29 Age Group	57(42.2)	55.8±11.0	
30-35 Age Group	30(22.2)	56.92±9.8	
36-41 Age Group	17(12.6)	60.2±12.6	
Marital Status			
Married	86(63.7)	57.2±13.8	t=0.643 p=0.521
Single	49(36.3)	56.6±12.8	
Working Position			
Chief nurse	15(11.1)	56.22±12.71	X ² KW=1.012 p=0.603
Service nurse	81(60.0)	56.71± 10.88	
Other	39(28.9)	57.78± 10.89	
Working Status			
Permanent	91(67.4)	57.4±14.4	t=1.32 p=0.189
Contracted	44(32.6)	56.0±11.2	
Working Unit			
Internal Medicine	29(21.5)	56.4±8.8	X ² KW=2.438 p=0.656
Clinic	25(18.5)	56.8±10.6	
Surgical Unit	36(26.7)	55.4±10.2	
Risky Units	14(10.4)	58.4±13.6	
Other	31(23.0)	58.6±11.8	
Opinions of nurses towards work quality			
Excellent	5(3.7)	63.4±11.8	X ² KW=27.988 p=0.000
Very good	13(9.6)	62.2±11.2	
Good	63(46.7)	60.2±10.0	
Bad	44(32.6)	52.0±7.8	
Very bad	10(7.4)	46.8±11.0	

Table 2. Comparison of Nurses' Demographic Characteristics and Work Life Quality Scores

Variables		n (%)	Mean ± SS	Significance
Age	18-23 Age Group	31(23.0)	55.4±12.2	X ² KW=2.528 p=0.470
	24-29 Age Group	57(42.2)	55.2±12.8	
	30-35 Age Group	30(22.2)	60.6±14.2	
	36-41 Age Group	17(12.6)	58.53±16.0	
Marital Status	Married	86(63.7)	57.21±13.8	t=0.252 p=0.801
	Single	49(36.3)	56.6±12.8	
Working Position	Chief nurse	15(11.1)	57.46±13.71	X ² KW=0.405 p=0.817
	Service nurse	81(60.0)	57.21±13.55	
	Other	39(28.9)	56.99±13.6	
Working Status	Permanent	91(67.4)	57.4±14.4	t=0.532 p=0.596
	Contracted	44(32.6)	56.0±11.2	
Working Service	Internal Medicine	29(21.5)	56.8±11.2	X ² KW=0.697 p=0.952
	Clinic	25(18.5)	57.2±12.4	
	Surgical Unit	36(26.7)	55.8±14.0	
	Risky Units	14(10.4)	59.2±21.2	
	Other	31(23.0)	57.0±11.82	
Opinions of nurses towards work quality	Excellent	5(3.7)	65.0±23.0	X ² KW=33.221 p=0.000
	Very good	13(9.6)	64.0±11.2	
	Good	63(46.7)	61.6±13.0	
	Bad	44(32.6)	49.8±7.8	
	Very bad	10(7.4)	45.4±12.6	

Table 3. Nurses' Job Satisfaction Level and Work Life Quality Score Average

	n	Mean ± SS
Job Satisfaction Level		56.99± 13.49
Internal Satisfaction Score	135	59.0±15.84
External Satisfaction Score		53.8±15.99
Work Life Quality	135	99.69 ± 18.98

Table 4. The Relationship Between Nurses' Job Satisfaction Level and Work Life Quality

	Work Life Quality (Mean± SS: 99.69 ± 18.98)	
Job Satisfaction Level (56.99 ± 13.49)	r= 0.625	p= 0.000

There was no statistically significant difference in the age, marital status, working position, working status, service quality and quality of life scores of the nurses participating in the study ($p > 0.05$). The relation between the opinions of the nurses on the quality of life and the average of the quality of work life was found to be significant ($p < 0.05$) (Table 2).

It was seen that the average level of job satisfaction level of the nurses was 56.99 ± 13.49 . In the survey it was found that the internal satisfaction levels of the participants were relatively higher than the external satisfaction levels and general satisfaction levels (Table 3).

There was a strong correlation between the job life quality and job satisfaction level of the nurses ($r: 0.625$) ($p < 0.05$, Table 4).

Discussion

There were no significant relationships between age, marital status, working position, working status and job quality scores of the nurses participating in the study.

According to the age groups, there was no significant relationship between the average scores of job quality of the nurses, but 36-41 age group nurses had the highest score with 60.2 ± 12.6 (Table 1). In studies conducted by Ugur, upon examining the nurses' evaluations about the quality of work life according to the age group they were in it is seen that there is an increase in the evaluations of the quality of work life as the age of the nurses increased (Ugur, 2005).

There was no statistically significant difference between the marital status of the nurses participating in the study and the average scores of the quality of life ($p > 0.05$) (Table 1). Similarly, there was no difference between Ugur's studies on the quality of work life according to marital status of nurses (Ugur, 2005).

There was no statistically significant difference between the service performed by the nurses participating in the study and the average scores of the quality of life ($p > 0.05$) (Table 1). However, it was seen that nurses working in risky units had higher quality of work life scores than other workers. Because the nurses in the risky unit are the units that need to make more independent decisions, the nurses working here think that their quality of life is higher due to the independent work. Collins and Henderson emphasized that the autonomy of nurses working

in the risky unit is higher. A high level of autonomy is considered to be able to make more independent decisions and therefore affect the quality of work (Collins & Henderson, 1991).

There was no significant difference ($p > 0.05$) (Table 1) when we compared the total scores of participants' working status and nursing work quality of life scale total points. It is seen that the quality of work life of the permanent staff is higher. Similarly, in Ugur's study, it was determined that the status of the nurses did not affect the working life (Ugur, 2005).

According to our study data, 46.7% of the nurses evaluated the quality of work life as good (Table 1), and the "Nursing Work Life Quality Scale" was found to have a medium level of overall score (99.69 ± 18.98) (Table 3). However, 32.6% of the nurses evaluated the quality of work life as bad and this rate is considerable compared to 46.7% (Table 1). It can be argued that the negative evaluation of quality of work life is caused by many factors such as the fact that the work load is too much, job is not satisfying, and the number of nurses is inadequate. In the study Ozturk conducted, it was revealed that the nurses did not exhibit healthy lifestyle behaviors adequately, they get average satisfaction from the job, and they had below average quality of work life. In Brooks' study of quality of life in intensive care units, it was seen that the quality of work life quality of nurses was at an average level (Ozturk, 2010; Brooks & Anderson, 2004).

According to research data, various characteristics of nurses such as age, marital status, working position, working status and service do not have an important effect on job satisfaction levels.

It was found that there was no statistically significant difference between the age groups and the job satisfaction levels of the nurses participating in the study ($p > 0.05$) (Table 2). In most of the similar studies, no significant difference was found between the job satisfaction scores according to the ages of nurses (Baycan, 1985; Astı, 1993; Bayrak & Bahcecik, 2005; Ozata, Aslan & Arslan, 2007).

There was no statistically significant difference between marital status and job satisfaction levels of the nurses participating in the study ($p > 0.05$) (Table 2). Similarly, in some studies it was determined that differences in marital status did not affect job satisfaction. According to

Herzberg's theory, job satisfaction is directly related to job-related factors and therefore, marital status does not affect nursing job satisfaction (Arıkan et al. 2006, Cimen & Sahin I, 2000; Durmus & Gunay, 2007).

When the job satisfaction levels and the working units of the nurses participating in the study were examined, it was determined that there was no statistically significant difference but the job satisfaction of the nurses working in the surgical and internal units was higher ($p > 0.05$) (Table 2). It is known that the stress and workload of the nurses working in the specialized units are higher than the nurses working in the other polyclinics. In this case, it can be said that the nurses provide more satisfaction than the work they do despite this intensity and workload. Similar results; Kalish and colleagues have reported that job satisfaction is higher in more dynamic and specialized departments such as operation rooms and emergency rooms where patient circulation is higher (Kalisch, Lee & Rochman, 2010).

It was found that the relationship between the nurses' opinions on work life quality and their job satisfaction score averages was significant ($p < 0.05$) (Table 2). Nurses' job satisfaction levels increased as their views on evaluating the quality of their work went from poor to excellent. This shows that when nurses perceive themselves as working in a safe, clean environment, they are more satisfied and pleased with what they are doing.

In this study, it was observed that the job satisfaction level average of the nurses was 56.99 ± 13.49 (Table 3). In other studies on nurses' job satisfaction, it was determined that the level of job satisfaction of nurses was slightly above the middle level (Blegen, 1993; Aslan & Akbayrak, 2002; Keskin & Yıldırım, 2006; Claudio, 2007; Seren et al. 2014).

In the survey it was found that the internal satisfaction levels of the participants were relatively higher than the external satisfaction levels and general satisfaction levels. This result supports the Herzberg Theory. According to the Herzberg Theorem, job satisfaction levels are high when nurses' level of internal satisfaction is higher, whereas when external satisfaction levels are low, general job satisfaction level decreases. It is possible to say that external satisfaction is related to eliminating nurses' dissatisfaction with their job. This result also supports many studies

(Diaz & Park, 1992; Ghiselelli, Lalopa & Bai, 2001; Hancer & George, 2003).

There was a strong correlation between the job life quality of nurses and job satisfaction ($r: 0.625$) ($p < 0.05$) (Table 4). Similarly, a significant difference was found in the work Ozturk did. This indicates that the level of work life quality is related to job satisfaction (Ozturk, 2010). Kavlu and Pinar also found that the job satisfaction and quality of work life scores increased and decreased in parallel with the study done on the nurses working in emergency service by Kavlu and Pinar to examine the effect of job satisfaction on quality of work life (Kavlu & Pinar, 2009).

Conclusions

It has been determined that the quality of work life of nurses is moderate and the job satisfaction level of nurses increases as the work quality of nurses increases.

According to the results obtained from the study, it can be said that the following suggestions will guide the nurses to work. These suggestions:

- It is suggested that managing nurses establish work life quality programs, certain criteria should be met in the selection of nurses working in managing positions and the quality of work life of nurses should be increased by carrying out management activities that emphasize positive communication with employees. This situation will naturally also increase job satisfaction.
- Taking necessary precautions in units where job satisfaction and job quality of nurses are lower and examining the causes of dissatisfaction in these units,
- Using different methods of measurement at different institutions and clinics with larger samples,
- Providing various career opportunities for nurses' career goals in the institutions they work and supporting nurses in this direction,
- Establishing fair attitudes for the managers in the health institutions, avoiding employee discrimination, providing equal wage opportunities for equal work,
- Ensuring that nurses participate in decisions about themselves and the issues related to patient care,

- In order to improve the quality of work life, it is suggested that laws and practices should be re-audited to support nurses at the organizational level.

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