

Quality of work-life and Factors affecting it in Nurses working in COVID 19 wards

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Abstract:

Background: Due to the epidemic of COVID 19 disease and its subsequent problems for nurses, it is very important to pay attention to the Quality of Work-Life (QOWL) of this group of the treatment team.

Objectives: The aim of this study was to determine the QOWL and the factors affecting it in nurses working in COVID 19 wards.

Methods: The cross-sectional study and was performed on 200 nurses working in COVID wards working in hospitals affiliated to Tehran University of Medical Sciences. Sampling was done first by multi-stage random sampling method and then within the clusters by the available method based on inclusion criteria. The research instruments included demographic questionnaires and Walton quality of the work-life questionnaire. Data were analyzed using SPSS-v23 software using descriptive and inferential statistical tests (regression). A P-value <0.05 was considered as a significant level.

Results: The mean total score of nurses' QOWL was 2.29 ± 0.64 . highest score of subscales (2.81 ± 0.84) was related to development of human capabilities and the lowest score (1.30 ± 0.59) was related to the Safe and hygienic work environment. The results of linear regression showed that the factors of Marital status, education, working hours, shift work have significant predictive power for QOWL ($p < 0.05$).

Conclusion: The QOWL of nurses working in COVID wards- 19 is low. Factors such as Marital status, education, long working hours, and work shifts affect their QOWL. Therefore, planning is necessary to improve the QOWL of nurses and pay attention to the factors affecting it.

Keywords: quality of life, covid 19, hospital, nurse

Introduction

On January 30, 2020, the World Health Organization (WHO) following the spread of the COVID epidemic in many parts of the world declared COVID-19 as a public health emergency of international concern (1). In order to reduce the rapid transmission of COVID 19 and to better care for infected patients, infectious units isolated and COVID wards were set up in many hospitals (2). During the COVID-19 epidemic, front-line medical staff, including nurses, especially those in close contact with infected patients, had problems such as limited clinical knowledge about the new virus due to multiple mutations in the virus, insufficient protective equipment, and other medical supplies, lack of definitive treatment in case of COVID-19, etc, which leads to low mood at work, absenteeism, apathy, poor work performance and ultimately patient dissatisfaction (3, 4). In addition, nurses are exposed to several factors arising from work-related conditions that affect their quality of work life. These factors include excessive workload, shift work rotation, long working hours, working in a high-risk environment with high stress, etc. (5, 6). Providing care in these cases is very difficult for nurses physically, emotionally, and spiritually. Nurses who work in such physically and emotionally

challenging situations often experience fatigue, job burnout, mental burnout, emotional separation, and ultimately reduced quality of life (7).

Therefore, due to the global shortage of nurses in health care systems, especially during the epidemic of COVID-19, the support and maintenance of nurses' inappropriate working conditions and planning to increase the quality of their working life is very important (8, 9). In a study, Melnyk et al. Found that more than 50 percent of nurses experienced worse mental and physical health due to the COVID 19 epidemic. Nurses were not well supported during the epidemic. Nurses whose work environment did not support their health were 3 to 9 times more likely to have mental and physical problems, higher stress and job burnout, and lower quality of life during the epidemic than other nurses who were supported(9).

There is a wide range of definitions for quality of working life from different disciplines. However, most studies consider the quality of work-life as a mental experience that is influenced by personal feelings and perceptions and is related to the nurses' work environment (10). Quality

of work life is related to organizational commitment, improving the quality of care, and increasing productivity for both employees and the organization and has a direct impact on other aspects such as health, absenteeism, accidents, productivity, and loyalty to the organization(11). Various studies have been conducted on the quality of work-life of Iranian nurses, for example; The results of Yousefi Labani et al.'s study in Kermanshah showed that 57.5% of nurses had a high quality of work-life, 36.5% moderate, and 5.9% low (12). The results of the study of Mohammadi et al. In Ardabil showed that the quality of work-life of most of the nurses studied was moderate (83.7%) and only 4.9% of them had a good quality of work-life (13). Quality of life is reported to be poor in most nurses in Khorramabad (14). These studies were conducted in the period before the epidemic of COVID 19 and based on advanced research in existing studies, it indicates that no study has been conducted to evaluate the quality of work-life of nurses working in COVID 19 wards in Iran.

Objectives

Therefore, given the continuing epidemic of COVID 19 worldwide and the importance of quality of work-life of nurses working in COVID 19 wards, the aim of this study was to determine the quality of life and the factors affecting it in nurses working in COVID-19 wards.

Methods

Study design and participants

This research is a cross-sectional study that was performed on nurses working in COVID 19 wards in hospitals affiliated to Tehran University of Medical Sciences in 2021. The sample size was calculated based on the results of previous similar studies (15) and a correlation coefficient of 1.5 with 95% confidence and 90% test power and using the sample size formula to 170 people, which with 15% probable loss in a total of 200 people were considered in the assembly. After obtaining the necessary permits and observing the principles of ethics in the research, sampling was first done in a multi-stage random method (each of the hospitals of Tehran University of Medical Sciences was considered as a cluster) and then inside the clusters the available method based on inclusion criteria to study, was performed. Inclusion criteria included having a degree in nursing and higher, more than one year of experience in the nursing profession and at least 6 months of work in Quaid 19 ward, working in Quaid 19 ward at the time of the study, having informed consent to participate in the study, not having COVID-19 disease. Exclusion criteria

included incomplete completion of the questionnaire and willingness to leave the study.

Data collection instruments

Data were collected using a demographic information questionnaire (including age, gender, marital status, work experience, level of education, shift work, and working hours) and the Walton Quality of Work-Life Questionnaire. Walton Quality of Work-Life Questionnaire includes 35 questions and 8 subscales including fair and adequate pay (4 questions), safe and healthy work environment (6 questions), human resource development (5 questions), providing opportunities for growth and continuous security (4 questions), Social unity and cohesion in the organization (4 questions), legalism in the organization (4 questions), general living space (3 questions), social dependence in work life (5 questions). The questionnaire is scored on a 5-point Likert scale (completely dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied, completely satisfied). No shear point is considered for this tool. The higher the total score, the better the quality of life. Designers have confirmed the validity and reliability of the questionnaire (Cronbach's alpha 88%) (16). This tool has been translated by Iranian researchers and its validity and reliability have been confirmed in the study of Davari et al. (87% Cronbach's alpha) and in the study of Khalili et al. (91% Cronbach's alpha) (17).

Ethical considerations

The design of this study has been reviewed in the ethics committee of Tehran University of Medical Sciences and has been registered with the ethics code IR.TUMS.MEDICINE.REC.1399.963. Researchers adhered to the principles of ethics in research at all stages of the research and maintained the human values of nurses, informed satisfaction, and the principles of confidentiality.

Data analysis

Data were analyzed using SPSS software version 23 using descriptive and inferential statistical tests (regression). A P-value less than 0.05 was considered as a significant level.

Results

The present study was performed on 200 nurses working in COVID 19 wards. Some demographic characteristics are listed in Table 1

Component		Number (percent)
Gender	male	28(14)
	female	172(86)
Marital status	single	62(31)
	married	134(67)
	divorced	4(2)
Education level	BA	166(83)
	MA	32(16)
	Phd	2(1)
Age	Less than 30 years	64(32)
	40-30	84(42)
	more than 40 years	52(26)
Working experience	Less than 10 years	132(66)
	10-20 years	56(28)
	More than 20 years	12(6)
Work hour	Less than 200 hours	130(65)
	201-300 hours	62(31)
	more than 300 hours	8(4)
Work shift	Day work	60(30)
	Night work	22(11)
	In circulation	108(59)

Table 1: Demographic characteristics of nurses

The average overall score of nurses' quality of work-life was 2.29 ± 0.64 . Highest scores of quality of work-life subscales included in the field of ; 2.81 ± 0.84 , and lowest score of quality of work life subscale was Safe and hygienic work environment; 1.30 ± 0.59 (table 2). The linear regression model was used to determine the factors affecting the quality of life and the impact of each of these factors. The results of linear

regression showed that the factors of marital status, education, working hours, and shift work have significant predictive power for overall quality of life, respectively. This analysis showed that these variables predict a total of 42% of the variance of the overall quality of life variable (Table 3).

Subscales	Mean	Std. Deviation
Fair and adequate payment	1.89	0.65
Safe and hygienic work environment	1.30	0.59
Development of human capabilities	2.81	0.84
Opportunity for growth and continuous security	2.57	0.72
Social integration and cohesion	2.65	0.84
Rule of law	2.36	0.87
The general atmosphere of life	1.98	0.76
Social dependence of working life	2.79	0.87
Total score	2.29	0.64

Table 2: Mean and standard deviation of overall quality of life and its subscales

Variable	B	SE	β	P-VALUE
(Constant)	2.775	.421		.000
marital status	.314	.123	.256	.013
education	-.321	.138	-.216	.023
working hours	.292	.110	.271	.009
shift work	-.132	.043	-.299	.003
Adjusted R ² =0.424, f=5.214				

Table 3: Regression analysis of predictors of quality of life in nurses working in the COVID ward

Discussion

This article was conducted to evaluate the quality of work-life in nurses working in COVID 19 wards. In the present study, the quality of work-life and all its subscales were lower than expected. The results of Maghsoud et al.'s study also showed that the quality of work-life of Saudi nurses was low during the COVID epidemic (18). This is consistent with the results of the present study. However, the quality of life score in our study was much lower, which can be attributed to cultural differences and differences in the prevalence of the COVID 19 epidemic in Iran and Saudi Arabia. Also, the employment of nurses in the present study in COVID 19 wards has severely reduced their quality of work life. Similar results of the present study have been reported in other Iranian studies, for example; Dargahi et al. (2007) in a study on the quality of work-life of nurses in hospitals of Tehran University of Medical Sciences showed that nurses were not satisfied with most subscales of their quality of work life. Most nurses suffer from work-related accidents, lack of safety rules and work discipline, unfavorable workplace health conditions, lack of periodic medical examinations and examinations, low monthly salaries, welfare facilities, cash and non-cash bonuses, indirect benefits, As well as the presence of job stress and lack of transparency in job prospects were dissatisfied(19).The results of the study of Eslamian et al. (2015) also showed that 70% of nurses were dissatisfied with the quality of their working life and complained about most aspects of their working life(20).The results of these studies are consistent with the present study, except that the quality of work-life of nurses in the present study was much lower. Low quality of work-life in nurses can have various causes. One of the most important causes is job stress. Job-related stress, if excessive, can endanger a person's health by causing physical, psychological, and behavioral complications, and the presence of these pressures by threatening organizational goals can reduce the quality of work (21). One of the most severe stresses that have recently arisen in countries around the world, especially in the nursing profession, is the unprecedented outbreak of the COVID 19 virus, which directly affects nurses, and many nurses have contracted or died from this disease. Therefore, the very low quality of work-life in nurses in the present study can be considered as a consequence of the current critical situation at the

time of the outbreak of COVID 19 and the increase in work pressure and stress caused by unknown aspects of disease. In the present study, the lowest score of the working quality of life subscale was related to a 'lack of safe and healthy work environment'. This finding may be due to the epidemic of COVID 19 and the employment of nurses in the present study in the special wards of COVID 19. Lack of a safe environment at work can increase anxiety, depression and also reduce the quality of work-life of people, which is in line with the study of Farahati et al. The researchers report that COVID- 19 disease has far-reaching psychological consequences worldwide, affecting mental health at the individual, interpersonal and social levels. The rapid spread of the disease has changed people's living conditions and has devastating psychological effects such as anxiety, depression, and fear (22).In this study, Shahyad et al. Showed that COVID 19 disease not only causes public health concerns but also causes a number of psychological illnesses such as anxiety, fear, depression, avoidant behaviors, irritability, sleep disturbance, and Post-traumatic stress disorder occur especially in patients with COVID 19, health care workers and their family members (23).Eini et al. In a study entitled 'Corona Anxiety in Iranian Nurses' showed that the prevalence of COVID 19 virus and the increase in the number of cases and also the mortality of nurses has caused a lot of anxiety and stress in the nursing community. Corona anxiety has a significant and negative relationship with nurses' sense of safety and support. Supporting and creating a safe work environment acts as a shield against nurses' physical and psychological problems. Therefore, nurses who feel strong support and safety in the workplace, in the face of coronary heart disease, which is considered a stressful event, show clear and relevant behavior, have less anxiety and coronary stress, and experience a better quality of life (24).Along with the present study in other studies, the need to create a safe and hygienic environment has been reported as one of the most important needs of nurses during the COVID 19 epidemic (25, 26).In these studies, the emphasis was on a safe and hygienic environment during the COVID 19 epidemic for nurses in all wards, while the nurses in the present study work in coronary wards, so there is a greater need to create a standard safe and hygienic work environment and in accordance with the conditions of COVID- 19 to increase the quality of work-life of nurses, to provide better quality care

for patients admitted to COVID 19 wards. In the present study, factors such as marital status, education, working hours, and shift work were effective on the quality of work-life of nurses working in COVID-19 wards. Along with the results of the present study in the studies of Al-Sayed et al. (27) Habibi et al. (28), MC Fadan et al. (29), marital status was also an effective factor in the quality of work-life of nurses. Marital status is probably the most important type of 'social support' that has a positive effect on people's health through various physiological mechanisms (30). Having a support person, especially for nurses in the context of the COVID 19 epidemic, can play an important role in people's performance, reducing stress and their quality of work-life (24). (86%) were women and worked many shifts in COVID 19, so they need more emotional and psychological support, especially from their spouses, this support is due to the cultural context of the Iranian people can reduce stress and increase their quality of working life. In the present study, higher education was considered as an effective factor in the quality of life. In the study of Al-Sayed et al., Education played a major role in the quality of life of nurses (27), which is consistent with the present study. In this context; Mohammad et al. (2021) reported in a study that nurses were able to provide quality care in addition to maintaining their health by increasing their knowledge and applying it during the COVID 19 epidemic (31). Hadi et al showed a nurse with good scientific background and up-to-date information can better combat bad living habits and crisis situations (32). One of the reasons for the present study is that nurses work in COVID 19 ward due to the unknown nature of this disease, they need to obtain up-to-date information by searching reliable sources, so higher education of nurses in this field will help more. Because according to the curriculum of nursing in Iran, the method of searching from reliable information sources and advanced research methods are taught in masters and doctoral degrees. In the present study, other factors affecting the quality of work-life were shift work and working hours. Nurses who worked more hours per week or worked night shifts had lower quality of work life. Excessive work shifts lead to fatigue and reduced leisure time. People who do not have enough leisure time experience poorer quality of life and are also at greater risk for reduced health and well-being (33). In a study, Turchi et al. showed that nurses who worked at night had a lower quality of work-life than other nurses (34). Due to the lack of nursing staff, especially in the Corona pandemic; Nurses' working hours have increased. The greater the number of working days per week, the significantly lower the individual's share of family life; The imbalance between work and life also increases (35). Yayla et al. reported that work-life balance, as well as nurses' psychological well-being, were negatively affected during the COVID 19 epidemic. This disease has significantly reduced the mental health of nurses (36). Due to the fact that the nurses of the present study work in the wards of COVID 19 and the working conditions in these wards are much more difficult than in the other wards, as well as the long working hours and night shifts during the COVID 19 epidemic has severely reduced the quality of life of nurses.

Conclusions

Finally, the results of this study showed that the quality of work-life of nurses working in COVID 19 wards is low. Factors such as Marital status, education, working hours, shift work affects the quality of work-life of these nurses. Accordingly, it is necessary to design programs such as reducing the volume and working hours, proving work shifts, reducing stress, comprehensive support, and continuous training, especially for nurses working in COVID 19 wards. It is suggested that more research be done on nurses in other wards and other treatment team members in different parts of the country. Qualitative research is also recommended to better explain the quality of work life.

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Competing interests

There is no conflict of interest in the present study.

Abbreviations

Quality Of Work-Life (QOWL)

Authors' contributions

All authors meet the criteria for authorship and all those entitled to authorship are listed as authors Approval of the final article, conceptualization, data collection, formal analysis, and manuscript draft preparation: All authors; manuscript reviewing and editing: ASH.

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Availability of data and materials. The data that support the findings of this study are available from the corresponding author upon reasonable request.

Ethics approval and consent to participate

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors. The present study is part of a Msc. dissertation (ethics code: IR.TUMS.MEDICINE.REC.1399.963) in nursing approved by Tehran University of Medical Sciences.

Consent for publication

I, the undersigned, give my consent for the publication of identifiable details, which can include photograph(s) and/or videos and/or case history and/or details within the text ("Material") to be published in the above Journal and Article. I confirm that I have seen and been given the opportunity to read both the Material and the Article to be published by nursing and Midwifery Studies. Therefore, anyone can read material published in the Journal. I understand that readers may include not only medical professionals and scholarly researchers but also journalists and general members of the public.

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