





Original Research

# The Quality Work Life among Nurses Working in Selected Hospitals in Kathmandu

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## Abstract

**Background:** Quality Work Life (QWL) is essential for the long-term resilience of healthcare systems and nurses' Well-Being (WB), despite the fact that there hasn't been much research done in Nepal.

**Purpose:** The main aim of this research study is to examine the QWL among nurses and inspect the association b/t QWL with demographic features among nurses.

**Methods:** To study nurses' QWL, a cross-sectional technique was carried out at the selected tertiary-level of Hospital in Basundhara/Dhapasi, Kathmandu; a non-probability enumerative sampling method was adopted based on the QWL survey. The questionnaire has six categories: sociodemographic data, work environment, management relationships, work conditions, job perception, and support services. Validity and reliability were ensured, and informed consent was obtained in writing. The study had 150 registered nurses enrolled in it, and it received ethical approval.

**Findings:** In this study, researchers utilized descriptive and chi-square tests to examine the level of quality of work life (QWL) among nurses and the association of demographic factors with QWL. However, the results demonstrated that the majority (81.3%) of the nurses experienced a moderate level of QWL.

**Research Limitation/ Practical Implication:** Low generalizability, a small sample size, self-reported bias, a cross-sectional design, and limited data collection techniques are some of the study's limitations. Health organizations should invest in training and development, social support, flexible work, and policies that address the work environment, relationships with management, work conditions, job perception, and support services if they want to improve the QWL of nurses in Kathmandu. It is crucial to take activities that increase



output and employee happiness.

**Originality/Value:** The originality and value of this study reside in its assessment of the relationship between QWL, quality patient outcome, and nurse well-being, addressing a significant gap in the literature.

**Keywords:** Hospital, Nurses, Quality Work Life (QWL).

## Backgrorund

Quality work life (QWL) is defined "as the extent to which an employee is satisfied with personal and working needs through participating in the workplace while achieving the goals of the organization [1]. The QWL of nurses can be significantly impacted by a diversity of foremost components, containing the work situation, relations with management, work circumstances, job awareness, and support services. Numerous research studies have studied the influence of these issues on QWL [2, 3, 4, 5, &6]. For instance, a study by Mori et al. (2014) discovered that 60% of the nursing workforce started undergoing a modest level of QWL [5]. Similar findings were found in a study by Kelbiso et al. (2017), which also found that educational status, median household income, working units, and work environment were significant predictors of QWL and that 67.2% of nurses were unsatisfied with their QWL [4]. In addition, Kaddourah conducted a study in which a total of 365 nurses were chosen as a sample, and displayed that participants were disappointed with their work (54.7%) and that concluded 94% of them intended to leave their current hospital [3]. However, due to their sound effects and behavior on patient service, nursing workforces' turnover and QWL are

challenging for the healthcare industry [2, 3]. Likewise; a study by Nayeri et al. that recruited 360 clinical nurses revealed that 61.4% of the participants' QWL was at a moderate level [6]. Similarly, an investigation by Al-Maskari et al in 2020, a total of 345 nurses took participants in the study, and the results showed that overall, the nurses displayed a moderate degree of QWL and that nurses' QWL has an indirect impact on the standard of patient care [2]. In addition, in a study by Javanmardnejad et al.,(2021) investigated the connection between happiness, QWL, and job satisfaction among nurses, 270 nurses in total were interviewed and findings, nurses did not report feeling joyful, and their happiness may have been correlated with their socioeconomic standing [7]. Moreover, a study by Thapa et al. (2022) in Nepal had 151 employees in total and the findings showed that unhealthy working conditions, such as toxic work environments, had an adverse effect on employees' engagement and wellbeing [8]. In addition, a study by researchers concluded that empathy is an essential skill in the nurse-patient relationship; however, the findings revealed that the empathic level had a below-average score [9]. There is a concern; nonetheless nurse's performance is a significant measure in the healthcare organization [7]. However, there are few studies conducted in Nepal.



Overall, it is essential to understand how the different elements such as workplace environment, relations with management, working circumstances, job perception, and support services affect QWL with the purpose of encouraging their WB and enhancing quality health service in healthcare settings. Hence researchers decided to conduct this study. Moreover, the QWL of a nurse's workforce can be meaningfully influenced by other reasons such as work environment, relationship with managers, work conditions, job perception, and social support. These are highlighted below with various studies.

### **Work Environments**

Quality work Life (QWL) is important in healthcare services, especially for the nursing workforce for playing an important role in providing all-inclusive service at work [4]. QWL for nurses comprises WB, professional development, social support, and team-impacting patient care excellence, staff turnover, and job satisfaction. Nurses' well-being is crucial for safe, high-quality patient care. Numerous evidence revealed that the QWL of the nursing workforce employed in hospital settings is closely connected to their work environments [4, 10]. The work environment comprises features such as the physical work settings [4] organizational culture, and collaborative working relationships [11]. When nurses work encouraging work environments, they are more likely to experience higher levels of job satisfaction, commitment, and overall QWL [11]. One of the basics that pay to a progressive “work environment” for nurses is requiring

sufficient staffing [12]; and researchers analyzed survey data from 95,499 nurses and discovered that when nurses are not satisfied with their jobs, it can result in expensive labor disputes, employee turnover, and patient risk [12]. They also experience higher levels of stress, burnout, and job dissatisfaction, which negatively impacts their quality of work life QWL [13]. Furthermore, it's crucial to have a friendly and cooperative working relationship with others [14] Nurses; quality of life(QoL) and work life balance are essential for quality patient care, a study conducted by Kowitlawkul et.al, (2019), the study found that social support and stress coping ability to be key determinants for nurses; high QoL. Cultivating social support can enhance nurses QoL [14]. At hospitals, by resolving these issues; nurses can improve their work environment and quality of life, which will improve patient outcomes. Overall, the respondents agreed that creating a positive workplace atmosphere is necessary to increase nurses' QWL and the caliber of care they can provide to patients. Hospitals may generate a welcoming environment by taking care of things like staffing levels, connections between team members, and chances for professional advancement [15].

### **Relationship with Managers**

Successful relationships between nurses and their managers can increase job satisfaction, lower stress levels, and improve patient outcomes [1, 11 & 16]. A study conducted by Vermeer et al. (2018), suggested that the relationship between employees and supervisors can help municipal healthcare



workers perform well at work and have a sense of belonging [17]. However, another study highlighted that the respondents were dissatisfied with their work lives due to various factors such as inadequate vacation time for nurses and their families, management and supervision practices, an absence of skilled increase opportunities, and recreation facilities [1]. Positive relationships between nurses and their managers are associated with increased job satisfaction, decreased burnout, and improved patient outcome [8, 9, & 10]. According to a study, nurse managers and staff relationships that are positive are linked to greater levels of job satisfaction [14, 15], loyalty to the organization, and patient safety [8]. Likewise, another study suggested that; the nurses mentioned essential elements that they believe would improve patients' experiences of the quality of nursing care: clinically competent nurses, collaborative working relationships, autonomous nursing practice, managerial support, feedback, and transparent goals [8, 11 & 14]. Therefore, a positive relationship between nurses and their managers can lead to many benefits such as better communication, collaboration, trust, wellbeing, and opportunity to grow.

### **Work Conditions**

Nurses, as the main group of healthcare workforces, ought to enjoy a suitable QWL to be able to offer quality care to their patients; consequently, nurses' professions should be taken into account [5]. Nurses working in hospitals face hard and challenging work conditions [5, 8, & 18]. Issues such as working hours, WLB, salary, and employment levels

can impact job fulfillment, burnout, and turnover intent among nurses. Concerning working hours and shift duty, a study showed by Venkataraman et al. (2018) established that nurses' working hours, working in OPDs, and no night shift were important factors paying to greater nursing QWL scores ( $P>0.05$ ) [18], concern about staff deficiencies and workload were key issues for over 40% of staff who stated their intent to leave their current post [19]. According to a study, nurses who worked longer shifts experienced higher rates of job dissatisfaction, burnout, and intention to quit as well as impairments to their health [18, 19]. Similarly, this study also establishes that nurses who stated higher points of supervisor care and flexible work provisions were less likely to experience work-family conflict [14, 15]. The main influencing issues were unsuitable working hours, lack of facilities for nurses, failure to balance work with domestic needs, no provision of pause areas, and inadequate salary [1]. Also, a study showed with 650 nursing staff in 15 nursing homes discovered that multivariate linear regression modeling revealed that rises in work-family conflict were linked with lower mental health scores ( $B=-2.56$ ,  $p>.01$ ) [20]. Though, earnings are also an additional factor that gives notice of growth work satisfaction. A study initiated that earnings was a significant interpreter of job satisfaction among nurses. A study showed in 125 health facilities, where 424 nurses were chosen at random to do in-person interviews across the entire country of Ethiopia, mentioned that reasonable salary and marginal benefits are also desirable to reduce their disappointment with the job



[21]. Nevertheless, sufficient nursing staff is also an additional factor that can decline job stress [15]. According to a study, nurses who work in hospitals with inadequate staffing levels experience greater levels of occupational stress and burnout [15, 21]. This study also found that acceptable staffing levels were linked with higher levels of job satisfaction and organizational promise among nurses [8, 13, & 14]. Overall, work conditions play an important role in the job fulfillment, burnout, and turnover intent of nurses working in selected hospitals [1, 8, & 21].

### **Job Perception**

The significant impact it can have on patient results has made the QWL lives a key concern in modern years. In this study, researchers observe how nurses working at particular hospitals see their works in relationships of teamwork, autonomy, and EE. "Employee engagement (EE) has been documented as a significant predictor of QWL among employees [8]. A high level of EE has been associated with developed job fulfillment, b/t WB, and lower turnover [2]. In addition to the other factors mentioned, "autonomy" has also been linked to QWL in healthcare workers [22, 23]. Study has revealed that healthcare workers who have additional regulator over their work setting and decisions have a tendency to experience less exhaustion and higher job satisfaction [23]. Likewise, teamwork has been established to be vital in enhancing QWL for nurses [24]. Effective teamwork can decrease stress and growth job satisfaction, subsequently in improved patient outcomes [23]. Overall, the literature review

emphasized the standing of job perception features in enacting QWL among nurses [24]. Hospital managers need to reflect these features and implement strategies and approaches that encourage EE, autonomy, and teamwork [24, 25]. Undertaking will not only improve QWL for nurses but also lead to shared patient results [21, 22, & 26]. It is vital that the health care institute prioritizes the WB of its nursing staff to make certain that they can deliver the best promising care to patients.

### **Support Services (SS)**

Quality work life is a vital characteristic of the nursing career, referring to the contentment, EE, WB that nurse's understanding in their work setting [10, 27, 28]. Supportive service, such as internal work support and sufficient material and tools for patient care, show a critical role in creating a progressive work atmosphere for nurses [15, 24, & 29]. This literature assessment aims to discover the association between SS and QWL among nurses in a selected hospital in Kathmandu, Nepal. Several studies have observed the influence of SS on QWL among nurses in diverse [9, 30, & 31]. For example, in Nepal among 124 nurses in a teaching hospital, appropriate payment of wage and satisfactory types of apparatus and materials were initiated to be significant for nurse retention and JS [30]. Likewise, additional study found those nurses' understandings with facilities and barriers in their work-related wellbeing were definitely affected by support from coworkers and supervisors, as well as the accessibility of equipment [15, 32, 33, & 34]. Generally, the



literature proposes that SS, such as sufficient tools for patient care, are vital for creating an encouraging work setting for nurses and improving their QWL. Cultivating this SS can lead to developed nurse fulfillment and retention, eventually cultivating patient care results.

#### **Objectives' of the study are;**

1. To identify the level of work environment, relationship with managers, work conditions, job perception, and support service
2. To identify the level of quality of work life (QWL) among nurses.
3. To determine the relationship b/t distinct socio-demographic factors and QWL.

#### **Design / Methodology / Approach**

The current study utilized an analytical cross-sectional design to explore the QWL among nurses in a selected hospital in Kathmandu. The study areas included two hospitals, namely, Greencity Hospital and BP Smriti Hospital, both of which are located in Basundhara, Kathmandu. The study populations consisted of registered nurses (RNs) who were currently working in the selected hospitals and were willing to participate in the study. A non-probability enumerative sampling technique was employed, and a total of 150 respondents were included in the study, with 96 from Greencity Hospital and 54 from BP Smriti Hospital. The inclusion criteria included all levels of RNs, while nurses on long leave during the data collection period were excluded. Data were collected through self-administered questionnaires developed based on the Quality

of Nursing Work Life Survey (QNWL) and feedback from experts and members of the research committee. The QNWL tool was developed by Beth A. Brooks in the USA in 2001 and included 42 items categorized into five categories [35]. The questionnaire was divided into six sections: sociodemographic data, work environment, relationships with managers, work conditions, job perception, and support services. The research instruments' validity and reliability were ensured through consistent guidance from the research committee, a review of the literature, and pre-testing among 10% of the total sample size in similar areas. The data collection procedure involved obtaining informed, written consent from each respondent, clearly stating the study's purpose, maintaining confidentiality, and collecting data within a two-week period. Ethical clearance and permission letters were obtained from the hospital administration, and informed consent was obtained from all the respondents who participated in the study.

#### **Findings**

This study aims to examine the QWL among nurses working in selected hospitals in Kathmandu. The collected information was checked for entirety and accurateness, then coded, tabulated, and examined using SPSS. Descriptive analysis was used to observe mean, percentage, and frequency, while inferential statistics (chi-square) were used to explore the association between QWL and DF. The data will be stored safely and accurately.



## Socio-demographic information

Table 1. Illustrates the respondents' socio-demographics

Variables	Frequency	Percentage		
<b>Age of respondents</b>				
18-25 years	100	66.7		
26-35 years	49	32.7		
36-45 years    Mean±SD=21±1.5	1	0.7		
<b>Ethnicity</b>				
Brahmin/Chhetri	101	67.3		
Janajati	45	30		
Dalit	4	2.7		
<b>Religion, Hinduism</b>			125	83.3
Buddhism	21	14		
Christianity	4	2.7		
<b>Marital status</b>				
Unmarried	111	74		
Married	39	26		
<b>Educational status</b>				
PCL	112	74.7		
PBNS	21	14		
BSC	17	11.3		
<b>Designation</b>				
Staff Nurse	149	99.3		
Ward In charge	1	0.7		
<b>Monthly income</b>				
15,000 and below	31	20.7		
16,000-30,000	106	70.7		
31,000-45,000	9	6		
46,000 and above	4	2.7		

Table 1 shows the socio-demographic information of the respondents. Nearly two-thirds of the respondents (66.7%) were between 18-25 years. Majority of the respondents (67.3%) were of



Brahmin/Chhetri ethnic background. The respondents following Hindu religion were 83.3%. Unmarried respondents (74%) were higher than married respondents (26%). Majority of the respondents (74.7%) had an educational qualification of PCL level. The designation of almost all of the respondents (99.3%) was staff nurse. Majority of the respondents (70.7%) had a monthly income of 16,000-30,000.

**\*Objectives 1 (one): To identify the level of work environment, relationship with managers, work conditions, job perception, and support service.**

**Table 2. Illustrate the level of work environment, relationship with managers**

Statements	Strongly agree f(%)	Agree f(%)	Neutral f(%)	Disagree f(%)	Strongly disagree f(%)
<b>Work environment</b>					
Positive opinions about nursing profession	22(14.7%)	26(17.3%)	67(44.7%)	22(14.7%)	13(8.7%)
Professional opportunities.	4(2.7%)	52(34.7%)	63(42%)	20(13.3%)	11(7.3%)
Talking Profession teammates	8(5.3%)	58(38.7%)	60(40%)	19(12.7%)	5(3.3%)
Nursing policies and procedures	20(13.3%)	59(39.3%)	43(28.7%)	26(17.3%)	2(1.3%)
Safe working environment	31(20.7%)	51(34%)	57(38%)	5(3.3%)	6(4%)
Feel safe & protected against damage (Physical, Moral verbal)	18(12%)	44(29.3%)	41(27.3%)	38(25.3%)	9(6%)
Believe job is safe	17(11.3%)	31(20.7%)	52(34.7%)	18(12%)	32(21.3%)
Managers respect nursing profession	16(10.7%)	50(33.3%)	55(36.7%)	14(9.3%)	15(10%)
<b>Relations with managers</b>					
Good rapport with the manager or supervisor nurse.	22(14.7%)	62(41.3%)	53(35.3%)	10(6.7%)	3(2%)
Manager/supervisor provides adequate supervision/inspection	18(12%)	61(40.7%)	54(36%)	13(8.7%)	4(2.7%)
Feedback on performance is provided by the manager or supervisor.	23(15.3%)	67(44.7%)	48(32%)	10(6.7%)	2(1.3%)





Managers and supervisors seek feedback.	11(7.3%)	52(34.7%)	57(38%)	21(14%)	9(6%)
Managers and supervisors recognize accomplishments.	17(11.3%)	47(31.3%)	62(41.3%)	18(12%)	6(4%)

**Table 2** demonstrates the work environment related information of the respondents. It was measured with 8 statements. For a statement; people has positive outlook about nursing profession, nearly half of the respondents (44.7%) showed a neutral response. Nearly half of the respondents (42%) were neutral regarding the statement that institutions give professional opportunities. Regarding the statement; I communicated with other team members like physiotherapist and respiration therapist, more than one-third of the

Table No. 2 shows the **relationship** of the respondents with their managers. For a statement; have good communication with manager/supervisor nurse, more than one-third of the respondents (41.3%) showed neutral response. As for a statement; manager/supervisor provides adequate supervision/inspection, 40.7% were agreeing with the statement. Nearly half of the *\*Objectives (One); to identify the level, the work condition, the job perception, and the support service.*

respondents (40%) showed a neutral response. As for the statement; nursing policies and procedures facilitate my job, more than one-third of the respondents (39.3%) agreed. More than one-third of the respondents (38%) were neutral towards safety and provided a safe environment. Regarding another statement; I believe my job is safe, more than one-third of the respondents (34.7%) were neutral. For a statement; managers respect nursing, more than one-third of the respondents (36.7%) were neutral.

respondents (44.7%) agreed with a statement that manager/supervisor provides feedback about performance. More than one-third of the respondents (38%) were neutral towards manager/supervisor asks their opinions. Regarding the statement; my achievements are recognized by the manager/supervisor, 41.3% of the respondents were neutral.

Statements	Strongly agree f(%)	Agree f(%)	Neutral f(%)	Disagree f(%)	Strongly disagree f(%)
<b>Work Condition</b>					
Overworked	20(13.3%)	38(25.3%)	32(21.3%)	38(25.3%)	22(14.7%)
Balance work and family life	10(6.7%)	58(38.7%)	43(28.7%)	23(15.3%)	16(10.7%)



Irrelevant nursing work	7(4.7%)	51(34%)	31(20.7%)	39(26%)	22(14.7%)
Energy outside of work	7(4.7%)	28(18.7%)	60(40%)	40(26.7%)	15(10%)
Frequently disrupted	8(5.3%)	36(24%)	46(30.7%)	54(36%)	6(4%)
Have enough time for work	14(9.3%)	34(22.7%)	42(28%)	33(22%)	27(18%)
Adequate number of nurses.	9(6%)	32(21.3%)	29(19.3%)	50(33.3%)	30(20%)
Shifts work negatively affects.	16(10.7%)	16(10.7%)	46(30.7%)	40(26.7%)	32(21.3%)
Adequate salaries	14(9.3%)	10(6.7%)	21(14%)	24(16%)	81(54%)
Policy family wellbeing	12(8%)	11(7.3%)	41(27.3%)	42(28%)	44(29.3%)
<b>Job Perception</b>					
Work engagement.	7(4.7%)	47(31.3%)	58(38.7%)	27(18%)	11(7.3%)
Autonomy in deciding patient care.	8(5.3%)	56(37.3%)	61(40.7%)	17(11.3%)	8(5.3%)
Team work	20(13.3%)	59(39.3%)	40(26.7%)	13(8.7%)	18(12%)
Attached to work.	23(15.3%)	60(40%)	41(27.3%)	20(13.3%)	6(4%)
Appreciation work	24(16%)	65(43.3%)	44(29.3%)	11(7.3%)	6(4%)
Communication with Doctors and others	34(22.7%)	54(36%)	44(29.3%)	18(12%)	-
Quality of care	38(25.3%)	58(38.7%)	41(27.3%)	8(5.3%)	5(3.3%)
<b>Support Service</b>					
Support from non-medical team	30(20%)	51(34%)	54(36%)	9(6%)	6(4%)
Resource at work	21(14%)	44(29.3%)	58(38.7%)	24(16%)	3(2%)
Give good quality patient care.	54(36%)	55(36.7%)	40(26.7%)	1(0.7%)	-
Qualified supporting system	26(17.3%)	39(26%)	59(39.3%)	22(14.7%)	4(2.7%)

**Table 3. Illustrate the level of work condition, job perception, and support service**

**Table 3** illustrates the **work condition** related information of the respondents. One-fourth of the respondents (25.3%) agree that they had work overload. For a statement; “balance work and family life”, more than one-third of the

respondents (38.7%) agree. More than one-third of the respondents (34%) agreed that they need to do a lot of irrelevant work. Regarding a statement; “energy outside of work”, 40% of the respondents said neutral.



For a statement; “frequently disrupted from outside”, 36% of the respondents disagree. Regarding a statement; “have enough time for work”, 28% of the respondents showed a neutral response. For another statement; “adequate nurse available”, the responses were disagree (33.3%). As for shifts work negatively affects my life, the majority of responses were neutral (30.7%). Table No. 3 shows the **job perception** related information of the respondents. The responses for a statement; “work engagement” (38.7%). Regarding a statement; “autonomy in deciding patient care”, the responses was neutral (40.7%). More than one-third of the respondents (39.3%) agree towards teamwork is present in unit. Most of the respondents (40%) felt attached to work. Regarding a statement; “communicate

with doctors and others”, the responses were agree (36%). For a statement; “quality care” for patients and their family life, one-third of the respondents (38.7%) were agreed.

Table No. 3 shows the **support services** related information of the respondents. For a statement; “support from non-medical team”, like [meal, cleaning and care staff] (meal, cleaning, and care staff), the responses were neutral (36%). For another statement; “resources for patient care”, the responses were neutral (38.7%). As for a statement; “quality patient care”, the responses were agreed (36.7%). Regarding a statement; “qualified support system”, more than one-third of the respondents (39.3%) showed a neutral response.

**Objective 2 (Two): To identify the level of quality of work life (QWL) among nurses.**

Table 4 shows the nurses' Quality of Work Life (QWL) levels.

Level of QWL among nurses	Frequency	Percentage
High	22	14.7
Moderate	122	81.3
Low	6	4

Table No. 4 presents the levels of quality of nursing work life, which were measured using 34 positive statements with a scoring range of 0-5. To determine the total score range (which was from 0 to 170), all of the scores were added up. Based on the total score, the level of quality of nursing work life was categorized as follows:

low (0-79 score), moderate (80-125 score), and high (126-170 score). The outcome demonstrated that the majority of the nurses (81.3%) had experienced a moderate level of QWL, followed by high (14.7%) and low (4%) levels.

**Objective 3: To identify the relationship between QWL and socio-demographic variables.**

**Table 5: Association b/t socio- demographic factors (DF) and level of QWL**

Variables	Level of QNWL		df	Chi-square	p-value	
	Low	High				
Age	18-25 years	88(58.7%)	12(8%)	1	1.705	0.192
	26-45 years	40(26.7%)	10(6.7%)			
Ethnic background	Brahmin/Chhetri	87(58%)	14(9.3%)	1	0.160	0.689
	Others	41(27.3%)	8(5.3%)			
Religion	Hinduism	107(71.3%)	18(12%)	1	0.043	0.836
	Others	20(13.3%)	5(3.4%)			
Marital status	Unmarried	33(22%)	6(4%)	1	0.022	0.883
	Married	95(63.3%)	16(10.7%)			

**Table 5.** shows the relationship between the dependent and independent variables. The chi-square test was used to determine the association between the level of QNWL and age, ethnic background, religion, and marital status. None of the study factors were found to be associated with the level of QNWL, as the observed p-value was higher than the standard p-value of 0.05.

## Discussion

The goal of the current study was to evaluate QWL and associated demographic variables in selected hospitals in Kathmandu. Hospitals must place a high priority on finding, keeping, and training qualified nurses. Improved organizational performance, staff morale, and nursing care quality are all benefits of a good QWL program [1, 5, 24, 26, &33]. The sociodemographic details of the participants are shown in Table (1). The vast majority of responders were young individuals (18 to 25 years old), of Brahmin or Chhetri ancestry, and of practicing Hinduism. The number of unmarried respondents was higher. The majority of participants had obtained a PCL-

level education and were employed as staff nurses, earning between \$16,000 and \$30,000 per month.

The current study discovered that many nurses reacted indifferently to claims concerning how society views nurses, career options, and team communication. These results are in line with those of an earlier study conducted in South Ethiopia [4], the study discovered that nurses who reported unpleasant work surroundings were more likely to have a poor quality of work life than those who did not [4]. However, the prior study found those nurses' opinions of their workplace was typically unfavorable, underscoring the need for change. Overall, both studies indicate that improving the



working environment and addressing problems like communication and career prospects can help nurses enjoy their jobs more. Furthermore, according to a study by Almalki et al. (2012), the respondent's dissatisfaction with their work life was caused by an unsatisfactory work environment [1]. The results of the present study and earlier studies thus imply that healthcare organizations should concentrate on enhancing nurses' **working conditions**, including inter-team communication among team members, offering chances for professional growth, and enhancing support services. These enhancements are necessary to guarantee employee happiness, lower turnover rates, and enhance patients.

In order to compare the findings to other studies, the goal of this study was to determine the degree of relationship between nurses and their managers. Table No. 2 presents the responses of the respondent to different statements related to their relationship with their managers. The results indicate that over one-third of the respondents (41.3%) had a neutral attitude toward the statement that the state has good communication with managers. However, the previous study by Venkataraman et al. (2018) found that the respondent had very supportive management practices and a favorable relationship with supervisors, which are key factors for the quality of work life [18]. In a study conducted by Almalki et al. (2012), the major influencing factors were lack of professional development and poor supervision practices [1]. Finally, the study examines the level of relationship

between nurses and their managers and compares the findings to previous research. The results indicate that communication and recognition are the areas where improvements are needed to enhance the relationship between nurses and their managers. Feedback is an area where managers have performed well, indicating that they should continue to provide regular feedback to their staff. The findings of this study are consistent with previous studies and emphasize the importance of effective communication, feedback, and recognition in promoting a positive relationship between nurses and their managers.

The findings presented in Table 3 provide insight into the **work conditions** experienced by the respondents. Specifically, the data suggests that a significant proportion of the participants experience work overload (25.3%) and feel that they need to do a lot of irrelevant work (34%). This finding is consistent with previous research that has identified workload as a significant contributor to stress and burnout among nurses [36]. Interestingly, more than one-third of the respondents (38.7%) reported that they can manage a good balance between work and family. This finding is consistent with research that has identified work-family balance as a critical factor in reducing burnout and improving job satisfaction among employees [15, 30, 31 & 37]. Regarding the impact of shift work on nurse's lives, the majority of responses were neutral (30.7%). The findings are consistent with previous research that has shown mixed results regarding the impact of shift work nurses;



health and wellbeing [16, 18 & 20]. Overall, the findings presented in Table No. 3 highlight the importance of addressing workload, work-family balance, stress levels, and disruptions to daily life in an effort to reduce stress and burnout among nurses. Further research is needed to better understand the impact of these factors on nurse's health and wellbeing and to identify effective interventions to address them.

The current study explored **job perception-related information** among the respondents. The results indicated that a significant proportion of the practitioners had positive responses towards feeling connected with their work and having autonomy in deciding patient care. However, a considered number of participants agree that teamwork is present in their unity, and they feel attached to their work. Moreover, a noteworthy characteristic of participants is that they can communicate effectively with doctors at their workplace, and their job is effective for patients and their family lives. These findings are consistent with previous studies that have investigated job perception among healthcare professionals [38]. However, further research is needed to explore the factors that influence healthcare professional's job perception in depth.

The current study investigated information about support services among respondents. The results indicated that a significant proportion of the participants had neutral responses towards receiving adequate support from support services staff and having adequate materials and equipment for patient

care. However, a considerable number of participants believe that they can provide quality patient care. Moreover, noteworthy percentages of participants showed a neutral attitude towards receiving qualified support services that have instigated support services among health care professionals [14]. However, further research is needed to identify the factors that affect healthcare professional satisfaction with support services.

The results of the study determined the nurses' level of QWL; the majority of participants in the study (81.3%) reported having a moderate level of QWL, according to the study's findings. Similar findings were found in a prior study by Moradi et al. (2014), which found that 60% of the nursing workforce had an average level of quality work life [5]. This indicates that although there were some positive aspects of work-life, there were also areas that required improvement to enhance the well-being and job satisfaction of nurses. Similar findings were found in a study published by Kelbiso et al. (2017), which found that 67.2% of nurses were not happy with the caliber of their work. However, due to their effects on patient care, the QWL and also problematic challenges for healthcare organizations [4]. However, the quality of nurse work life and nurse turnover are challenging issues for healthcare organizations because of their consequences and impacts on patient care [3]. The findings highlight the need for organizations to provide flexible scheduling options and support programs for nurses to help them achieve a better work-life balance. Specifically, organizations should prioritize



creating a positive and supportive workplace culture that fosters social support and positive interactions among colleagues and provide flexible scheduling options and support programs to help nurses achieve a work-life balance. By addressing these areas, organizations can support their nursing workforce and promote a volunteer quality of work life.

The current study aimed to recognize the association between QWL and selected DF among nurses. The findings showed that none of the DF studies, counting age and marital status, experiences, education, were significantly associated with the level of QWL among nurses. These results are consistent with earlier research accompanied by Suleiman et al. (2019); Pudashini et al. (2023), [37,38] where DF such as age, marital status, experiences, education, and work-related variables were found to be insignificant in defining the QWL of nurses [1,15,26,&39,]. These outcomes propose that QWL is a multidimensional paradigm that is influenced by several factors beyond DF. Additional study is needed to discover other DF that may affect QWL among nurses, such as work atmosphere, experiences, education, and socioeconomic status. Thoughtful DF can help administrations create targeted mediation to expand the QWL of nurses and encourage a strong work atmosphere.

### **Limitation**

A study on the "Quality of Work Life among Nurses Working at Selected Hospitals in

Kathmandu" has significant limitations, which are listed below.

**Low Generalizability:** There may be restrictions on how well the study's findings can be applied to other hospitals in various regions of Nepal or in other nations.

**Sample Size:** The study's sample size could be limited, which could reduce the statistical power of the findings. Limited representativeness and probable bias in the results could emerge from this.

**Self-report Bias:** The study may use self-reported measurements, which could be influenced by response bias or social desirability bias.

**Cross-sectional Design:** This study might make use of a cross-sectional design, which might enable it to pinpoint the causes of the variables. It could be necessary to utilize an experimental or longitudinal design to prove a cause-and-effect connection.

**Data collection method:** The study may only utilize one data gathering technique, such as a survey, which could restrict the volume and quality of the information gathered. Further information about the experiences of nurses in their professional lives may be obtained through other techniques, such as interviews or observation.

### **Practical implication / suggestions**

The current study found no significant association between demographic factors and QWL among nurses but revealed moderate QWL levels. Practical implications for intervention to improve nurse QWL. Yet, a



variety of investigations have demonstrated that demographic factors including age, education level, work experience, marital status, and other factors are crucial factors at work, and multiple studies have shown a connection between these factors and the quality of the work-life [2,5,8,21]. So, organizations must spend packages on training and development programs to enhance nurses' skills. To completely investigate the emotional connection between QWL and DF among nurses at a teaching hospital, additional research is also required.

Similarly, the current study found a moderate level of work environment, relationship with managers, work conditions, job perception, and support services. However, they are all important in the organization, hence the recommendation to develop policies and programs that address the identified factors that influence QWL among nurses. Similarly, a study suggested that social support from supervisors, bosses, co-workers, family members, and friends was a significant factor that influenced QWL [20, 30, and 38]. A current study suggested that nurse managers foster a culture of collaboration and support among nurses by promoting open communication and teamwork; however, a study suggests that nurse managers should integrate WeChat-three good things (3GT) intervention with well-known sociological communication methods to help nurses cope with clinical problems and keep the nursing team stable [41]. According to the results of the current study, there are worries about relationships with managers, working

conditions, and social services. As a result, the research recommends offering nurses the necessary resources and support to help them deal with their work-related stress and avoid burnout, such as employee assistance programs, coaching services, worry management workshops, and so on. Likewise, a study recommended formulating plans to advance and maintain nurses' health and shields them from occupational illnesses [8,11,31]. Adopt flexible work arrangements, such as hybrids, which Survey and Gallup found to be the most effective (2022), researchers in this study, recommended adopting a flexible working strategy to boost passion, engagement, and enthusiasm as well as performance (24,26,& 28). In the current study, researchers suggested that to ensure a favorable outcome for nurses and the healthcare institution they work for, consideration should be given to variables such as working hours, work-life balance, remuneration, and staffing levels. However, various studies have also suggested that the development of initiatives [2] considers the appropriate policies to promote the QWL and productivity [6]. Organize support (OS), employee well-being (EWB) [8] team work, team building strategies [22] good communication [17] relationship at work [8] emotional intelligence (EI), [25] improving nurse; working condition [15] like this factors such as (relationship, working condition, communication) are fundamental components for the development of techniques to avert burnout and boost job satisfaction[8]





## Conclusion

According to the results of the study on the QWL among nurses employed by a few Kathmandu hospitals, it can be said that the overall QWL of nurses in these hospitals is moderate; however, there is no DF associated with QWL. The research study showed that nurses experience a variety of difficulties that have an impact on their QWL, including working circumstances, interactions with managers, attitudes toward their jobs, and involvement in social services. The research study made clear that hospitals must take initiative to raise the QWL of their nursing staff. This can be accomplished by offering ample resources, including support, training, professional growth, a supportive work environment, and a work environment that promotes teamwork among employees and management. In order to reduce anxieties and stress, hospitals can also put in place programs and packages that assist and maintain work-life balance and the welfare of nurses. Thus,

enhancing nurses' QWL can result in better patient care and outcomes as well as higher participant retention rates, both of which are essential for the long-term viability of care delivery.

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### Abbreviations:



EE=Employee Engagement

WLB=Work Life Balance

B/t=Between

Job Satisfaction=JS

## ხარისხიანი შრომითი მოღვაწეობა კატმანდუს შერჩეული საავადმყოფოების ექთნებში

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## აბსტრაქტი

**საფუძველი:** ხარისხიანი სამუშაო საქმიანობა აუცილებელია ჯანდაცვის სისტემებისა და ექთნების კეთილდღეობის გრძელვადიანი მდგრადობისთვის, რაზეც სათანადო რაოდენობის კვლევები ჯერ არ ჩატარებულა ნეპალში.



**მიზანი:** ექთნებს შორის ხარისხიანი სამუშაო ცხოვრების გარემოპირობების შესწავლა და დემოგრაფიულ მახასიათებლებთან მათი კავშირის შემოწმება.

**მეთოდები:** ექთნების ხარისხიანი სამუშაო ცხოვრების შესასწავლად განხორციელდა ჯვარედინი სექტორული მონიტორინგი, ჰოსპიტალის შერჩეულ მესამეულ დონეზე ბასუნდჰარა/დაპასში, კატმანდუ; ხარისხიანი სამუშაო მოღვაწეობის კვლევის საფუძველზე, გამოყენებულ იქნა რიცხობრივი შერჩევის მეთოდი. ექვსი კატეგორიის კითხვარით: სოციოდემოგრაფიული მონაცემები, სამუშაო გარემო, მენეჯმენტის ურთიერთობები, სამუშაო პირობები, სამუშაოს აღქმა და დამხმარე სერვისები. უზრუნველყოფილ იქნა მონაცემთა საჭირო რაოდენობა და სანდოობა და მიღებულ იქნა წერილობითი თანხმობა მათ გამოყენებაზე. კვლევაში ჩართულ იქნა 150 რეგისტრირებული ექთანი, ეთიკური ნორმების დაცვით.

**დასკვნები:** მკვლევარებმა გამოიყენეს აღწერილობითი და ე.წ. კვადრატული ტესტები ექთანთა შორის სამუშაო ცხოვრების ხარისხის დონის შესასწავლად და დემოგრაფიულ ფაქტორებთან კავშირის დასადგენად და შედეგებმა აჩვენა, რომ ექთანთა უმრავლესობა (81.3%) შეიგრძნობდა შრომითი ცხოვრების ხარისხის ზომიერ დონეს. კვლევის გარკვეული შეზღუდულობის გამოვლინებები: დაბალი განზოგადება, მცირერიცხოვანი დაკვირვება, თვითგამოცხადებული მიკერძოება, მონაცემთა შეგროვების შეზღუდული დიზაინი და ტექნიკა. ჯანდაცვის ორგანიზაციებმა უნდა განახორციელონ ინვესტიცია ტრენინგსა და განვითარებაში, სოციალურ მხარდაჭერაში, მოქნილ მუშაობაში და პოლიტიკაში, რომელიც შეეხება ზოგად გარემოს, მენეჯმენტთან ურთიერთობას, სამუშაო პირობებს, სამუშაოს აღქმასა და დამხმარე სერვისებს, თუ სურთ გააუმჯობესონ კატმანდუში ექთნების შრომითი მოღვაწეობის ხარისხი. გადამწყვეტი მნიშვნელობა აქვს ისეთი აქტივობების განხორციელებას, რომლებიც გაზრდის გამომუშავებას და თანამშრომლების ბედნიერებას.

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**საკვანძო სიტყვები:** საავადმყოფო, ექთანი, ხარისხიანი სამუშაო ცხოვრება.

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