



Original Research

## An Overview of Quality of Nursing Work-Life In The Inpatient Ward

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### ABSTRACT

**Introduction:** Quality of nursing work life (QNWL) is the satisfaction of nurses with personal and organizational life, which is gained through working experience to achieve organizational goals. Low QNWL might result in a high willingness to move to another ward or other departments. This study aimed to identify the dimension and quality of nursing work life in the inpatient ward.

**Methods:** This study was quantitative descriptive, and the population in this study were nurses who worked in the inpatient ward, as much 146 respondents. Total sampling technique used in this study. The data were self-reported and analyzed using univariate tests.

**Results:** The results also showed that most respondents (96.6%) had a good quality of nursing work life. The dimensions of work life/ home life have a good category (97.9% of respondents). Most of the work design dimension respondents are in a good category (79.7% of respondents). In the work context dimension, almost all respondents were in a good category as much as 97.9%. Meanwhile, in the work world dimension, 85.6% of respondents were in the good category.

**Conclusions:** The results of the study obtained an overview of the QNWL in a private hospital in western Indonesia. Almost all respondents reported the QNWL was in a good category. This study underlines the highest dimension of QNWL, the strongest impact on job satisfaction. Future researchers can identify the quality of work life of nurses in a wider scope in other clinical settings.

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## 1. INTRODUCTION

Decree of the Minister of Health of the Republic of Indonesia Number 340/MENKES/PER/III/2010 declares that a hospital is a health service facility that provides complete individual health services and facilitates inpatient, outpatient, and emergency services. This is in line with Constitution Number 44 of 2009 which explains the hospital as a place where efforts are made to improve health, prevent and cure disease, and restore health. The implementation of the hospital's efforts cannot be denied and is also part of the contribution given by every medical personnel

and employee in helping hospitals provide quality health services to the community. One of the health workers who contribute is nurses.

The Indonesian Ministry of Health (2019) at the information data center explained that nurses are the most important human resources in hospitals because their numbers are more significant than the number of other health workers. Nurses are also a profession that provides constant and continuous service 24 hours to patients every day (Ministry of Health, 2020). The demands given in the world of work can be harmonized with other activities outside of work. For this reason, improving the quality of life

assists nurses in balancing work life and life outside of work. Nurses have a quality of life that is influenced by the quality of work life where there are changes experienced related to workload, working conditions, and other nursing-related issues. This is an important effort in dealing with problems in nurses' quality of work life (Oyoh et al., 2018).

Quality of Work Life (QWL) is an important resource in organizations that can be trusted, are responsible, and have a good contribution to the physical, and social work environment within the organization and the system that relates work life to outside work (Rajshkhar, 2011). A good quality of work life will produce quality, committed, and dedicated human resources, so that health workers such as nurses as community service providers can meet the community's needs as hospital service users (Iman & Dewi, 2017). Conversely, if the quality of work life in a hospital is not good, it will impact nurses who want to stop working. This causes high financial costs, lowers morale and the development of work ethic, and increases the remaining workload thus reducing the quality of nursing services.

Quality of nursing work life (QNWL) is the ability of nurses to fulfill their satisfaction by using personal experiences to achieve organizational goals (Dwi Fibriansari et al., 2017). This is very important for nurses because it positively impacts the productivity and quality of hospitals in providing services. QNWL includes 4 dimensions consisting of the first is the work-home life dimension which is the relationship between nurses' life experiences at work and life at home. Dimensions of work design where the needs at work such as job satisfaction, workload, and work motivation. The third dimension of the work context is related to the work environment and the dimension of the work world is influenced by the social environment such as people's perceptions or views (Brooks & Anderson (2005) in Patrisia et al., (2018)).

Based on research by Kaddourah et al. (2018) conducted in Saudi Arabia, it was found that 54.7% of nurses were dissatisfied with their work-life with almost 94% of nurses wanting to move from the hospital where they now work. Approximately 61.5% of unmarried nurses were dissatisfied with QNWL compared to 50.8% of married nurses. Another study conducted in Iran by Sadat et al. (2017), found that 36.3% of nurses had a low level of satisfaction with the flexibility of their shift work abilities. The age category of 20-30 years has a low QNWL of 56.5%, while those aged 30-40 years have a low QNWL of 30.3%.

Researchers chose the inpatient room as the research location because of interactions between nurses and patients is high and lasts a long time depending on the length of stay patient hospitalization. In an inpatient room, one nurse can care for 8 to 12 patients on one work shift so that it can increase the workload and influence quality of nurses' work (Araujo, 2020). Based on researchers' interviews with 5 inpatient ward nurses at one of private hospital in western Indonesia, on November 8

2021, 2 out of 5 nurses said they were not satisfied with the quality of work life because there is a desire to move from inpatient room to other departments. Another thing that makes it less comfortable is communication and relationships between implementing colleagues and implementing nurses with the head of the room. Meanwhile, the other 3 nurses were satisfied with the quality of work life because it can balance work performance with other responsibilities as a nurse. In terms of salaries received, nurses feel satisfied because it is above the applicable UMR and the salary system is adjusted with the career path and final education as a nurse. Researchers also conducted initial data collection using a questionnaire at a private hospital in western Indonesia with 5 nurses as respondents. The results show that 20% of nurses strongly agree that they can balance work and outside work, while the other 80% choose to agree. In addition, 80% stated that they agreed that they were satisfied with the work done by providing good care for patients, and another 20% stated that they strongly disagreed. Based on the statements of the five respondents, 60% disagreed that the salary received was sufficient and by the given performance, 20% agreed, and 20% stated strongly agree.

Based on findings in the field that there are nurses who are dissatisfied and have the desire to move from the inpatient room to another department and based on articles that the quality of nurses' work life is very important because it has a positive impact on productivity and the quality of services provided, so the authors are interested in researching the description of the quality of nursing work life in an inpatient ward at a private hospital in western Indonesia.

## 2. METHODS

This research used quantitative research with a descriptive design. The sample in this study amounted to 146 respondents who were a population of nurses who worked in inpatient rooms. The sampling technique used is a total sampling technique.

The instrument used was a questionnaire Brooks & Anderson entitled "Quality of nursing work life" with a total of 42 questions. The questionnaire used was not tested for validity and reliability because it used VR test results by previous researchers. The VR test results were obtained with a calculated  $r$  between 0.47-0.86 and a Cronbach alpha reliability value of 0.65 by (Patrisia et al., 2018). The questionnaire discusses four dimensions (42 questions), namely dimensions of work life-home life (7 questions), work design (10 questions), work context (12 questions), and work world (5 questions). The measuring scale used in answering the questionnaire is a Likert scale with a value of 4 (strongly agree), 3 (agree), 2 (disagree), and 1 (disagree). Minimum-maximum score for all questions and each dimension sequentially are 42-

168, 7-28, 10-40, 20-80, and 5-20. The cut off point used median score because the data was abnormal. The median score for all questions is 105, for work life-home life dimension is 17.5, for work design dimension 25, for work context dimension 50 and for work world dimension is 12.5.

This research was conducted by taking into account the ethical aspects, namely informed consent, confidentiality, and beneficence. The research has been approved by the Research Ethics Committee of the Faculty of Nursing Universitas Pelita Harapan with No. 031/KEPFON/I/2022. The data collection process was carried out by distributing questionnaires online using a Google form link. The researchers sent a link to the WhatsApp contact of the head of each inpatient room and those who would share it to their WhatsApp group. The data analysis used is univariate analysis using Microsoft Excel and SPSS version 26 and the research results displayed are frequency distributions.

### 3. RESULTS

Based on Table 1, most of the respondents were aged 20-25 years (40.4%), while nurses aged 51-56 had the least number (0.7%). In terms of gender characteristics, it can be seen that almost all of the respondents in this study were female with a total of 145 respondents (99.3%) and there was only 1 respondent (0.7%) male. On the characteristics of educational background, it appears that most of the respondents have the last education of S1 Nurses with a percentage of 75.3% followed by the last education of diploma as many as 21.9% of respondents. Based on the characteristics of the length of work, most of the respondents as much as 69.1% have a working period of <10 years, while very few of the respondents who have a working period of >20 years are 6.8%. On the characteristics of marital status, most of the respondents amounting to 51.4% are unmarried. Almost half of the respondents who are married and have 2 children are 45.1% of the married nurses.

Based on Table 2, the results obtained from the dimensions of work life or home life were 97.9% of respondents were in a good category and 2.1% of respondents were in the bad category. Almost all respondents in the work design dimension are included in the good category with a total of 79% of respondents and the bad category with a total of 21% of respondents. In the work context dimension, almost all respondents (97.9%) are in good category and respondents with bad category are 2.1% of respondents. Meanwhile, in the work world dimension, there are 85.6% of respondents in the good category, and 4.4% of respondents in the bad category. Based on the overall dimensions of the quality of nursing work life that are in the good category as many as 96.6% of respondents while those who have bad quality are 3.4% of respondents.

### 4. DISCUSSION

Based on Table 1, almost all respondents nurses were in the age range of 20-25 year and have a good quality of work life. According Puspita et al., (2017), the results obtained by nurses aged >30.5 years had a higher QNWL compared to nurses aged <30.4 years. Furthermore, Puspita et al., (2017), explained that age affects the quality of work of nurses where older nurses have a better quality of life than younger nurses. The older a person gets, the more capable person will be to motivate himself, others, and also those around him like family. Age affects the performance of nurses because they have the nature of wisdom, decision-making, responsibility, and tolerance as they age (Kumajas et al., 2014). Thus, each age stage has a different influence on each individual which can be seen in the quality of his work.

Researchers found that the majority of nurses with length of work less than 10 years. Based on this number, almost of of nurses have a good quality of working lif. Along with that, Puspita et al., (2017) found that longer work experience is directly proportional to a higher quality of work life because work experience allows for additional insight and competence of nurses in performing nursing care. However, in the research of Nabirye et al., (2011), it is said that nursing experience also affects job satisfaction and quality of work life where nurses with less experience have higher job satisfaction than nurses with more experience. Nurses with fewer years of service have fewer job and family responsibilities. Meanwhile, nurses with longer tenures have many responsibilities in family work that can trigger stress. Based on Aprilyanti (2017), tenure is the level of a person in mastering the skills he has in his work, and the longer a person's working period, the more ability to work.

Almost all respondents with an educational background of Bachelor in Nursing degree. Almost all nurses with a good quality of work life. This is in line with the research of Biresaw et al., (2020) which states that nurses with a BSc educational background have a better quality of working life for nurses (95%) than nurses with a diploma educational background. However, research by Moradi et al., (2014) found that nurses with lower levels of education had a better quality of work life than nurses with higher levels of education. Nurses with higher levels of education have high expectations for the quality of their work life. This has an impact on the emotional level of nurses when expectations for their work life are not met.

Almost all respondents with a married status in the good category. This is in line with research conducted by Widayati (2020) almost all respondents who are married as much as 90% have a good QNWL. This is because there is a balance between time at work and time outside of work. On the other hand, a study conducted by Kaddourah et al., (2018) found that nurses were dissatisfied with their work-life with

Table 1. Data on nurse characteristics in an inpatient ward at a private hospital in western Indonesia in 2022 (n=146)

Characteristics	Frequency (n)	Percentage (%)	QNWL				
			Good		Bad		
			n	%	n	%	
Age (year)	20-25	59	40.4	55	93.2	4	6.7
	26-30	39	26.7	39	100	0	0
	31-35	26	17.8	26	100	0	0
	36-40	7	4.8	7	100	0	0
	41-45	12	8.2	11	91.6	1	8.3
	46-50	2	1.4	2	100	0	0
	51-56	1	0.7	1	100	0	0
Gender	Female	145	99.3	140	96.5	5	3.4
	Male	1	0.7	1	100	0	0
Educational background	Diploma	32	21.9	32	100	0	0
	Bachelor in Nursing	4	2.8	2	50	2	50
	Registered nurse	110	75.3	107	97.2	3	2.7
Length of work	< 10	101	69.3	96	95	5	5
	10-20	35	23.9	35	100	0	0
	> 20	10	6.8	10	100	0	0
Marital status	Married	71	48.6	71	100	0	0
	Unmarried	75	51.4	70	93.3	5	6.6
Number of children for married nurses	1	28	39.4	28	100	0	0
	2	32	45.1	32	100	0	0
	3	4	5.6	4	100	0	0
	>3	1	1.4	1	100	0	0
	0	6	8.5	6	100	0	0

Table 2. Data quality of nursing work life in an inpatient ward at a private hospital in western Indonesia in 2022 (n=146)

Dimension	Good		Bad	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Quality of nursing work life	141	96.6	5	3.4
Dimension work life/home life	143	97.9	3	2.1
Dimension work design	114	79	32	21
Dimension work context	143	97.9	3	2.1
Dimension work world	125	85.6	21	14.4

a percentage of 61.5%. Marriage can be an influence for a person in balancing his work life. This can be seen from the differences in the responsibilities of someone who is married and not yet married as well as the balance in dividing work time and outside work (Luthfia et al., 2021).

Based on the results of a study at a private hospital in western Indonesia, almost all respondents rated the quality of work life of nurses as being in a good category. Based on the questionnaire analysis, this dimension is influenced by the perception of nurses who do not agree with the statement that the number of nurses in the hospital is adequate, the hospital facilities are adequate, the salary is adequate, and the public's perception of the nursing profession. This is similar to the research conducted by Patrisia et al., (2018) that almost all nurses are in a good category. However, this result is in contrast to research conducted by Kelbiso et al., (2017), it was found that more than half of nurses were dissatisfied with the quality of their work life.

The results of the study on the quality of work life of nurses on the dimensions of work life/home life were almost all respondents in the good category where nurses still have energy after work, time for family needs, vacation policies, and providing care support for parents. However, as many as 2.1% respondents felt less on this dimension. This is related to energy after work that is felt dissatisfied. Another study conducted by Limboto et al. (2022), showed that, on the dimensions of work life/home life as much as 72.5%. nurses can still balance work and family needs and still have energy after work. Employees with a good balance of time and a pleasant social life will get high employee engagement. This affects the job satisfaction of nurses themselves and requires good time management to work properly according to their responsibilities. There is also another study conducted by Del et al. (2017), which found 21 nurses with the low work quality. The low quality of work of nurses is influenced by the ability of nurses to do active work. Improving the quality of work can be influenced by the balance between work

and activities outside of work so that it helps the smoothness and success of the nurses themselves. In the questionnaire analysis, it was found that the vacation policy was very important for 57.5% of respondents and also the system of working hours or shifts had a bad influence on respondents (58 respondents) and respondents agreed that the service of children who could come to the house was very important (103 respondents).

The work design dimension describes the composition of the work nursing, which describes assistance in work, workload, autonomy, and decision making. In this study, almost all respondents are in the good category of the dimensions. Based on the results of the questionnaire analysis, most of the 10 respondents felt that the number of nurses was not sufficient and almost half of the respondents felt that the workload was too heavy. In a study conducted by Patrisia et al., (2018), it was found that in this dimension the results obtained were high (90.15%). This is because nurses have been able to organize themselves to work according to shifts. Another study conducted by Khoerullah (2015), shows that the picture of the quality of work of nurses on the work design dimension is in the bad category related to the actual work carried out by nurses. This result is inversely proportional to the research conducted by Wun Chen (2021), nurses are very satisfied with this dimension by 96.6%.

The work context dimension relates to communication between nurses, superiors, and other health workers. Almost of respondents on this dimension are in a good category. In the questionnaire analysis, it was found that very few of the respondents disagreed with the statement of the head of the room who provided adequate supervision and also had good communication with the head of the room. In addition, it was found that almost all of the respondents agreed with the statement that nurses had good communication with colleagues and doctors. This result is also to the research conducted by Suwandi et al., (2021), where 67.7% of the respondents were included in the moderate group, which means that the quality of nurse management, co-workers, and other medical staff is also good. However, this result is not in line with that obtained by Limboto et al. (2022) that for the work context dimension, 76.5% of nurses agree this dimension. This study showed a higher score.

The results obtained by researchers, almost all respondents on the dimensions of the work world are in the good category. Based on the questionnaire analysis, nurses do not agree with the quality of their work life. This can be seen from nurses who do not agree with the public's view of the nursing profession that nurses job is to treat patients according to the doctor's order (Juanamasta et al., 2021). Meanwhile, very few of the respondents are in the bad category. This is supported by the research of Kau et al., (2021) who found this dimension to be in the bad category because nurses' perceptions related to work, salary, and organization were still inadequate. This is

different from the research conducted by Suwandi et al., (2021), where nurses believe that the salary received is commensurate and fair based on the work done.

The results of the study obtained an overview of the quality of working life of nurses in a private hospital in western Indonesia, almost all respondents stated that the quality of their work life was in the good category. The other rated the quality of their work life to be in the bad category. To the hospital through the field of nursing related to increasing QNWL, especially in the lowest dimension by carrying out regular evaluations and modifying managerial approaches that can improve the quality of nurses' work life. Then, it can increase other QNWL dimensions so that job satisfaction that already exists in the hospital will increase. Further researchers can identify more deeply the quality of work life of nurses in a wider scope in other spaces.

The limitation of this study that data was collected through self-report. This might result bias. Thus, the study was conducted in inpatient rooms where the results can not generalize to other clinical settings.

## 5. CONCLUSION

The results of the study obtained an overview of the quality of work life of nurses in a private hospital in western Indonesia, almost all respondents that the quality of work life was in the good category. Other respondents rated the quality of their work life as being in the bad category. To the hospital through the field of nursing regarding the increase in QNWL, especially in the lowest dimension. Then, it can increase other QNWL dimensions so that job satisfaction that already exists in the hospital will increase. Future researchers can identify the quality of work life of nurses in a wider scope in other clinical settings.

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