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Assessment of Quality of Working-Life of Nurses in Two Tertiary Hospitals in Ekiti State, Nigeria

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Abstract

This study examined the quality of working-life of Nurses in University Teaching Hospital Ado-Ekiti and Federal Medical Centre Ido-Ekiti. Data for this study were collected using 20-item questionnaire administered on one hundred (100) respondents in the study area. The data were analyzed using frequency table, likert scale and percentages statistical method. Results from this study showed that 4 (4.2%) of the Nurses were very satisfied with the overall level of their working quality, 24 (25.0%) were satisfied, 60 (62.5%) were fairly satisfied, and 8(8.3%) were not satisfied. This study recommends that Government should improve on the general welfare, working condition, and pay of Nurses. This study will be of importance to government at all levels, medical practitioners, administrators, labour leaders, planners and researchers in ensuring, that the quality of working-life of nurses is not being jeopardized but sustained, to ensure improved and standard delivery of healthcare services.

Key Words: Assessment, Hospital, Nurses, Quality, and Working-life.

Introduction

Nursing as a profession is considered to be as old as mankind. It is a popular and important profession all over the world. Nurses are indispensable in the delivery of healthcare services, hence the need for competent and dedicated people in the profession to render qualitative care to clients cannot be over-

emphasized, Ajayi (2005). This could be possible, if there is work satisfaction among nurses and other workers. Although some of the psychological and social needs of individual workers may be at variance with the organizational goals and objectives. Management cannot dispense with the need to create the type of climate that will permit the goals of the organization to be attained and at the same time satisfy the psychological and social needs of its personnel.

Noorjehan (2006) an advocate of quality of work-life argued that organizations setting out to provide a high quality of work-life for their members, will at the same time, be designing organizations more likely to be effective and to succeed in the modern era of rapid change, unpredictable events, and increasing foreign and indigenous competitions among nurses. Noorjehan (2006) further explained that quality of work-life (QWL) requires management to adopt a new role and new attitudes towards employees. A high quality of work-life cannot be established in a climate of mistrust and adversarial relationship. The need to ensure quality of work-life of nurses in the health sector demands that managements view employees as cooperating members of a single team. Thus, the manager must become less of a supervisor and more of a coach or helper available to provide assistance and support when the need arises.

Murray (1999) observed that nursing entails the provision of preventive, promotive, curative and rehabilitative care to the individuals, families and communities, through professional knowledge and skills. The major challenge for Nurses is to ensure that quality nursing care is provided to all patients on a 24-hour basis in health care facilities (Salawu, 2004). Quality nursing care in health care organizations is not possible, if there is no working-life satisfaction among the nurses, who are the care providers. An organization is set-up to achieve a particular purpose. The success or failure of any organization depends mostly on the extent to which employees are committed to their jobs. It has been observed that Nurses in general are no more putting their best on the performance of their duties. This could be attributed to job dissatisfaction (Salawu 2004).

Recent trends towards more holistic views of human life made it clear, the importance of working life in the individual's overall enjoyment of life. While earlier generations may have viewed their jobs predominantly as a source of income, today's employees see their careers as part of their total life (Bruce and Blackburn 2002).

In recent times, there has been a common assertion, that Nurses attitude to work is poor, this has resulted in declined productivity in the hospitals. If nurses are closely observed at work, one may ask these questions: are Nurses really satisfied with the quality of their working-life? What are the factors associated with their working-life satisfaction or dissatisfaction? It is the concern of every manager to find ways of improving productivity of his personnel in order to attain set goals. It is for this reason the researcher seek to assess the quality of working-life of Nurses in two tertiary hospitals in Ekiti State, namely the University Teaching Hospital Ado-Ekiti and Federal Medical Centre Ido-Ekiti.

Aim and Objectives of the Study

The general aim of this study is to assess the quality of working life of nurses in two tertiary hospitals in Ekiti State.

The specific objectives of this study were to:

- (i) assess the level of nurses' satisfaction with their job environment and working conditions.
- (ii) examine how nurses' satisfaction or otherwise has affected their performance and attitude to work.
- (iii) evaluate the level of satisfaction of nurses in Ekiti State with their pay.

The Study Area

Ekiti State is located between latitude $7^{\circ}30^1$ and $8^{\circ}15^1$ north of the equator and longitude $4^{\circ}47^1$ and $5^{\circ}40^1$ of the Greenwich Meridian. Ekiti State was created on the 1st of October, 1996 and its capital city Ado-Ekiti has witnessed rapid population growth and urbanization.

The estimated population figure of Ekiti State according to the National Population Commission stood at 2,353,082 (NPC July, 2006).

The relief of Ekiti State consists of undulating plains. The highest contour line of 540m above sea level is found around the North eastern limit of the state. The rocks are dominated by the basement complex geology of the South-western Nigeria.

Ekiti State has a total annual rainfall of about 1400mm with a low coefficient variation of about 30% during the rainfall peak months, and with an average of about 112 rainy days per annum, Adebayo (1993).

The development of Ekiti State spread towards the routes of communication. Put differently, the settlement evolutionary structure and growth is a replica of Homer Hoyt's Sector Theory of 1939, which posits the sprawl of physical development in the direction of transportation routes.

Conceptual Framework / Literature Review

The concept of Total Quality Management (TQM) is applicable to this study. Total Quality Management (TQM) is total in three senses, namely the process, the job, and the person. First, it covers every process, involved in arriving at the final product, namely the planning, designing, maintenance, accounting, marketing manufacturing/creating in the job place. Secondly, total quality is total in the sense that it covers every job; as opposed to only those involved in making the product. Nurses for example constitute a major link in the healthcare services chain as they are to ensure quality service delivery in administration of drugs, dressing and care. Third, total quality recognizes that each person is responsible for the quality of his or her work and for the work of her group.

Total quality also radically alters the nature and basic operating philosophy of organizations. The specialized, separated system developed early in the twentieth century is replaced by a system of mutual feedback and close interaction of departments and units. Nurses, for example, work closely with medical doctors, and other professionals in typical medical team to ensure that appropriate care is given to patients. Patients, in turn, feed their practical experience of the treatment directly back to the nurses. The information of experience interchange and shared commitment to working-life is what makes total quality work. Empowering all employees on how to apply process control and improvement techniques makes them party to their own destiny and enables them to achieve their fullest potentials.

In-conclusion, the quality of a healthy organization has proper resource utilization and concern for their personnels. There is a minimal internal strain; the people are neither overloaded nor idle. Those who have high quality of working-life like their jobs, the working environment and the conditions at work. Consequently, they have positive sense that they are working, learning and growing as they contribute to the organization.

Baruwa (2001), observed that poor attitude to work in the general and teaching hospitals were as a result of poor rewarding system which causes dissatisfaction on the job. She further observed that the type of relationship between the superior and sub-ordinates in terms of leadership style exhibited by the boss will affect worker's attitude to work.

Blackburn (2002); said "Whether or not satisfaction of working-life of nurses and performance are directly and strongly correlated is not the issue. The issue is that to attract and retain qualified employees in any sector, employers will have to treat their workers, as their most important asset.

Noorjehan (2006) stated that, quality of working-life of nurses requires a changed culture, and a change of attitude and working methods. She further noted that the staff in institutions need to understand and live the message. It should be characterized that people produce quality. According to him, two things are required for staff to produce quality. First, workers need a suitable environment in which to work. They need basic knowledge of the profession and they need to work with systems and procedures, which are simple, but yield positive outcomes in doing their jobs.

Juran (1989), noted that working-life quality outlook reflects a rational, matter-of-fact approach to any organization / institution and is heavily dependent on sophisticated "shop floor" planning and quality control processes. Thus, working-life quality is ensured by making sure that each individual or nurses have the building blocks necessary to do his or her job properly. With the proper tools and procedures, nurses will carry-out efficient health care delivery services that consistently meet patients and management expectations.

Methodology

Descriptive survey design was adopted to assess the quality of working-life of nurses in the University Teaching Hospital Ado-Ekiti and Federal Medical Centre Ido – Ekiti.

The targeted population of this study includes all the nurses in the two organizations, University Teaching Hospital Ado-Ekiti and Federal Medical Centre Ido-Ekiti. This comprises of both male and female nurses, who are in various cadres of nursing profession in the two hospitals.

A combination of stratified sampling and simple random sampling methods were used to pick 100 nurses out of the staff population.

A 20-item questionnaire was developed to elicit personal data like gender, marital status, rank, and years of experience of the nurses. The questions also included working condition, benefits, managerial skills, relationship with co-workers as well as overall satisfaction on the quality of working-life of nurses in the study area. The questionnaire was administered on working days and collected the same day administered in any of the hospitals visited. A total number of 96 questionnaires were retrieved from the field.

The data collected were coded and analyzed using frequency tables, likert scales & percentages. Descriptive statistical method of data analyses was adopted using percentages.

Findings

The data collected were coded and processed in order to answer the research question raised. The socio-demographic variables and the level of working-life quality among nurses in the study area were presented. The results showed that 74 (77.1%) of the respondents were female nurses, while 22 (22.9%) were males. This indicated that majority of the nurses in the study area were females. About 72.9% of the respondents were married, and 20.8% were single, 4.2% were widow and 2.1% were separated. Respondents working experience shows that 18 (18.8%) have 2-5 years working experience, while 6 (6.3%) have about 6-10 years working experience, and 40 (41.7%) of the respondents have more than 20 years of service in the health sector. This implies that majority of the respondents have adequate knowledge of working life quality and conditions of nursing in the study area.

On respondents view on satisfaction with the nature of their work, on issues concerning provision of devices/protection from hazard, 32(33.3%) were fairly satisfied, while 60(62.5%) were not satisfied, meanwhile 2(2.1%) were satisfied and 2(2.1%) were very satisfied. (See table 2)

On responses concerning satisfaction with monthly pay in relation to the amount of work, 42(43.7%) fairly satisfied, while 48(50%) were not satisfied. This response is supported by a discussion with a nursing manager, who said the nurses were not well paid.

Majority of the respondents were satisfied with the physical working environment, 26 (27.1%) were satisfied, 42 (43.7%) were fairly satisfied and 26 (27.1%) were not satisfied and 2 (2.1%) percent were very satisfied.

On the work load per day, 4 (4.1%) were very satisfied, 22 (22.9%) were satisfied, 40 (41.6%) were fairly satisfied, while 30 (31.20%) were not satisfied.

On the availability of instruments and new technologies, 16 (16.6%) were satisfied, 50 (52.0%) were fairly satisfied, while 28 (29.1%) were not satisfied. About half (49.0%) of the nurses were dissatisfied with shift duties, such as evening and night duties, while 49 (51.0%) were satisfied. On opportunity to work in the area of specialty, 8 (8.3%) were very satisfied, 32 (33.3%) were satisfied, and 34 (35.4%) were fairly satisfied, while 22(22.9%) were not satisfied.

Respondents' view on whether their dissatisfaction/dislikes with some aspect of their work is affecting their performance, 58(60.4%) revealed that their dissatisfaction is not affecting their performance and 38(39.6%) revealed that their dislikes/dissatisfaction is affecting their performances negatively.

On whether their dislike/dissatisfaction with some aspect of their work affects their attitude to work, 78(81.3%) of the respondents stated that their dislikes / dissatisfaction is not influencing their attitude to work and 18 (18.7%) observed that their attitude to work is influenced by their dissatisfaction/dislikes, as they feel not totally committed to work, have little motivation to put in their maximum capacity and reduced interest in the job.

As recorded in table 3, respondents view on management and supervision shows that 64 (66.7%) were fairly satisfied with the leadership style of their managers, while 12 (12.5%) were not satisfied. Meanwhile 16 (16.7%) were satisfied, and 4 (4.2%) were very satisfied.

On the leadership qualities of managers, 40 (41.7%) were satisfied, 32(33.3%) were not satisfied, and 10 (10.4%) were very satisfied.

On the requirements, method and regularity of promotion, 33 (34.4%) of the nurses were dissatisfied with the requirements, method and irregularity of promotion exercise in the sector, while 18(18.8%) and 42 (43.8%) were satisfied and fairly satisfied respectively.

On respondents' ability to influence decisions on issues that affect them 22 (22.9%) and 20 (20.8%) were satisfied and fairly satisfied respectively. While 54 (56.3%) were not satisfied.

On the overall level of working-life quality and work satisfaction of nurses in the study area revealed that 4(4.2%) were very satisfied, 24(25.0%) were satisfied, meanwhile 60(62,5%) were fairly satisfied, and 8(8.3%) were not satisfied.

Discussions

Bruce and Blackburn (2002), observed that enquiring about experiences revealed problem areas, which were hidden by a general rating of working-life quality. In this study, it was discovered that the overall ratings of quality of working life by nurses at University Teaching Hospital Ado-Ekiti and Federal Medical Centre Ido-Ekiti were generally fair. However, examining individual quality of working-life of nurses on different aspects of their work has enable this study to identify those aspect which the nurses were most and least happy with. The areas of most concern to the nurses of University Teaching Hospital Ado Ekiti and Federal Medical Centre Ido- Ekiti included low pay compared to their work, poor incentives, delay in promotion, lack of opportunities for educational advancement and hospital sponsored training, and inability to influence decisions on issues that affect them.

It was discovered in this study, that long protocols for admission and delay of medical investigations for their patient/clients were weakening their effort, so also the delay in approval of service training for the nurses. Some of the nurses disclosed that, the only thing that keeps them on, in University Teaching Hospital Ado Ekiti and Federal medical centre Ido Ekiti was lack of option for a better job.

However, some of the nurses like working in UTHA and FMCI because they are tertiary hospitals, which have seasoned manpower, the hospital environment were fine and conducive for work. They were also generally satisfied with the kind of relationship that exists between members of nursing staff and nursing patients. These findings support the view of Herzberg (1968), that there are two dimensions to working life quality, which he referred to as hygiene and motivational factors. He further said hygiene issues cannot motivate employees but can minimize dissatisfaction. On the other hand motivational factors create satisfaction by fulfilling needs for meaningful and personal growth.

Conclusion

This survey concluded that most of the nurses in the study area ere fairly satisfied with the quality of their working life in the health sector. Health

administrators in general and managers of nurses in particular need to proffer means of satisfying nurses on their work, especially on aspects that are of great concern to nurses and the nursing profession.

Recommendations

In view of the findings of this study, the following recommendations were made:

1. The management should improve the working condition of nurses, through provision of more instruments and devices for protection from hazard, and allow nurses to work in their areas of speciality.
2. There should be regular promotion of nurses, as well as encourage and allow them for educational advancement.
3. Nurse managers should improve on their managerial skills as well as their leadership style in order to improve on nurses' satisfaction with their work.
4. Government at all levels should improve the general welfare of nurses including monthly remuneration and allowances.

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Table 1: Years of Service / Working Experience of Respondents in the Study Area.

Years of Service	Frequency	Percentage
1-5 yrs	18	18.8
6-10 yrs	6	6.3
11-15 yrs	10	10.3
16-20 yrs	22	22.9
Above 20 yrs	40	41.7
Total	96	100%

Source: Author's Fieldwork Report (2009)

Table 2: Respondents' View on Satisfaction with the Quality of the Nature & Conditions of Work.

	Issues	Very satisfied		Satisfied		Fairly satisfied		Not satisfied		Total
		No	%	No	%	No	%	No	%	
1	Devices/protection from hazard	2	2.1	2	2.1	32	33.3	60	62.5	96
2	Monthly pay in relation to amount of work	2	2.1	4	4.1	42	43.7	48	50.0	96
3	Physical working environment	2	2.1	26	27.1	42	43.7	26	37.1	96
4	Work load per day	4	4.1	22	22.9	40	41.6	30	31.2	96
5	Availability of instruments and new technologies	2	2.1	16	16.6	50	52.0	28	29.1	96
6	Opportunity to work in area of specialty	8	8.3	32	33.3	34	35.4	22	22.9	96
7	Shift duties e.g evening and night duties	6	6.3	17	17.7	26	27.1	47	49.0	96

Source: Author's Field work Report(2009)

Table 3: Respondents' View on Whether Their Dissatisfaction with Some Aspect of Their Work is Affecting Their Work Performance and Attitude to Work.

Does it affect your work performance negatively?	Frequency	Percentage
No	5.8	60.4
Yes	38	39.6
TOTAL	96	100%
Does it affect your attitude to work?	Frequency	percentage
No	78	81.3
Yes	18	18.7
Total	96	100%

Source: Author's Fieldwork Report (2009)

Table 4: Respondents View on Satisfaction with Management and Supervision and Overall Working-life Quality and Work Satisfaction.

	Issues	Very satisfied		Satisfied			Fairly Satisfied			Total
		No	%	No	%	No	Not satisfied			
							No	%		
1	The way managers, supervisors, unit leaders, supervise and head the units	4	4.2	16	16.7	64	66.7	12	12.5	96
2	How supervisors, colleagues, recognizes good work and show appreciation	8	8.3	30	31.3	36	37.5	2 C 2	22.9	96
3.	Leadership qualities of unit matrons/managers and other superior colleagues	10	10.4	40	41.7	32	33.3	14	14.6	96
4	Ability to influence decision that affect them.	-	-	22	22.9	20	20.8	54	56.3	96
5.	Requirements, methods and regularity of production	3	3.1	18	18.8	42	43.8	33	34.4	96
6.	Overall satisfaction with the working life quality and work satisfaction	4	4.2	24	25.0	60	62.5	8	8.3	%

Source: Author's Fieldwork Report, (2009).