

The Correlation between the Quality of Nursing Work Life and Job Performance

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ABSTRACT

Introduction: Nurses are one of the most important health workers who contribute to determining the quality of health services. Giving more attention to their condition and needs will increase their loyalty to the nursing profession, which will lead to a positive impact on their work performance. Therefore, this study aimed to analyse the correlation between the individual factors and the nurse's performance, and also to see if there was a correlation between QNWL and the nurse's performance. **Method:** The design of the study was a correlational research study with a cross-sectional approach. The sample consisted of 106 nurses, collected by simple random sampling. The independent variables were individual factors (education and length of work), and QNWL. The dependent variable was job performance. The data was collected by using questionnaires analysed using multiple linear regression with ($p < 0,05$) degree of significance. **Result and Analysis:** The results showed that there was a correlation between education and the nurses' performance ($p = 0,035$), and also a correlation between QNWL and nurses' performance ($p = 0,000$). The length of time they'd been working was not influenced by the nurses' performance ($p = 0,103$). **Discussion:** The individual factors of education and QNWL had an impact on the nurses' performance. It is suggested for the next researcher to analyse other significance factors that influence QNWL.

Keywords: Nurses, Job Performance, Individual factors, Education, Length of work, QNWL

INTRODUCTION

A hospital is an institution which provides health services through promotive, preventive, curative and rehabilitative efforts¹. Health care facilities in hospitals can run in line with the quality of health care which is given by the health workers in the hospital.

Health care quality or employee performance is influenced by several factors, namely individual, organizational, and work factors themselves. Individual factors include ability, knowledge, education, length of work, skills, motivation, and norms. Organizational factors consist of rewards, training, vision, mission, and leadership models in work². Nursing services as an integral

part of health services have a very large contribution in determining the quality of care in hospitals³. Work atmosphere, unfavorable work environment, and heavy workload can hinder the professional service process within the hospital. Concern for the condition of the nurse, fostering the loyalty of nurses to provide better service⁴.

Low salary and a heavy workload will cause nurses to experience work fatigue, decreased motivation, decreased willingness, and create a poor quality nursing work life⁵ (QNWL). QNWL is a significant element which is owned by the nurse, and it can affect the healthcare quality that is given to the patients⁶.

Research related to QNWL is important to determine the quality of work life of nurses in every hospital⁷. Different hospitals with different organizational systems and environments will produce different QNWL for each employee⁸. This difference can be related to the state of the unit, the number and type of units, policies,

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and environment in each unit⁹.

There is still limited only a number of research studies related to the relationship between the quality of nursing work life and the nurse's work performance. The objective of this research was to find out the relationship of the individual factors of education and length of work toward the nurse's work performance, as well as the relationship between QNWL and the nurse's work performance.

METHOD

This study was a correlational research study conducted using a cross sectional approach which involved nurses as the respondents. The sample of this research was made up of hospital nurses, totalling 106 respondents. The inclusive criterion was that the nurses had been working for a minimum of three years. The independent variables used in this research were individual factors, namely education, length of work, and QNWL. The dependent variable employed was work performance.

The data was collected using a questionnaire. The QNWL questionnaire was the questionnaire developed by Brooks and Anderson¹⁰ which was then adapted from a previous study by Prihastuty¹¹. The data analysis was done by a descriptive test and multiple linear regression.

RESULT

The respondents of this research were mostly aged between 20-30 years old, of whom (89 people) were female (84%). The respondents' working times were almost in balance, in which 52 people had a 3-5 years working period (49.1%) and 54 others had a working period of more than 5 years. Employment status was dominated by contract employee, with 56 people (52.8%). Most of the respondents were included in the good category for all 4 aspects of QNWL. In the aspect of work design, which defined work satisfaction, autonomy, work proportion, performance and staffing, most of them had a fair assessment result (Table 1).

Table 1. Quality of nursing work life

No	Variable	Frequency	Percentage (%)
	Work life-home life		
	Good	70	66,0
	Fair	28	26,4
	Poor	8	7,5
	Total		100
	Work design		
	Good	46	43,3
	Fair	57	53,8
	Poor	3	2,8
	Total	106	100
	Work context		
	Good	87	82,1
	Fair	18	17,0
	Poor	1	0,9
	Total	106	100
	Work world		
	Good	71	67,0
	Fair	15	14,2
	Poor	20	18,9
	Total	106	100
	QNWL		
	Good	33	31,1
	Fair	56	52,8
	Poor	17	16,0
	Total	106	100

This research study showed that most of the respondent's demonstrated good work performance in all of the components related to their nursing care documentation. This included an assessment of their work performance as well as the total score of the work performance assessment (Table 2).

Table 2. Work Performance

No	Variable	Frequency	Percentage (%)
	Assessment		
	Good	57	53,8
	Fair	21	19,8
	Poor	28	26,4
	Total	106	100
	Diagnosis		
	Good	62	58,8
	Fair	30	28,3
	Poor	14	13,2
	Total	106	100
	Intervention		
	Good	76	71,7
	Fair	20	18,9
	Poor	10	9,4
	Total	106	100
	Implementation		
	Good	77	72,6
	Fair	28	26,4
	Poor	1	0,9

	Total	106	100
	Evaluation		
	Good	58	54,7
	Fair	29	27,4
	Poor	19	17,9
	Total	106	100
	Documentation		
	Good	78	73,6
	Fair	28	26,4
	Poor	0	0
	Total	106	100
	Work Performance		
	Good	44	41,5
	Fair	43	40,6
	Poor	19	17,9
	Total	106	100%

Table 3 shows that level of education had a significant influence on the nurse’s work performance. The table explains that D3 nurses tend to have good and sufficient performance appraisal categories, while most nurses with S.Kep. Ns education background have sufficient performance assessment categories.

Table 3. The relationship of the individual factors: education and work performance

Education	Work Performance						Total	
	Good		Fair		Poor			
	f	%	f	%	f	%	f	%
D3	22	20,8	21	19,8	8	7,5	51	48,1
S.Kep	3	2,8	0	0	5	4,7	8	7,5
S.Kep., Ns	19	17,9	22	20,8	6	5,7	47	44,3

The data above in Table 4 shows that length of work did not have a significant influence on the work performance of the nurses. Nurses with <5 years of work experience have good performance appraisals while nurses who have worked > 5 years mostly have sufficient performance assessments.

Table 4. The relationship of the individual factors: length of work and work performance.

Length of work	Work Performance			Total
	Good (%)	Fair (%)	Poor (%)	
3-5 years	23 (21,7)	19 (17,9)	10 (9,4)	52 (49,1)
>5 years	21 (19,8)	24 (22,6)	9 (8,5)	54 (50,9)

Overall the performance of nurses was in the sufficient category with a sufficient QNWL assessment of 41 nurses (38.7%) (Table 5).

Table 5. The Relationship of QNWL and Work Performance

QNWL	Work Performance						Total (%)	
	Good (%)		Fair (%)		Poor (%)			
<i>Work life/home life</i>								
Good	43	40,6	26	24,5	1	0,9	70	66,0
Fair	1	0,9	12	11,3	15	14,2	28	26,4
Poor	0	0,0	5	4,7	3	2,8	8	7,5
<i>Work design</i>								
Good	21	19,8	14	13,2	11	10,4	46	43,4
Fair	23	21,7	27	25,5	7	6,6	57	53,8
Poor	0	0,0	2	1,9	1	0,9	3	2,8
<i>Work context</i>								
Good	44	41,5	40	37,7	3	2,8	87	82,1
Fair	0	0,0	3	2,8	15	14,2	18	17,0
Poor	0	0,0	0	0,0	1	0,9	1	0,9
<i>Work world</i>								
Good	37	34,9	31	29,2	3	2,8	71	67,0
Fair	7	6,6	6	5,7	2	1,9	15	14,2
Poor	0	0,0	6	5,7	14	13,2	20	18,9
<i>QNWL</i>								
Good	31	29,2	2	1,9	0	0,0	33	31,1
Fair	13	12,3	41	38,7	2	1,9	56	52,8
Poor	0	0,0	0	0,0	17	16,0	17	16,0

Nurse performance is significantly influenced by individual factors, namely education with a determination coefficient value of 26.4% with a significance value of 0.035. QNWL has a significant influence on the performance of nurses both individually and simultaneously. The dimensions of home and work life and work context have a significance level of 0,000. Job design has a value of 0.001 while the work life with a value of 0.021 (table 6).

Table 6. The Summary of the Multiple Linear Regression Analysis on the Relationship of Nursing Work Life Quality and the Nurses' Work Performance

No	Hypothesis	R	B	sig.	Note
	Relationship of individual factors: education and work performance	0,264	5,817	0,035	Significant
	Relationship of individual factors: length of work and work performance	0,264	8,598	0,103	Insignificant
	Relationship of work life/home life and work performance	0,813	0,518	0,000	Significant
	Relationship of work design and work performance	0,813	0,287	0,001	Significant
	Relationship of work context and work performance	0,813	0,705	0,000	Significant
	Relationship of work world and work performance	0,813	0,180	0,021	Significant
	Relationship of QNWL and work performance	0,813	-	0,000	Significant

DISCUSSION

The good results from the assessment of work performance based on the nursing care documentation available was mostly weighted toward the nurses with Diploma degree (*D3*). However, the poor results were also shown by the nurses with the same educational background. The nurses with a *ners* educational background tended to have a fair assessment score of work performance. Therefore, the relationship between level of education and work performance was insignificant.

The previous theory¹² stated that the background of the nurse's education had a significant influence on the work performance of the nurses. The higher the education level, the higher the thinking ability, logic, critical skills and systematic work methods. A research study with similar results has been previously conducted¹³, and the research showed that level of education influenced the nurses' work performance while conducting their nursing care. The results were in line with Gibson's theory drawn up in 1997 and Trihastuti's research in 2016.

The theory developed by Gibson¹² explained that an individual which has been working in an organisation for a long time will have more experience, so then their work performance will be better. This was different from Prihastuty,¹¹ who said that a new nurse tends to have high motivation and expectations related to the working environment, which provides a good level of influence on their work performance. A newly working nurse shows high motivation and enthusiasm related to their profession.

The nurses' length of work in this research study showed an insignificant result. The work performance in this study used the nursing care documentation assessment. New nurses had high motivation and idealism related to nursing care. They obeyed and followed every room procedure in an effort to adapt themselves.

The quality of home and work life in this research covered the aspect of balance between their home and work, their remaining energy, and the policies in place in the organisation⁴. Nurses with the ability to balance their quality of work/home life have the ability to divide their time¹⁴. The feeling of being protected and going in the right direction would have a positive impact. The

leadership, which was fully not authoritarian, was built with democracy and kinship and created good work performance in the nurses¹⁵.

Work design has several aspects involved, namely work satisfaction, autonomy and work proportion, as well as staffing at work¹⁰. The excessiveness of the nurses' work load will affect the nursing care that they give. The work performance based on the nursing care given to their patients becomes less optimum¹⁴. Meanwhile, work context explains about the effect of the working environment on the working nurses, which involves communication, supervision, cooperation, career development, and security at work. Work world, on the other hand, is the person's point of view about nursing, their image, and the usefulness value.

Most nurses in Syarifah Ambami hospital had a fair score in relation to the three aspects of QNWL, which were the balance between their home and work life, work design, and work life. The aspect of work context showed that the majority of the nurses had a fair score in the assessment as well.

The above tables explain that all four aspects in QNWL had a significant effect on the nurses' work performance. The *t* regression significantly showed 0.000 point in the aspect of *work life home life*, 0.001 point in *work design*, 0,000 point in *work context*, and 0.021 in *work world*. The overall *t* significantly showed $p < 0,05$ point, which could be defined as the four aspects of QNWL working in line with the nurses' work performance. The better the QNWL aspects, the better their work performance as a result.

CONCLUSIONS

Findings can be used by nurse managers and decision makers to design and implement appropriate strategies to improve QNWL. Better QNWL is the key to attract and retain competent and motivated nurses and might lead to improve quality of nursing Services.

Ethical Clearance: The research passed the ethical test conducted at the Ethics Committee of the Faculty of Nursing Universitas Airlangga number 1029-KEPK.

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Conflict of Interest: None.

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