

**ASSESSMENT THE QUALITY OF NURSING WORK LIFE USING
BROOKS' TOOL QUALITY OF NURSING WORK LIFE: A LITERATURE REVIEW
HODNOTENIE KVALITY PRACOVNÉHO ŽIVOTA SESTIER METÓDOU BROOKSOVEJ
NÁSTROJA QUALITY OF NURSING WORK LIFE: LITERÁRNY PREHĽAD**

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ABSTRACT

Background: Quality of the nursing work life is considered an essential concept in nursing work settings. Brook's Quality of Nursing Work Life (BQNWL) is a valid and reliable tool for identifying the quality of working life of nurses in four dimensions.

Objective: The objective of this literary review is to find out how nurses in the hospital evaluate the quality of their work life through the BQNWL.

Methods: Search for full text research studies during June 2021, using Web of Science, SCOPUS, and Science Direct, based on key words: quality of nursing work life, nurse, hospital.

Results: A total of 41 documents were found. There are 11 research studies, which presented the comprehensive results of BQNWL in a sample of nurses working in a hospital.

Research shows, that the quality of work life of nurses is variable from low to medium, and is affected by factors such as age, length of practice, type of workplace, night shifts, education, family status.

Conclusion: The results of BQNWL point to the need to strengthen the quality of working life of nurses, especially on the part of the management of health care organizations.

Key words: Quality of nursing work life. Nurse. Hospital. QNWL

ABSTRAKT

Úvod: Kvalita pracovného života sestier je považovaná za esenciálny koncept v nastaveniach ošetrovateľskej praxe. Brooksovej Quality of Nursing Work Life (BQNWL) je validný a reliabilný nástroj na identifikáciu kvality pracovného života sestier v štyroch dimenziách.

Cieľ: Cieľom literárneho prehľadu bolo zistiť ako sestry pracujúce v nemocnici hodnotia kvalitu svojho pracovného života prostredníctvom BQNWL.

Súbor a metóda: Vyhľadávajúce plno textových výskumných štúdií počas júna 2021, pomocou licencovaných elektronických databáz Web of Science, SCOPUS a Science Direct, na základe stanovených kľúčových slov: kvalita pracovného života, sestra, nemocnica, QNWL.

Výsledky: Vyhľadaných bolo 41 dokumentov. 11 výskumných štúdií prezentovalo komplexné výsledky BQNWL vo vzorke sestier pracujúcich v nemocnici. Kvalita pracovného života sestier variuje od nízkej po strednú, a ovplyvňujú ju faktory, ako vek, dĺžka praxe, typ pracoviska, nočné služby, vzdelanie, rodinný status.

Záver: Výsledky BQNWL poukazujú na nutnosť posilnenia kvality pracovného života sestier zo strany manažmentu zdravotníckych organizácií.

Kľúčové slová: Kvalita pracovného života. Sestra. Nemocnica. QNWL

INTRODUCTION

Quality of work life (QWL) is a multi-dimensional concept, that was first introduced in the thirties of the 20th century. In summary, it is defined as the employee's satisfaction rate with personal and work-related needs, with simultaneous participation in achieving the organization's objectives (Kelbiso et al., 2017). This concept describes the methods, by which an organization can ensure the employee's well-being, rather than focusing solely on aspects related to their work (Moradi et al., 2014). QWL is also characterized as a value associated with the individual's working context (Coburn et al., 2014). QWL components include for example: work content, working situations, fair and equitable remuneration, career prospects, discretion, participation in decision-making, health and safety at work, work stress, job security, organizational and personal relationships and stability of work life (Kelbiso et al., 2017). In recent decades, QWL has been paying increasing attention to health. Brooks (2004) defined QWL as the extent to which nurses can meet important personal needs, through their experience in organizing work in achieving the organization's objectives. Nurses are the largest group of health care workers, and improving their quality of work life is essential (Moradi et al., 2014). The tasks of nurses is to support and improve the quality of life of patients through nursing care, but their own needs and QWL are largely ignored (Akter et al., 2017). Factors affecting the nurse's QWL are for example, work-life imbalance, hectic services, poor staffing, non-nursing tasks, and relations with colleagues (Raeissi et al., 2019).

The BQNWL (Brooks et al., 2004) has been developed to identify nurses' views on their quality of work life. The questionnaire consists of 42 items

and four subscales (home/work life; work organization/design; work conditions/content and work life). Each item assesses to what extent respondents agree or disagree with a given claim on the Likert six-point scale (1 – I strongly disagree, 6 – I strongly agree). Total score is obtained by summing all the points achieved and ranges from 42 to 252 points, with a higher score indicating better QWL and vice versa. To facilitate analysis, the authors of the questionnaire have reduced scale ratings to two areas of consent (4; 5 or 6) and disagreement (1; 2; 3) (Suleiman et al., 2019). Brooks and Anderson (2005) reported the reliability coefficients in the ranges of 0.56 – 0.88, using Cronbach’s alpha. It is rated as reliable and valid (Sadat et al., 2017).

METHODOLOGY

Electronic databases have been used to find relevant studies: Web of Science, SCOPUS and Science Direct. The search was carried out in June 2021. The period was designed from publishing the BQNWL (2001) to the present. Keywords which have been used to search databases: „quality of nursing work life“ and QNWL. The same search criteria were used in each database. 41 potentially appropriate documents were searched. Based on the defined selection criteria, quantitative studies of relevant content were included in the analysis: full text of the study, studies published within a specified period (2001 – 2021), and studies published in a peer-reviewed paper. The group of respondents consisted of nurses working in a hospital whose QWL was assessed by the BQNWL. 25 studies have been excluded in the process of separating duplicate documents. The criteria have been met by 11 research studies analyzed in terms of the objective of research work, a sample of nurses, perception of QNWL and related factors. The selection process is descri-

bed in Fig. 1, according to PRISMA recommendations.

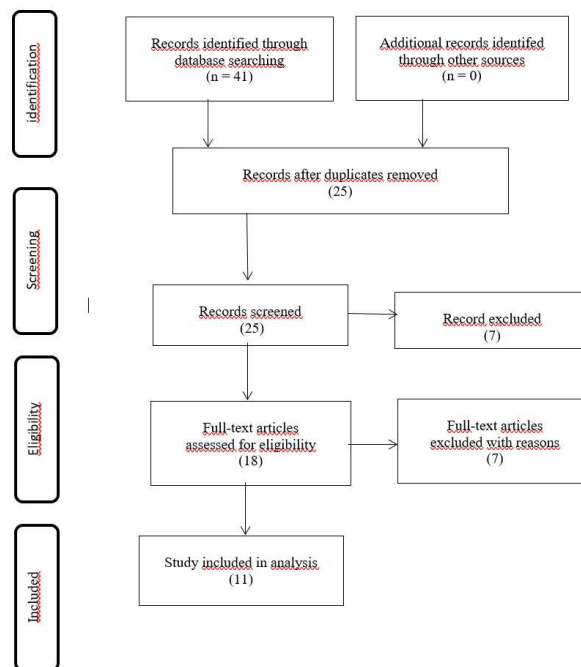


Figure 1 Steps and results of the screening process – flow diagram according Page et al. (2021)

RESULTS

In line with the aim of the literary review, we have found through the reviewed studies, that nurses evaluate the quality of their work life through the BQNWL as low (Eslamian et al., 2015) to medium (Nursalam et al., 2018). Table 1 describes studies where authors involved in measuring the quality of the nursing work life through BQNWL without using another measuring tool. In seven studies, their authors evaluated BQNWL in combination with impact of QWL on selected parameters related to the mental status of nurses and their care (Table 2).

Table 1 Overview of research studies containing the assessment of the work environment through the QNWL Brooks’ questionnaire

Author	Design	Aim	Study sample (n)	Tools	Results
Komjakraphan et al., 2020	Comparative study	Identify QWL in nurses in Thailand and compare with nurses in Japan	102 nurses (T) 209 nurses (J)	QNWL	Thai ONWL 4.05 (0.48) work life/home life 3.86 (0.65) work design 3.93 (0.45) work context 4.24 (0.57) work world 3.82 (.60) Japanese ONWL 3.61 (0.47) work life/home life 3.30 (0.74) work design 3.32 (0.58) work context 3.80 (0.64) work world 3.85 (0.56)



Table 1 – continuing Overview of research studies containing the assessment of the work environment through the QNWL Brooks' questionnaire

Author	Design	Aim	Study sample (n)	Tools	Results
Manal et al., 2019	Cross-sectional study	Determine the QNWL level and determining relationship between QNWL and personal, family and work changes of nurses	400 nurses	QNWL	QNWL 165 (26.8) Work Home life 3.37 (0.62) Work Design 53.85 (0.67) Work Context 4 (0.73) Work World 3.73 (0.77)
Suleiman et al., 2019	Cross-sectional descriptive study	Evaluate QNWL and related factors between emergency unit nurses	186 nurses	QNWL	QNWL 140.15 (28.34) Work life/home life 23.46 (5.49) Work design 33.25 (8.43) Work context 67.70 (15.6) Work world 15.75 (4.1)
Nursalam et al., 2018	Correlation research study with a cross-sectional approach	Determine whether there is a correlation between QNWL and nurse's performance	106 nurses	QNWL	QNWL 52.8% Work life/home life 66% Work design 53.8% Work context 82.1% Work world 67%
Khani et al., 2008	Descriptive study	Find out the evaluation by the QNWL nurses in Iran	120 nurses	QNWL	QNWL 123.00 (11.23) Work life/home life 19.21 (3.41) Work design 28.60 (5.00) Work context 60.32 (9.28) Work world 14.40 (3.64)

Table 2 Overview of research studies containing the assessment of Brooks' questionnaire and other tools

Author	Design	Aim	Study sample (n)	Tools	Results
Roshangar et al., 2021	Descriptive correlation study	Link between the perception of the nurse's public image and QNWL	250 nurses	QNWL PNIS	QNWL 145.53 ± 26.86 Work/home life 22.32 ± 5.30 Work design 39.13 ± 5.36 Work context 68.66 ± 16.19 Work world 15.42 ± 4.05
Davoodi et al., 2020	Cross-sectional study	Relationship between QNWL and nurse behavior to the patient	168 nurses	QNWL WCBI	QNWL 144.59 (30.82) work life/home life 24.99 (5.61) work design 36.89 (7.59) work context 68.44 (19.32) work world 14.75 (6.16)
Jin et al., 2020	Cross-sectional study	Identify the effect of workplace spirituality on the OWL of cancer-surviving nurses	130 nurses	NWS, QNWL	QNWL 4.15 ± 0.57
Asadi et al., 2019	Analytical cross-sectional study	Explore the relationship between QWL dimensions and general health dimensions	404 nurses	QNWL GHGHQ	Work life/home life 24.01±5.59 Work Schedule 31.67±6.76 Work condition 77.50±14.53 Work environment 16.03±3.50
Nursalam et al., 2018	Cross-sectional research	Create a model for burn out and QNWL	134 nurses	QNWL CWEQ-II JAS ORS PES MBI	Work life-home life 25.42 7-35 Work design 31.67 9-45 Work context 75.50 20-100 Work world 16.67 5-25
Eslamian et al., 2015	Descriptive correlation study	Identify the quality of the work life of the nurses and its relationship to violence at the workplace	186 nurses	QNWL SVW	QNWL 30.98 +- 115.88 Work life/home life 7.07 ± 18.56 Work world 3.9 ±14.09 Work design 8.8 ±24.09 Work context 16.68 58.32

Legend: n – frequency; QWL – Quality of Work Life; QNWL – Quality of Nursing Work Life; NWS – Nursing Workplace Spirituality; CWEQ-II – Condition for Work Effectiveness Questionnaire; JAS – Job Activities Scale; ORS – Organizational Relationship Scale; PES – Psychological Empowerment scale; MBI – Maslach Burnout Inventory; C-QNWL – Chinese version QNWL; ITL – Intention to Leave; T – Thailand; J – Japanese; SVW – The scale of violence at the workplace; GHGHQ – Goldberg a Hillier's General Health Questionnaire; WCBI – Wolf's caring behaviors inventory; PNIS – Porter Nursing Image Scale

DISCUSSION

The QNWL evaluation helps to understand the aspects of work and work life, that nurses and hospital management can change to improve their quality of work life.

Dimension of work life/home life is defined as the interface between work and personal life of nurses. Nurses were dissatisfied with this dimension, 1/3 of nurses were unable to reconcile their professional and personal lives. Main factors of dissatisfaction have also been identified, namely the imbalance between work and private life, poor availability of childcare facilities, and hospital policies on holidays (Suresh, 2013). The lack of childcare facilities as a factor for worsening the quality of work of nurses also corresponds to the results of other studies (Suleiman et al., 2019; Borhani et al., 2016). Suresh (2013) and Brooks et al. (2004) reported that increased work commitment resulted in depletion and lack of energy for after-work home life activities. Nurses felt they spent too much time at the workplace (Eslamian et al., 2015). And up to 76% of nurses reported that nursing care requires more physical and mental effort, leading to the lack of energy and time to meet the needs of family life (Khani et al., 2008). By contrast, in the Martinez (2017) study, 60% of nurses claimed that, despite energy shortages, they can balance their work lives with family needs. Work and home life balance, work commitment, job security, people-to-people relationships at the workplace and financial and social issues are among the QNWL predictors (Mostafavi et al., 2011).

Work design dimension describes the actual work being done by nurses. Nurses describe their workload as high, since they perform numerous nursing activities, lack sufficient staff, and feel a lack of time to perform comprehensive nursing care (Roshangar et al., 2021; Eslamian et al., 2015).

Dimension of work context represents an arrangement of clinical practice in which the nurse works and examines the impact of the work environment on both the nurse and the patient. Management methods are one of the problems in this dimension. These include lack of supervision from executives, feedback, participation in decision-making, greater respect for nurses, inefficient nursing procedures (Eslamian et al., 2015).

Professional autonomy is another important component of increasing QWL and is in strong correlation with professional development (Bjork et

al., 2006). The work life for nurses did not provide an opportunity for career progression, and the combination of their skills was often inadequate (Khani et al., 2008).

Dimension of work life is defined as the effect of a wide range of social impacts on nursing. This includes, for example, public perception of the nurse's profession. Studies show that the social status of nurses is at a very poor level (Roshangar, 2021; Ameri, 2018). Nurses are considered as assistants to physicians or auxiliary forces in the health care system (Suleiman, 2019; Suresh, 2013).

Public image of the nursing profession seriously affects the quality of the nursing work life (Zamanzadeh, 2013). Quality of the nurse's work life is influenced by various factors, such as pay and other financial benefits (Suleiman et al., 2019; Kelbiso et al., 2017; Suresh, 2013). Nurses with a higher salary rate QNWL better than low-wage nurses. In addition, these factors include age, family status, level of education, length of experience, work experience, work stress and work environment as such. In particular, nurses who had a university degree rated QWL as low (Akter et al., 2017). Nurses with higher education also have higher demands on the quality of work environment, and experience more emotional exhaustion if these requirements are not met (Moradi et al., 2014). QWL statistically significantly affects the type of the workplace where nurses work. Nurses working in medical offices showed better QWL, than those working in hospital departments (Kelbiso et al., 2017). This could be linked to the fact, that nursing units pose higher claims on nurses in the form of night and weekend shifts. Nurses in specialized hospitals had higher QWL than those working in general hospitals. The factors contributing to this claim include the size of the hospital, the number and composition of patients, the salary of nurses, the physical environment, and the orientation/policy of the hospital (Moradi et al., 2014).

Limitation of study

Our study has several limitations, mainly as it includes only the material published in English and publicly available in licensed electronic information databases on JFM CU.

CONCLUSION

This article provides an overview of individual studies, dealing with the quality of the nursing work

life in various hospital departments, using the BQNL. This tool allows nurses, to assess their quality of work life through the 42 items and four subscales (home/work life; work organization/design; work conditions/content and work life). Quality of the nursing work life in analysed studies, has been identified through this tool, in the range of low to medium levels. In addition, the authors in this studies also describe the factors, that influence quality of work life (for example participation in decision-making, or opportunity for career progression). They also pointed the impact quality of work life on selected aspects of the nurse's psychical health. Researchers show on the importance of the issue of measurement quality of nursing work life with valid and reliable measuring tools. Moreover, they emphasise the fact, that in addition to describing QNL, it is necessary to focus on its solution.

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