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Determination of the Relationship between the Quality of Working Life and Tendency for Continuing Education in the Nurses working in Selected Hospitals of Isfahan Medical University

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ABSTRACT

In the past, the main role of nurses was providing care and comfort during nursing duties. However, today due to the changes in the health-related systems, more emphasis is put on the health promotion, disease prevention, and paying attention to the patient as a whole and considering all of his aspects (holistic care). Therefore, in the current societies, the nurses play a more varied roles and professional responsibilities which are expanding in line with the changes in society. The working life quality is among the important and effective factors on the nurses' productivity. Also, regarding the high sensitivity of the health-care fields which are directly related to the human life, their education, knowledge, and working ability for better performing the duties is vital. The current study aimed at evaluation and investigation of the working life quality on the tendency to continue education in the nurses working in Isfahan Medical University. The current study is of descriptive - cross sectional bivariate correlation type conducted on 123 nurses working in four departments as internal medicine, surgery, emergency and intensive care in five hospitals as Al-Zahra, Amin, Ayatollah Kashani, Noor, and Ali Asghar (pbuh), which were under supervision of Isfahan Medical University. The data collection instrument was a questionnaire including the demographic information, working life quality, job satisfaction, and tendency to continue education. For data analysis, In addition to the descriptive statistical indicators (mean and standard deviation), the Chi Square test was also used for qualitative variables as well as paired sample t-test for comparison between the means of the two groups. All the analysis were performed in SPSS with the significance level 0.05. there is significant relationship between the nurses' education and their working life quality however there were no relationships between the years in service and marital status with people working life quality. Also, there were no significant differences between the male and female nurses in terms of working life quality ($p=0.45$). The single nurses, compared to the married ones, had more tendency for continuing the education. However, there were no significant relationships between the nurses' gender, age, years in service, and education with their tendency to continue education. Fourteen male nurses (29.2%) and twenty six female nurses (34.4%) intended to continue their educational in their own field and seventeen male nurses (35.4%) and twenty one female nurses (28%) intended to continue their education in a field other than their own field. The rest of the nurses did not intend to continue education. There is a direct and consistent relationship between working life quality and tendency to continue education.

Keywords: working life quality, tendency to continue education, nursing

INTRODUCTION

In health and care section, the hospitals are considered as one of the important institutions providing the health and care system and meanwhile, the manpower, compared to other effective factors in this field, play a more central role [1]. It is obvious that the health systems all over the world face more and newer challenges which affect the potential capabilities of health and manpower infrastructures. Working life constitutes an important portion of a person which can either directly or indirectly affects other aspects of his life, as some researchers introduce the job as an effective factor on people's life quality. The working life quality is the focus of many organizations concentration and the promotion of nurses' life quality has been introduced as one of the important factors for ensuring the health systems stability. [2] In each organization, the high working life quality is vital to attract and retain employees, since the working life is based on the person's feeling of what is desirable and what is not desirable at work place and it is related to the current experience in both work and personal aspects of life [3 ,4]

Regarding the importance of working life quality and the nurses continuing their education as well as the investigations done in this area, the review of the databases, theses, and articles indicates that there are few studies conducted in this area. [5 , 6] For example, there has been no research conducted about the nurses working life quality and its relationship with their tendency for continuing education and since the desired working life quality and continuing education is very important in retaining and promoting the quality of care services and increasing the productivity of health-care system, the current study follows the below objectives:

- 1- Determination of the working life quality of the nurses working in selected hospitals of Isfahan Medical University in 2014.
- 2- Determination of the tendency for continuing education in the nurses working in selected hospitals of Isfahan Medical University in 2014.
- 3- Determination of the relationship between the working life quality and tendency to continue education in nurses working in selected hospitals of Isfahan Medical University in 2014. [7]

How is the working life quality of the nurses working in selected hospitals of Isfahan Medical University?

How is the tendency for continuing education in nurses working in selected hospitals of Isfahan Medical University? [8]

What is the relationship between the working life quality and tendency to continue education in nurses working in selected hospitals of Isfahan Medical University?

Here, we assume that there is significant relationship between the working life quality and tendency to continue education in nurses working in selected hospitals of Isfahan Medical University. [9 , 10]

What comes in the following includes review of literature, method, findings, and conclusion.

1- Review of Related Literature

2-1- Working Life Quality

Working life quality is a combination of the actual conditions of work in an organization such as fair and sufficient payment, healthy and safe working environment, providing the opportunity for continued development and security, legalism in the organization, social dependence in working life, overall living space, unity and social cohesion and the development of human capabilities [11 , 12]. For life quality, six area have been expressed including physical health, psychological state, level of independence, social relationships, environmental communications, and spiritual interests. King believes that several aspects affect the life quality including economic, social, spiritual - psychological and occupational aspects.[13, 14]Eivanse believes the working life quality aspects are physical, psychological, social, family, economic, recreational and spiritual. He introduces the physical aspect as the person's perception of his abilities in performing the daily activities and tasks which need to consume energy.[15 to 19]Fereel introduces the job as one of the effective factors on the life quality and asserts that although it can be a source for supplying the financial needs, it can also change into an annihilating factor [20].

Also, the quality of working life expresses the organizational feeling of the person and is of a great importance, since it can affect all the levels of nursing cares. [21] By the way, the working life quality plays a vital role in satisfaction with other aspects of life such as family, recreation, and personal health [22 , 23].

2-2- A Review of the Past Research

In study by Mobasher et al in 2013, titled "using Cox regression model in determining the effective factors on graduates education continuing working in health system with the descriptive –analytical method in Shahrekord Medical University" which was conducted on 398 employees (35.2% men and 74.8 women) with mean age of 22.2 years old using census sampling method. [24] Among these employees, 206 elevated to the upper stage and it was revealed factors such as age, gender, marital status, place of residence, and academic scores are among the main factors affecting education continuing, however other factors such as field of study, academic grade, and diploma average mark did not have any effects on the chance for elevating to higher educational levels. [25] These results indicated that the factors effective on education continuing must be seen as a whole, so the ground for continuing education will be prepared before aging and creation of other occupations in the person's life.[26]

In a study by Shariati in 2011, titled "evaluation of the motivating factors in nurses for employment and continuing their education in their own field" with the descriptive-analytical method in Khuzestan Medical University, which was conducted on 137 nursing students using random clustering sampling method and researcher-made questionnaire, it was revealed that inadequate salaries and benefits (68%) the influence of negative thoughts of people who worked in this field (56%), and morally unsafe working environment (35.9%) were among the factors affecting the lack of tendency for education continuing. Regarding these results, it can be concluded that increasing the salaries, reducing the unsafety of health-care environments, and creating a dynamic environment in the health sector, can significantly affect the reduction of lack tendency for education continuing. [27 , 28 , 29]

In a study by Abaschi in 2011, titled "evaluation of working life quality of nurses and some factors affecting it" in Zanjan Medical University hospitals with descriptive-analytical method, conducted on 472 nurses Stratified random sampling method and researcher-made questionnaire including 25 items in terms of job security, managerial style, working environment, salary and benefits, and self-concept of social image of nurses, it was revealed the job satisfaction score of the nurses was 51.2 out of 100. Also, the highest mean score belonged to social image of nursing profession (62.39 ± 2.69) and the lowest mean score belonged to satisfaction with work environment (44.82 ± 2.26) and the farewell facilities and salary (45.76 ± 2.63). These findings indicated that assigned amenities, workplace satisfaction, and improved wages and benefits are among the effective factors on the nurses' satisfaction. Also, reduction of working time and shift work seemed necessary for promotion of nursing services and nurses' satisfaction. [30 , 31]

2- Methodology and Research Samples

In terms of data collection method, the current study is of descriptive-bivariate cross sectional correlation type. It aimed at evaluation of the relationship between working life quality and education continuing in the nurses working in selected hospitals of Isfahan Medical University. [32]

The statistical population of the study are 250 nurses in the selected departments (internal medicine, surgery, emergency, and intensive cares) in the selected hospitals (Al Zahra, Ayatollah Kashani, Amin, Noor, and Ali Asghar) which were under supervision of Isfahan Medical University. Among these samples, 123 nurses who had a bachelor or master degree in nursing with at least one year in service were chosen using multistage sampling method and Cochran formula. [33]

3-2- Instrument

In the current study, the questionnaire of demographic information, working life quality, and tendency for education continuing was used as the data collection instrument. [34]

3-2-1- Demographic Information Questionnaire

It includes information such as age, gender, marital status, years in service, working shifts, position (nurse, head nurse, supervisor), occupation status, and income. [35]

3-2-2- Working Life Quality Questionnaire

The scale of evaluation of working life quality used in the current study has been designed in by Sergey in 2001 and has totally 16 items, measuring the working life quality in the two aspects as high priority and low priority needs. This scale is self-implemented in which the person express his idea according to Likert 5-point scale from completely wrong (1 score) to completely correct (score 5). [35] The scores domain ranged from 16 to 80 and the higher score is indicative of better working life quality. The internal reliability using Cronbach-alpha was calculated as 0.84 for high priority needs and 0.70 for low priority needs. The reliability and validity of the questionnaire was also determined by Hesam et al in 2012 as follows: thirty employees of the university filled in the questionnaire as a pilot and the Cronbach's alpha was calculated as 0.71 for the whole instrument. For sub-scales, it was calculated 0.78 and 0.75, respectively [8].

3-2-3- Education Continuing Questionnaire

The education continuing questionnaire includes a question about tendency for continuing education in the related field and the respondent will answer by "yes" or "no". [36]

3-3- Data Collection Method and Data Analysis

The data were collected through field study and during 6 working weeks by referring to several working shifts. The three mentioned questionnaires alongside with the form of consent for participating in the study were distributed among the working nurses with the presence of the researcher and they were collected after ensuring the questionnaires were filled in. [37]

Then, for data analysis and interpretation, besides using descriptive statistical indicators (mean and standard deviation), the Chi Square was used for description of data. All the analyses were done using SPSS with significance level of 0.05. [38]

3- Findings

4-1- Demographic Information questionnaire Results

According to the results from the demographic information questionnaire, 60.6% of the participants were women and 40.39% were men. 79.4% of the participants were married and the highest age group was above 36-year old (43.1%). The highest years in service belonged to less than 5 years (30.1%) and most of the studied samples had a bachelor degree. [9]

4-2- Life Quality

Table 4-1: the frequency of the studied items based on level, mean, and standard deviation of working life quality

| | Frequency | Percentage |
|-------------|-----------|------------|
| Too optimal | 16 | 13 |
| Optimal | 46 | 38 |
| Non-optimal | 37 | 30 |
| Very poor | 23 | 19 |
| Total | 123 | 100 |

The results of the table 4-1 indicates that most of the studied samples predicted their life quality as optimal (38%) and the lowest percentage belonged to those who described their life quality as too optimal (16 persons, 13%).

Table 4-2: the frequency of the studied items based on demographic information and working life quality

| Life quality Variable | | Poor Frequency(percentage) | Non-optimal Frequency(percentage) | Optimal Frequency(percentage) | tooptimal Frequency(percentage) | Total | P-value | Test |
|-----------------------|--------------------|----------------------------|-----------------------------------|-------------------------------|---------------------------------|-----------|---------|------------|
| Marital status | Married | 19(21/3) | 27(30/3) | 29(15/7) | 14(15/7) | 89(79/4) | 0/12 | Chi-square |
| | Single | 4(11/8) | 10(29/4) | 18(52/9) | 2(5/9) | 34(20/6) | | |
| Age (year) | Lower than 30 | 6(14/3) | 13(31/0) | 21(50/0) | 2(4/8) | 42(34/1) | 0/03 | Chi-square |
| | 30-35 | 6(21/4) | 11(39/3) | 10(35/7) | 1(3/6) | 28(22/8) | | |
| | Above 36 | 11(20/8) | 13(24/51) | 16(30/2) | 13(24/5) | 53(43/1) | | |
| Years of service | Less than 5 years | 5(13/5) | 12(32/4) | 18(48/6) | 2(5/4) | 37(30/1) | 0/08 | Chi-square |
| | 5-10 years | 7(21/9) | 11(37/9) | 12(37/5) | 2(6/3) | 32(26/0) | | |
| | 11-15 years | 5(17/2) | 11(37/9) | 6(20/7) | 7(24/1) | 29(23/6) | | |
| | Above 16 years | 6(24/0) | 3(12/0) | 11(44/8/0) | 5(20/0) | 25(20/3) | | |
| Education | Bachelor and lower | 23(21/5) | 39(32/7) | 36(32/7) | 14(13/1) | 107(87/0) | 0/03 | Chi-square |
| | Master degree | - | 1(9/1) | 8(72/7) | 2(18/2) | 11(13/0) | | |

The results of the table 4-2 indicate that there is a significant relationship between the nurses' education level and age, and their life quality. As indicated by the table, the higher the age and the education, the higher their life quality will be. However, there were no significant relationships between the years of service and marital status, and the life quality.

4-3- Tendency for Education Continuing

Table 4-3: the frequency of the studied items based on tendency to continue education

| Variable | Frequency | Percentage |
|----------------------------------------|-----------|------------|
| Lack of tendency to continue education | 71 | 58 |
| tendency to continue education | 52 | 42 |
| Total | 123 | 100 |

The results of the above table shows that most of the studied samples did not have tendency to continue their education (58%).

Table 4-4: the frequency of the studied items based demographic information and tendency to continue education

| Variable | | tendency to continue education frequency (percentage) | Lack of tendency to continue education frequency (percentage) | Total frequency (percentage) | P-value | Test |
|------------------|--------------------|-------------------------------------------------------|---------------------------------------------------------------|------------------------------|---------|------------|
| Gender | Male | 17(35/4) | 48(39/40) | 31(64/6) | 0.1 | Chi-square |
| | Female | 35(46/7) | 75(61/0) | 40(53/3) | | |
| Marital status | Married | 33(37/1) | 89(79/4) | 56(62/9) | 0/04 | Chi-square |
| | Single | 19(55/9) | 34(27/6) | 15(44/1) | | |
| Age (year) | Lower than 30 | 17(40/5) | 42(34/1) | 25(59/5) | 0/9 | Chi-square |
| | 30-35 | 12(42/9) | 28(22/8) | 16(57/1) | | |
| | Above 36 | 23(43/4) | 53(43/1) | 30(56/6) | | |
| Years of service | Less than 5 years | 17(45/9) | 37(30/1) | 20(54/1) | 0/9 | Chi-square |
| | 5-10 years | 12(37/3/5) | 32(26/0) | 20(62/6) | | |
| | 11-15 years | 12(41/4) | 29(23/6) | 17(58/6) | | |
| | Above 16 years | 11(44/0) | 25(20/3) | 14(56/0) | | |
| Education | Bachelor and lower | 45(37/5) | 107(87/0) | 67(62/5) | 0/3 | Chi-square |
| | Master degree | 7(63/6) | 11(13/0) | 4(5/6) | | |

The results of table 4-4 shows that among the variables related to the demographic information, the tendency for continuing education is different in single and married persons as the single person were more inclined to continue their education (55.9%), while the married persons had the highest frequency in lack of tendency for education continuing (37.1%).

4-4- The Relationship between Working Life and Tendency for Education Continuing

Table 4-5: the relationship between working life quality and tendency to continue education

| | Too optimal | Optimal | Non-optimal | Very poor | P-value | Test |
|----------------------------------------|-------------|---------|-------------|-----------|---------|------------|
| Lack of tendency to continue education | 3 | 27 | 32 | 21 | 0/001 | Chi-square |
| Tendency to continue education | 13 | 20 | 5 | 2 | | |

The above results indicate that by increasing the working life quality, the tendency for education continuing also increased as in the very optimal condition, 13 nurses tended to continue their education and 3 nurses did not like to continue their education. With the decrease in working life quality, the tendency for education continuing is significantly reduced as in non-optimal condition, only 2 nurses tended to continue their education and 21 nurses expresses their lack of interest.

CONCLUSION

According to the results related to the first hypothesis on determination of working life quality of the nurses working in selected hospitals of Isfahan Medical University, there is a significant relationship between the nurses' education level and their working life quality ($p=0.03$), as by the increase in education level, the nurses working life quality will be also increased. Also, there were no significant differences between the men and women in terms of life quality ($p=0.45$) and only 5 men and 11 women had the too optimal quality. In this regard, Rasta, Asayesh, et al (2012) showed that 61.3% of the participants were above the average working life quality, 12.7% of the participants had a non-optimal status, and 28.2% described their working life quality as very poor. 47.8% of these participants did not have any tendency to quit this filed and liked their job. The results of the current study is in line with some studies results and is opposed to some other studies which can be due to factors such as cultural context, management system, and etc.

Based on the second objective of the study (determination of the tendency for education continuing in the nurses working in the selected hospitals of Isfahan Medical University), the results indicated that 42% of the participants (52 persons) tended to continue education and 58% of the participants (72 persons) did not like to continue their education. Also the single nurses had more tendency to continue education compared to married nurses. However, there were no significant relationship between the nurses' gender, age, years of service, and education, and their tendency for education continuing. 14 male nurses (29.2%) and 26 female nurses (34.3%) tended to continue their education in their own field and 17 male nurses (35.4%) and 21 female nurses (28%) tended to continue their education in a filed other than their own. The rest of the nurses did not tend to continue their education. Abedian et al (2012) showed in their study that most of the studied samples had mentioned achieving to the higher degrees as the motivation for choosing the nursing major. Second to it, the boys expressed the scientific content as the factor for choosing this major and the girls announced achieving job opportunity as their motivation. 87% of the samples liked their field of study. Mobasheri et al (2014) showed in their study that the increase in age reduces the chance for continuing education while the higher average grades increases the chances of continuing education. The chances of education continuing is slightly more in men compared to women and slightly lesser in employed persons compared to unemployed persons. Finally, the women continued their education more than men.

Regarding the third objective (determination of the relationship between the working life quality and continuing education in the nurses working in selected hospitals of Isfahan Medical University), the graph 4-10 was drawn. The results indicated that there is a significant relationship between the life quality and tendency for continuing education in nurses ($p<0.001$), as with the increase in life quality, the tendency for continuing education also increases. It is of note that there are no special studies conducted in this regard.

In short, the current study aimed at determination of the relationship between the working life quality and tendency for continuing education in the nurses working in selected hospitals of Isfahan Medical University. For doing this, in descriptive-cross sectional bivariate correlation method, the study was conducted on 123 nurses working in the

internal medicine, surgery, emergency, and intensive cares departments in Al-Zahra, Amin, Ayatollah Kashani, Noor, and Ali Asghar hospitals which were under supervision of Isfahan Medical University. The data collection instruments were the questionnaires of demographic information, working life quality, and tendency for education continuing. Besides the descriptive statistical indicators for analysis of the data (mean and standard deviation), the Chi Square test was also used for data description as well as evaluation of qualitative variables, paired t-test, and comparison of the two groups means. All the analyses were done using SPSS and the significance level of 0.05.

Finally, the results of the statistical analyses indicated that there is a significant relationship between the nurses' education level and their working life quality, however there is no significant relationship between the years of service and marital status, and the working life quality. There were no significant differences between the men and women in terms of life quality. The single persons have higher tendency for continuing education compared to married persons, however there were no significant relationships between the nurses' gender, years of service, age, and education and their tendency for education continuing. 14 male nurses (29.2%) and 26 female nurses (34.3%) tended to continue their education in their own field and 17 male nurses (35.4%) and 21 female nurses (28%) tended to continue their education in a field other than their own. The rest of the nurses did not tend to continue their education. Also, there is direct and corresponding relationship between working life quality and tendency for education continuing.

We hope the results of the current study help the nursing authorities with a better understanding of the needs as well as the factors effective on working life quality and tendency for education continuing and through these results, we hope the authorities be encouraged to, by developing effective strategies in this regard, apply the desired changes in the sectors and centers under their supervision and prepare better grounds for increasing the nurses' scientific capability and motivation to continue this profession and education.

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