



Quality of Life of Nurses and Related Factors

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Abstract

Background and aims: A high number of healthcare team members are nurses. Nurses' quality of life level is an important issue because it affects their level of care delivered to their patients. Knowledge about nurses' level of quality of life is useful for planning. The present study was conducted to examine the quality of life of nurses and related factors.

Methods: This cross-sectional descriptive study was performed during 2015-2016. Samples were recruited from single nurses who worked in teaching hospitals in Tehran. To this end, 200 nurses were selected by using simple random sampling method. Data collection was performed by researchers using a researcher's self-designed checklist for demographic characteristics and a 36-Item Short Form Survey (SF-36). After data collection, data analysis was performed using SPSS 19.0 software.

Results: Of 200 nurses, 118 (59%) were female, and 82 (41%) were male. Of 200 nurses, 192 (96%) were registered nurses and the rest had Master of Science degree in nursing. The mean score of quality of life was 71.44 ± 10.12 . Among subscales of quality of life, higher and lower scores were related to the subscale 'social role functioning' and 'physical functioning', respectively. Nurses' sex was a significant factor that affected their quality of life ($P < 0.05$).

Conclusion: According to the findings of the present study, nurses' quality of life was at moderate level totally; however in some subscales they had some problems. Nurses' quality of life needs more attention. Further study in this regard is recommended.

Keywords: Nurses, Quality of life, Sf-36, Related factors, Iran

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Introduction

Nowadays, quality of life of a person is a very important subject around the world. Several definitions exist for the quality of life, however the World Health Organization (WHO) has defined it as "an individual's perception of his/her position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns".¹ Factors such as human culture, value judgments, personal positions, aims, beliefs, experiences, expectations, and perceptions are effective factors in determining an individual's level of quality of life.²

According to a definition proposed by the American Nurses Association (ANA), "Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations".³ A high number of healthcare team members are nurses globally.⁴⁻⁶ According to Majidi and colleagues' report, nurses in Iran comprise 80% of the

healthcare systems.⁵ The level of quality of life among nurses is a very important subject because it affects their level of care delivered to their patients.^{6,7} A previous study also reported that lower quality of life of nurses is associated with a higher intention to leave the job and higher rate of job burnout.^{8,9} In one study in this regard, Ziaei and colleagues examined the relationship between nurses' quality of life and job burnout. Results of their study revealed significant relationships between nurses' job burnout and their level of quality of life.⁸ In the other study in this regard, Faraji and colleagues examined the relationship between nurses' quality of life and their intention to leave the nursing job. Results of their study revealed that nurses who had a lower level of quality of life had more intention to leave their job.⁹

Previous studies about nurses' quality of life showed different findings. In one study, Alhani and Oujian examined the quality of life of 60 nurses and reported that nurses had a moderate level of quality of life.¹⁰ In another study, Dargahi and colleagues examined the quality of work life of nurses in teaching hospitals of Tehran. In contrast to the findings of Alhani and

Oujiyan, results of Dargahi and colleagues revealed that nurses had not a desirable level of quality of life and were unsatisfied.¹¹ Concerning nurses' quality of life and different findings in previous studies in this regard, present study was conducted to examine the level of quality of life among nurses and its related factors.

Methods

This cross-sectional study was conducted during 2015-2016. Samples were recruited from single nurses who worked in teaching hospitals affiliated to Tehran University of Medical Sciences. Using sample size formula, sample size was determined to include 200 nurses. The simple random sampling method was used to recruit the nurses. Based on the number of nursing staff in each hospital, the required samples were randomly selected from the list of nurses working at each hospital. Before collecting any data, ethical approval was obtained from Tehran Azad University Research Center and heads of all the hospitals. Before the study, nurses also received oral information about the method and aims of the present study. They were also assured that all collected information would remain anonymous.

Data were collected by a self-designed checklist for nurses demographic characteristics (including age, sex, years of experience, level of education, hospital wards, economic situation) and a 36-Item Short Form Health Survey (SF-36). The SF-36 is a standard questionnaire that assesses the quality of life in 8 domains including vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, and mental health. The Iranian version of SF-36 has been used in several studies previously and its reliability and validity have been determined to be at good level.¹²

For data collection, researchers referred to hospital wards during morning and evening shifts and invited selected nurses to participate in the study. Nurses who accepted to participate in the study, were requested to complete and return the questionnaires within 2 hours. During this time, researchers remained in the wards.

Data analysis was performed in SPSS 19.0. To this end, we used descriptive tests (frequency, mean and SD) and analytical tests including Pearson correlation coefficient, independent samples t Test and one-way ANOVA. Data were considered significant when *P* value was obtained less than 0.05.

Results

Of 200 nurses who participated in our study, 118 (59%) were female and the rest were male. Concerning the nurses' age, most nurses were in the age range of 23 to 30 years old (46%). Of 200 nurses, 192 (96%) were

registered nurse and the rest had Master of Science degree in nursing. Totally, 35.5%, 34.5%, 16.5% and 13.5% of nurses in our study had the years of experience from 1- 5, 5-10, 10-15 and more than 15 years, respectively. Most nurses (near 70%) had moderate level of economic status. The mean score of quality of life was 71.44 ± 10.12 . Among subscales, higher and lower scores were related to the subscale 'social role functioning' and 'physical functioning', respectively. The mean score of physical functioning, social functioning, physical role functioning, emotional role functioning, general health perceptions, bodily pain, vitality, and mental health were 46.5 ± 8.12 , 86.4 ± 14.51 , 81.4 ± 12.82 , 74.3 ± 10.65 , 65.2 ± 12.24 , 75.1 ± 11.10 , 72.5 ± 10.43 , and 69.8 ± 9.13 , respectively. Among the demographic characteristics assessed in our study, only sex was the significant factor that affected nurses' quality of life (male nurses had higher level of quality of life) ($P = 0.01$).

Discussion

Nurses' quality of life is a very important issue. Knowledge about nurses' quality of life and its related factors is imperative for any planning to improve their quality of life. Although several studies have been conducted in this regard, in recent years, several changes have been experienced in all aspects of nurses' work status that may have affected their quality of life; for example, health system revolution programs that have been developed and conducted in Iranian hospitals by Ministry of Health and Medical Education in recent years or changes in nurses' salaries. All these changes can affect nurses' quality of life. According to the findings of the present study, nurses' quality of life was at moderate level totally, however, in some subscales they had some problems. Results of our study also revealed that sex was an effective factor in nurses' quality of life.

Some previous studies in Iranian context showed findings similar to ours and some of them reported different findings. It is imperative that in time of using research findings, users consider that there are several questionnaires for assessment of nurses' quality of life. Difference in the used questionnaire could be a reason for difference in the findings of several studies. Therefore, in this section we compared our study with other studies that had used SF-36 questionnaire for assessment of quality of life of nurses. In this regard, we found 4 studies whose results showed findings similar to the findings of the present study. In one study in 2016, Farrokhian and colleagues examined quality of life of 212 nurses who worked in 9 different wards in Kashan hospitals. Similar to the findings of our study, the study results of Farrokhian and colleagues showed that nurses had moderate level of quality of life. They also reported that 3 factors including

position, work shift, and workplace affected their level of quality of life.¹³ In another study in 2015, Saberipour and colleagues surveyed the quality of life among 90 nurses in a hospital in Shushtar. Results of the study of Saberipour and colleagues showed findings similar to the results of our study.¹⁴ In one study in 2015, Ansari and Abbasi examined quality of life of 300 nurses who were affiliated to the hospitals of Zahedan University of Medical Sciences. Their results revealed that nurses had not a good level of quality of life.¹⁵ Results of an older study also showed similar findings. In one study in 2005, Estaji and colleagues examined nurses' quality of life with using SF-36 questionnaire. Similar to the findings of the present study, Estaji and colleagues reported that nurses in Sabzevar hospital had moderate level of quality of life.¹⁶ Nurses during work shifts experienced several stressful events.¹⁷ Events such as workload, hard work, physical injuries related to job, physical and mental fatigue, poor sleep, unorganized working shift schedules, demands higher than their ability and low social support were sources of stress for nurses.^{18,19,20} These stressful events were effective in nurses' quality of life and usually decreased it. Nurse managers should be aware of this and plan for prevention and management. For achieving this aim, they can use several effective interventions such as stress reduction intervention, physical health educational program and positive thinking training program, in addition to improvement of nurses' working environment.²¹⁻²⁴

Conclusion

Nurses' quality of life affects their level of care delivered to their patients. In this regard, we examined quality of life of 200 single nurses. Nurses in our study reported moderate level of quality of life. Although this level is acceptable, nurse managers should pay more attention to this important subject. Further similar studies in this regard are recommended. In addition, interventional studies for improving nurses' quality of life are needed.

Limitations

Using self-reports for assessment of quality of life was a limitation of our study.

Ethical Approval

The ID code of the thesis, defended on 5 September, 2015 at Islamic Azad University, Tehran Medical Branch, from which this article was obtained is 13610403931009.

Conflict of Interest Disclosures

None.

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