



# International Journal of Nursing and Healthcare Research

Journal home page: [www.ijnhr.com](http://www.ijnhr.com)

<https://doi.org/10.36673/IJNHR.2022.v06.i01.A13>



## HEALTH STATUS AND WORK QUALITY OF STAFF NURSES IN A PRIVATE HOSPITAL

Eva Lobelle Sampayan\*<sup>1</sup> and Naomi Sauro Malait<sup>2</sup>

<sup>1</sup>Department of Medical-Surgical Nursing, King Khalid University College of Nursing, Khamis Mushayt, Kingdom of Saudi Arabia.

<sup>2</sup>Department of Nursing Service, Sacred Heart Hospital, Cebu, Philippines.

### ABSTRACT

This study determined the health status and work quality of nurses in a private tertiary hospital. A correlational descriptive design of 40 nurses were selected using convenience sampling. Nurses in this study were relatively young ( $M=26.52$ ,  $SD=2.76$ ), female, and have worked for 3 years. Most nurses reported less than 16 average hours per week. Nurses' level of health status in terms of physical ( $M=2.39\pm 0.24$ ), mental/emotional state ( $M=2.43\pm 0.24$ ), and stress evaluation ( $M=2.42\pm 0.31$ ) are relatively fair. Life enjoyment ( $M=3.23\pm 0.10$ ) and over-all quality of life ( $M=3.10\pm 0.12$ ) among nurses are remarkably good. Work quality on leadership and support ( $M=3.64\pm 0.03$ ), nurse's participation in the workplace ( $M=3.35\pm 0.11$ ), collegial nurse-physician relations ( $M=3.34\pm 0.04$ ) were described as very good while staffing and resource adequacy ( $M=2.87\pm 0.29$ ) and nursing foundations ( $M=3.09\pm 0.14$ ) was good. Income of nurses is significantly correlated to their health status ( $r=1.092$ ,  $p=0.054$ ) and work quality ( $r=93.958$ ,  $p=0.025$ ). There is a significant difference on the health status ( $t=40.036$ ,  $p=0.000$ ) and work quality ( $t=42.232$ ,  $p=0.000$ ) of nurses according to average of duty hours. The health status and work quality are influenced by salary and differs in terms of clinical hours. The need to review compensation scheme of nurses and clinical hours in the nursing practice is recommended.

### KEYWORDS

Health status, Nurses, Private tertiary hospitals and Work quality.

### Author for Correspondence:

Eva Lobelle Sampayan,  
Department of Medical-Surgical Nursing,  
King Khalid University College of Nursing,  
Khamis Mushayt, Kingdom of Saudi Arabia.

**Email:** [esampayan@kku.edu.s](mailto:esampayan@kku.edu.s)

### INTRODUCTION

Nurses play an essential role in improving the safety and quality of patient care. Providing appropriate nursing care and improving patient health is one of the nurses' ultimate goal. Along with their nursing profession, nurses are vulnerable to some health issues. Nurses' state of health affects their management of patient care.

The theory on health promotion model (HPM) by Nola Pender depicts the multifaceted natures of persons interacting with the environment as they pursue health. Health promotion is motivated by the desire to enhance well-being and to actualize human potential<sup>1</sup>. Pender's health promotion model provides for the explaining and predicting of health promoting behaviors<sup>2</sup>. The HPM incorporates elements of the change process, including a commitment to a plan of action and acknowledgement of competing demands. The final outcome is engagement in health promotion behaviors<sup>3</sup>.

Several studies have been conducted about nurses' health status. A study conducted by Roji, *et al*<sup>4</sup> showed poor health status of intensive critical unit (ICU) nurses who worked in night shift as well as stressed and dissatisfied with job. The finding suggested that improved workplace conditions and promoted health status can be ensured by taking some measurable steps and coping techniques among nurses. A good health status is not only important within their own lives but also for the population who requires their services. Meanwhile, Hui-Ling, *et al*<sup>5</sup> indicated that the factors of health status in nurses involved complex and multifactorial etiologies. Health authorities should scrutinize the working environment of nurses and define factors that impact on physical, mental and social health. A cross-sectional study on work-environment related factors and nurse's health outcomes shows elevated health burden and co-morbidity among Lebanese RNs and highlight the value of comprehensive approaches that can simultaneously improve several work environmental factors (namely self-perceived workload, teamwork, resources, and nursing task allocation) to reduce this burden<sup>6</sup>. A study on average hospital length of stay, nurses' work demands, and their health and job outcomes by Cho<sup>7</sup> concluded that shorter length of stay was associated with higher work demands, and higher work demands were associated with worse nurse outcomes. Thus, excessive work demands should be avoided to prevent nurses' health and job outcomes from deteriorating.

This research study focuses also on the work quality of nurses. Nurses carry out their nursing functions to their fullest ability to render safe and achieve quality patient care. Kieft, *et al*<sup>8</sup> conducted a study on how nurses and their work environment affect patient experiences of the quality of care. The authors mentioned essential elements that they believe would improve patient experiences of the quality of nursing care. These include clinically competent nurses, collaborative working relationships, autonomous nursing practice, adequate staffing, and control over nursing practice, managerial support and patient-centered culture. Nurses feel pressured to increase productivity and report a high administrative workload. They stated that these factors will not improve patient experiences of the quality of nursing care. Another study identified that nurses' shift length was significantly associated with nurse-reported quality and safety measures. Shift length remained a significant predictor of nurse-reported quality and safety even after adjusting for nurses demographics (age and gender), nursing organizational features (staffing, practice environment), hospital structural characteristics (bed size)<sup>9</sup>.

Rogers, Hwang and Scott<sup>10</sup> confirm that many nurses do not regularly taking breaks during the workday. Breaks may not only play an essential role for the productivity and well-being of the nurse, but the length of breaks also may have an effect on patient safety. The authors found out that lack of break alone was not associated with an increased risk for errors, but nurses who took longer breaks by as little as 10 minutes had a 10% decrease in the odds of making an error. Nurse managers are vital to planning and enforcing staff breaks by communicating to staff about the importance of breaks, scheduling breaks during meal times, and providing staff to cover patients while nurses are away from the unit.

High quality of work life environments are those work environments in which the quality of the human experience in the workplace meets and surpasses employee expectations. Employees in high quality of work life environments are respected and treated well at work, thus keeping employees

motivated, engaged, continuously growing, and retained within their organizations<sup>11</sup>. In a study conducted by Moradi, *et al*<sup>12</sup> on quality of working life of nurses and its related factors consider that nurses as the largest group of health care providers should enjoy a satisfactory quality of working life to be able to provide quality care to their patients. The author concluded that nurses' quality of work life was at the moderate level. As quality of work life has an important impact on attracting and retaining employees, it is necessary to pay more attention to the nurses' quality of life and its affecting factors.

Nurses use individual justice to care for individual patients, but staff nurses and nursing leaders need to use distributive justice to address the professional responsibility for the collective practice of nursing on the unit, in the facility, and throughout the profession and all of health care. Nursing management in health care involves many ethical components as managers' deals with complex interactions among themselves, the organization, the community, and the society. The primary ethical dilemma for nurse managers is balancing high quality care with fiscal responsibilities. Nurse managers need to act as client advocates while helping staff create a climate of ethical behavior. The managers need to be able to ask the right ethical questions, make the right ethical decisions and do the right thing by applying ethical principles<sup>13</sup>. Nurses spend a lot of time with patients; they affect patient experiences of care. Research has shown that the nursing work environment is a determining factor. It seems that when patients have positive experiences of nursing care, nurses also experience a good and healthy work environment. A healthy work environment can be defined as a work setting in which nurses are able to both achieve the goals of the organization and derive personal satisfaction from their work. A healthy work environment fosters a climate in which nurses are challenged to use their expertise, skills and clinical knowledge<sup>8</sup>.

Nurses are expected to be able to get along smoothly with their colleagues. There may be instances where a nurse may have different opinion, or may not like certain people. This shall be the exception rather than the rule. A mature person easily blends in any

situation. Nurses shall adjust themselves to the organization and know its policies and procedures. Nurses who are cranky, too sensitive, who backbite, who do not see any good in their colleagues, are the type of nurses who will not be happy in their work<sup>14</sup>. Furthermore, Hader<sup>15</sup> suggested that when an organization's mission is in line with staff values, the base on which to build a winning culture is strong. Nurses who frequently make decisions that conflict with their personal values may experience confusion and anxiety. The intrapersonal struggle ultimately will lead to job stress and dissatisfaction, especially for the novice nurse who comes to the organization with inadequate values clarification. The choices that nurses make about client care are not merely strategic options; they are moral choices. Internal conflict and burnout may result when personal and organizational values do not mesh.

This study aimed to explore the health status and work quality of staff nurses working in a private hospital.

### **Objective**

This study assessed the sociodemographic variables, level of health status and work quality of staff nurses and explored on the associations and differences of selected profile indicated in the study.

### **MATERIAL AND METHODS**

A correlational-descriptive survey of a sample consisting of 40 staff nurses working in private tertiary hospital recruited through convenience sampling participated in the study. The study tool on health status<sup>16</sup> comprised the variables on physical state (10), mental/emotional state (10), stress evaluation (10), life enjoyment (11), and overall quality of life (14). The questionnaire on work quality<sup>17</sup> indicates item of leadership and support by the nurse manager (8), nurse participation in the workplace (7), staffing and resource adequacy (5), nursing foundations for quality care (6), and collegial nurse-physicians relation (3). All the items are rated on a 4-point Likert scale was used ranging from 1 (poor) to 4 (very good).

Data obtained from this study were checked, and descriptive and inferential statistics analyses were then carried out. The association between the profile

and health status and work quality was conducted using Chi-square statistic. The difference on the level of health status and work quality according to the selected profile variable on average duty hours was determined using T-test statistic. A p-value of 5% level is considered significant. Permission to conduct the study was obtained from the research locale and informed consent was secured for all participants prior to participation of the study.

## RESULTS AND DISCUSSION

A total of 40 staff nurses participated in the study. Table No.1 shows the profile of the respondents. Most of the nurses who responded to the study aged 25 years old. More than half are females (55%) and reported BSN (67.5%) as their highest educational attainment. Majority (80%) of the nurses receives a salary of ₱8000 per month and have worked (82.5%) for less than 5 years. Nurses assigned in the medical and surgical unit constitute the highest number of responses during the survey. Majority (95%) of the respondents reported less than 16 hours of duty per week.

Table No.2 presents the health status of nurses. The data shows that the level of health status of nurses for the following subscales in terms of physical state ( $M=2.39\pm0.24$ ), mental/emotional state ( $M=2.43\pm0.24$ ), and stress evaluation ( $M=2.42\pm0.31$ ) are relatively fair whereas nurses' life enjoyment ( $M=3.23\pm0.10$ ) and over-all quality of life ( $M=3.10\pm0.12$ ) are remarkably good.

Table No.3 reveals the work quality of nurses. The data indicates that the variable on work quality on leadership and support ( $M=3.64\pm0.03$ ), nurse's participation in the workplace ( $M=3.35\pm0.11$ ), collegial nurse-physician relations ( $M=3.34\pm0.04$ ) were described as very good while staffing and resource adequacy ( $M=2.87\pm0.29$ ) and nursing foundations ( $M=3.09\pm0.14$ ) was rated as good.

Table No.4 identifies the association between the nurses' profile and health status. The findings show that the variable on monthly income is significantly associated to the health status of nurses ( $\chi^2=1.092$ ,  $p=0.054$ ).

Table No.5 defines the relationship between the nurses' profile and work quality. The data indicates

that the profile on monthly income is significant to the level of work quality of nurses ( $\chi^2=93.958$ ,  $p=0.025$ ).

Table No.6 depicts the difference on the health status and work quality of nurses. There is a significant difference on the levels of health status ( $t=40.036$ ,  $p=0.000$ ) and work quality ( $t=42.232$ ,  $p=0.000$ ) of nurses according to the profile on average duty hours per week.

## Discussion

The study demonstrates that nurses who participated in the study are relatively young and majority are female nurses. The majority of nurses reported BSN as their highest education level and discloses a minimum salary of ₱8000 per month. Most of them stayed for less than 5 years in the service and nurses assigned from the medical-surgical floor indicates the higher number of participants. The average duty hours of nurses revealed less than 16 average hours per week.

The level of health status of nurses in terms of physical state, mental/emotional state and stress evaluation are fairly low. The findings show that incidence of health issues and concerns are fairly observed among nurses and the over-all stress evaluation is generally fairly low. Nursing work predominantly includes high level of energy, staying focused at all times and avoiding stress as possible whenever at nursing duties. Hui-Ling, *et al*<sup>5</sup> indicated that the factors of health status in nurses involved complex and multifactorial etiologies. Health authorities should scrutinize the working environment of nurses and define factors that impact on physical, mental and social health.

The nurses' level of work quality reveals good to very good evaluation. High quality of work life environments are those work environments in which the quality of the human experience in the workplace meets and surpasses employee expectations<sup>11</sup>. Kieft, *et al*<sup>8</sup> mentioned essential elements that they believe would improve patient experiences of the quality of nursing care. These include clinically competent nurses, collaborative working relationships, autonomous nursing practice, adequate staffing, and control over nursing practice, managerial support and patient-centered culture. Further, the findings of

the study supported the study conducted by Moradi *et al*<sup>12</sup> on quality of working life of nurses and its related factors consider that nurses should enjoy a satisfactory quality of working life to be able to provide quality care to their patients. Research has shown that the nursing work environment is a determining factor. It seems that when patients have positive experiences of nursing care, nurses also experience a good and healthy work environment<sup>8</sup>.

The association between profile and health status of nurses emphasized that the variable on monthly income of nurses influenced their level of health status. Several researches have been conducted about income and its role in nursing profession. Massey, *et al*<sup>18</sup> on their study about income inequality and health status, a nursing issue concluded that higher mortality and worse health status occur in societies with higher income inequality. The relationship between income inequality and health appears to be determined both by relative access to resources for health gain and relative social position. In addition, McCoy, *et al*<sup>19</sup> emphasized that pay and income of health workers affect health care and health systems in many ways. Pay and income have been described as hygiene factor that affect motivation, performance, morale, and the ability of employers to attract and retain staff. McHugh and Ma<sup>20</sup> discovered that wage was associated with job dissatisfaction and intent to leave but had little influence on burnout.

The association between profile and work quality of nurses found that monthly income correlates with levels of work quality among nurses. This findings confirm the study conducted by Kelbiso, *et al*<sup>21</sup> showed that nurses were dissatisfied with the quality of their work life. The authors found that educational status, monthly income, working unit, and work environment were strong predictors of quality of work life among nurses. Khim<sup>22</sup> concluded research that financial incentives used in the reform formed a significant part of health workers' income and influenced their job motivation. Improving job motivation requires fixing payment mechanisms and increasing the size of incentives.

The average work hours per week among nurses is statistically significant to their level of health status and work quality in the nursing. Nurses spend a lot

of time with patients; they affect patient experiences of care. Research has shown that the nursing work environment is a determining factor. It seems that when patients have positive experiences of nursing care, nurses also experience a good and healthy work environment<sup>8</sup>. McHugh and Ma<sup>20</sup> stresses that work environment and average patient-to-nurse ratio still have considerable effects on nurse outcomes. Wage is important for good nurse outcomes, but it does not diminish the significant influence of work environment and staffing on nurse outcomes. Meanwhile, the emergency medicine news<sup>23</sup> pointed out that nursing personnel are susceptible to workplace injuries. Nurses have long suspected that the longer hours they work in health care settings, the longer their exposure to physical and psychosocial stressors, and therefore, the higher their risk of suffering injuries and illnesses. Garde, *et al*<sup>24</sup> concluded that despite similar distribution of operational hours among nurses in the three countries, there were differences in working hour characteristics and the use of different types of work schedules. The observed differences may affect health and safety.

**Table No.1: Profile of nurses**

S.No	Profiles	Frequency, n=40	Percentage
<b>Age</b>			
1	23	4	10.0
2	24	7	17.5
3	25	8	20.0
4	26	5	12.5
5	27	3	7.5
6	28	3	7.5
7	29	2	5.0
8	30	2	5.0
9	31	4	10.0
10	32	2	5.0
<b>Sex</b>			
11	Female	22	55.0
12	Male	18	45.0
<b>Highest educational attainment</b>			
13	BSN	27	67.5
14	BSN with Master's Degree	13	32.5
<b>Monthly income</b>			
15	₱6000	2	5.0
16	₱8000	32	80.0
17	₱9000	1	2.5
18	₱10000	5	12.5
<b>Length of service</b>			
19	<5 years	33	82.5
20	>5 years	7	17.5
<b>Area of assignment</b>			
21	Emergency Room	7	16.3
22	Intensive Care Unit	6	14.0
23	Neonatal Intensive Care Unit	6	14.0
24	Operating/Delivery/Labor Room	8	18.6
24	Medical-surgical Unit	13	32.5
<b>Average duty hours/week</b>			
25	<16 hours	38	95.0
26	>16 hours	2	5.0

**Table No.2: Average mean scores for health status of nurses, (n=40)**

S.No	Variable	Mean ± SD
1	Physical State	2.39±0.24
2	Mental/Emotional State	2.43±0.24
3	Stress Evaluation	2.42±0.31
4	Life Enjoyment	3.23±0.10
5	Over-all Quality of Life	3.10±0.12

**Table No.3: Average mean scores for work quality of nurses, (n=40)**

S.No	Variable	Mean ± SD
1	Leadership and Support, Nurse Manager	3.64±0.03
2	Nurse Participation in the Workplace	3.35±0.11
3	Staffing and Resource Adequacy	2.87±0.29
4	Nursing Foundations for Quality Care	3.09±0.14
5	Collegial Nurse-Physician Relations	3.34±0.04

**Table No.4: Association between profile and health status of nurses**

S.No	Profiles	χ <sup>2</sup>	p-value
1	Age	2.684	.314
2	Sex	29.226	.453
3	Highest education level	35.442	.190
4	Monthly income	1.092	.054
5	Length of service	1.929	.155
6	Average duty hours/week	1.569	.236

**Table No.5: Association between profiles and work quality of nurses**

S.No	Profiles	χ <sup>2</sup>	p-value
1	Age	2.131	.371
2	Sex	19.461	.674
3	Highest education level	16.828	.818
4	Monthly income	93.958	.025
5	Length of service	1.494	.239
6	Average duty hours/week	1.221	.307

**Table No.6: Difference on the health status and work quality of nurses when grouped according to average duty hours/week**

S.No	Variables	t-value	p-value
1	Average duty hours/week and health status	40.036	.000
2	Average duty hours/week and work quality	42.232	.000

## CONCLUSION

The profile of income and average duty hours greatly influence the over-all health status and quality of work among nurses. Hence, income and working hours should be a fundamental element to consider when planning their work schedules and actual nursing care hours. The study recommends that hospital and nursing administrators must revisit remuneration structure and clinical hours for all nursing employees to maintain health status and increase level of work quality.

## ACKNOWLEDGEMENT

The authors would like to thank all the nurses in Sacred Heart Hospital, Cebu for their full participation during the conduct of the study.

## CONFLICT OF INTEREST

We declare that we have no conflict of interest.

## BIBLIOGRAPHY

1. Martha Raile Alligood. Nursing theorist and their work, *Els Mos*, 8<sup>th</sup> Edition, 2014, 1-765.
2. Danyuthasilpe C. Health promotion practice, nursing process, Pender's health promotion model, *Son Jou of Nur*, 38(2), 2018, 132-141.
3. Aqtam I. Health promotion model: An integrative literature review, *Open Jour of Nur*, 8(7), 2018, 485-503.
4. Roji R A, Akter K, Rehana J, Anowar N. Health Status of Nurses working at a University Hospital in Bangladesh, *Glo Jour in Nur*, 7(4), 2020, 96-105.

5. Hui-Ling H, Lon Hui H, Mei-Shiang L. Factors Related to Health Status among Nurses in Taiwan, *American Scientific Research Journal for Engineering, Technology, and Sciences*, 16(1), 2016, 310-318.
6. Elbejjani M, Ahad MA, Simon M, Ausserhofer D, Dumit N, Huijer H, Dhaini S. Work environment-related factors and nurses' health outcomes: A cross-sectional study in Lebanese hospitals, *BMC Nursing*, 19(95), 2020, 1-11.
7. Cho S, Park M, Jeon S H, Chang H E, Hong H. Average hospital length of stay, nurses' work demands, and their health and job outcomes, *J Nurs Scholarsh*, 46(3), 2014, 199-206.
8. Kieft R, De Brower B, Francke A, Delnoij D. How nurses and their work environment affect patient experiences of the quality of care: A qualitative study, *BMC Health Services Research*, 14(1), 2014, 1-10.
9. Stimpfel A, Aiken L. Hospital staff nurses' shift length associated with safety and quality of care, *J Nurs Care Qual*, 28(2), 2013, 122-129.
10. Rogers A E, Hwang W T, Scott L D. The effect of work breaks on staff nurse performance, *J Saf Re*, 34(11), 2014, 153-162.
11. Kelly P. Nursing leadership and management, *Delmar Learning*, 2<sup>nd</sup> Edition, 2008, 718.
12. Moradi T, Maghaminejad F, Ismael A. Quality of working life of nurses and its related factors, *Nurs Midwifery Stud*, 3(2), 2014, e19450.
13. Tomey, A M. Guide to nursing management and leadership, *Elsevier*, 8<sup>th</sup> Edition, 2009, 544.
14. Venzon L, Nagtalon J. Nursing management towards quality of care, *C and E Publishing Inc*, 3<sup>rd</sup> Edition, 2006, 293.
15. Hader R. More than words: Provide a clear and concise mission statement, *Nursing Management*, 37(6), 2006, 34-38.
16. Health Status Questionnaire, *Knight Chiropractic Health Care for Children and Adults*, Arlington, MA, 781, 2008, 641-2510.
17. Parker D, Tuckett A, Hegney D. Construct validity and reliability of the practice environment scale of the nursing work index for Queensland nurses, *International Journal for Nursing Practice*, 16(4), 2010, 352-358.
18. Massey P, Cert G, Durrheim D. Income inequality and health status: A nursing issue, *Australian Journal of Advanced Nursing*, 25(2), 2007, 84-88.
19. McCoy D, Bennett S, Witter S, Pond B, Baker B, Gow J, Chand S, Ensor T, McPake B. Salaries and incomes of health workers in Sub-Saharan Africa health policy, *Lancet*, 371(9613), 2008, 675-681.
20. McHugh M, Ma C. Wage, Work environment and staffing: Effects on nurse outcomes, *Policy Politics and Nursing Practice*, 15(3-4), 2014, 72-80.
21. Kelbiso L, Belay A, Woldie M. Determinants of quality of life among nurses in Hawassa town public health facilities, South Ethiopia: A cross-sectional study, *Nursing Research and Practice*, 2017, Article Id: 5181676, 2017, 11.
22. Khim K. Are health workers motivated by income? Job motivation of Cambodian primary health workers implementing performance-based financing, *Global Health Action*, 9(1), 2016, 1-11.
23. Health Effects of Nurses' Long Working Hours, *Emergency Medicine News*, 26(11), 2004, 34.
24. Garde A H, Harris A, Vedaa O, Bjorvatn B, Hanen J, Hansen A M, Kolstad H, Koskinen A, Pallesen A, Ropponen A, Harma M. Working hour characteristics and schedules among nurses in three Nordic countries-A comparative study using payroll data, *BMC Nursing*, 18, 2019, 12.

**Please cite this article in press as:** Eva Lobelle Sampayan and Naomi Sauro Malait. Health status and work quality of staff nurses in a Private Hospital, *International Journal of Nursing and Healthcare Research*, 6(1), 2022, 63-70.