

Quality of Nursing Work Life among Nurses in Saudi Arabia

Mutlaq khalid zahi alotaibi¹, Mohammed Naif Omar Alotaibi², Mohammed kuraywin thaar alotaibi³, Fahad bandar hamdi alotaibi⁴, Yousef Fahad Monahi Alotaibi⁵, Fahad muslt saqr almatiri⁶, Nawaf nasser fares almutairi⁷, Raya Mohammed Awaji⁸, Khawla Mohammad Awaji⁹, Duaa Saleh Abdulaziz Makin¹⁰, Esraa Abdulaziz Mouawad¹¹, Dalal Mawad Alawfi¹²

¹Nurse specialist Afif genral hospital , riyaadh third health cluster

²Nurse specialist Afif genral hospital , riyaadh third health cluster

³Nurse specialist Afif genral hospital , riyaadh third health cluster

⁴Nurse specialist Afif genral hospital , riyaadh third health cluster

⁵Nurse specialist Afif genral hospital , riyaadh third health cluster

⁶Nurse specialist Afif genral hospital , riyaadh third health cluster

⁷Nurse specialist Afif genral hospital , riyaadh third health cluster

⁸nurse technician Alherar and zlah primary heath care center in Khamis Mushayt , asir health cluster

⁹Nurse technician Khamis Mushayt General Hospital , Asir health cluster

¹⁰nurse specialist prince Mohammad bin Nasser hospital in Jazan , Jazan health cluster

¹¹nurse specialist Yanbu General Hospital , madinah health cluster

¹²Nurse Specialist OHOUD General Hospital , madinah health cluster

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ABSTRACT

The multifaceted idea of quality of working life (QWL) refers to how satisfied an employee is with many aspects of their work life. Because it influences job happiness, which in turn influences nurses' performance, the quality of nurses' working lives is seen as a first step toward improving health services. Actions for improvement require an understanding of and investigation of the work-life balance of Saudi Arabian nurses. The purpose of this research was to investigate the quality of nursing work life (QNWL) among Saudi Arabian nurses and to ascertain the relationship between demographic factors and QNWL. Brooks' quality of nursing work life survey was used in this sample-based study. Nurses all around the country of Saudi Arabia received it.

Keywords: Quality of Work Life, QWNL, Work Life Balance, Nurses.

INTRODUCTION

The multifaceted idea of quality of work life (QWL) refers to how satisfied an employee is with many aspects of their work life. These characteristics include things like work-life balance, career opportunities, work environment, work affairs, job security, and job happiness. "The extent to which registered nurses are able to meet significant personal needs through their experiences in their work organization while accomplishing the organization's goals" is how Brooks described quality of work life in the nursing literature. The concept of employee satisfaction is essential because when an employee feels appreciated, needed, acknowledged, and recognized, they will feel at ease. According to the findings of previous research on nurses' quality of work life, nurses expressed dissatisfaction with their excessive workloads, inadequate staffing, lack of autonomy, shared decision-making, and doing non-nursing duties. Improving the quality of nurses' working lives is seen as a first step in bettering health care. Nurse performance is impacted by job satisfaction, which is influenced by the quality of nursing work life. Positive outcomes like higher productivity and performance, lower turnover, higher retention rates, and better quality of care are all linked to nurses' satisfaction with QWL.

On the other hand, nurses who are unhappy with QWL may face severe repercussions that impact their personal lives, which may impair nursing care quality and jeopardize patient safety. Thus, enhancing the quality of nursing work life is essential to providing better nursing services. A number of issues, including work overload, the working environment, and a lack of work-life balance, have been found to affect nurses' quality of life. To quantify nurses' working life quality and evaluate factors influencing it, numerous research studies have been carried out among nurses in various contexts and nations worldwide.

The findings of many studies indicated that the majority of nurses were dissatisfied with the quality of their working lives, and that in order to advance the nursing profession, some significant problems with nurses' working lives needed to be addressed. The health care system remains primarily depends on non-Saudi nurses despite the ongoing Saudization effort, according to statistics from the Saudi Ministry of Health. Of the 120,000 nurses that worked in 2018, just 12,607 (about 10%) were Saudi. It is lower than in the United States, the United Kingdom, and Canada, with only roughly 5.5+ non-Saudi nurses per 1000 people and 2.1 Saudi nurses per 1000 population.

Furthermore, it is anticipated that nursing turnover rates are around 20%, which is greater than in nations like the United Kingdom. Overall discontent among nurses with QWL was documented in Saudi Arabian studies. One region of Saudi Arabia has a high turnover rate of 40% and dissatisfied primary care nurses. In addition, the QWL of nurses in the Saudi Arabian province of Madinah was moderate. Saudi and non-Saudi nurses face a number of difficulties as a result of the country's diversified nursing workforce. The issue of nurse turnover and scarcity is made worse by stated discontent, cultural and linguistic hurdles, and other factors. Consequently, it is necessary to comprehend and look at the work-life balance of Saudi Arabian nurses.

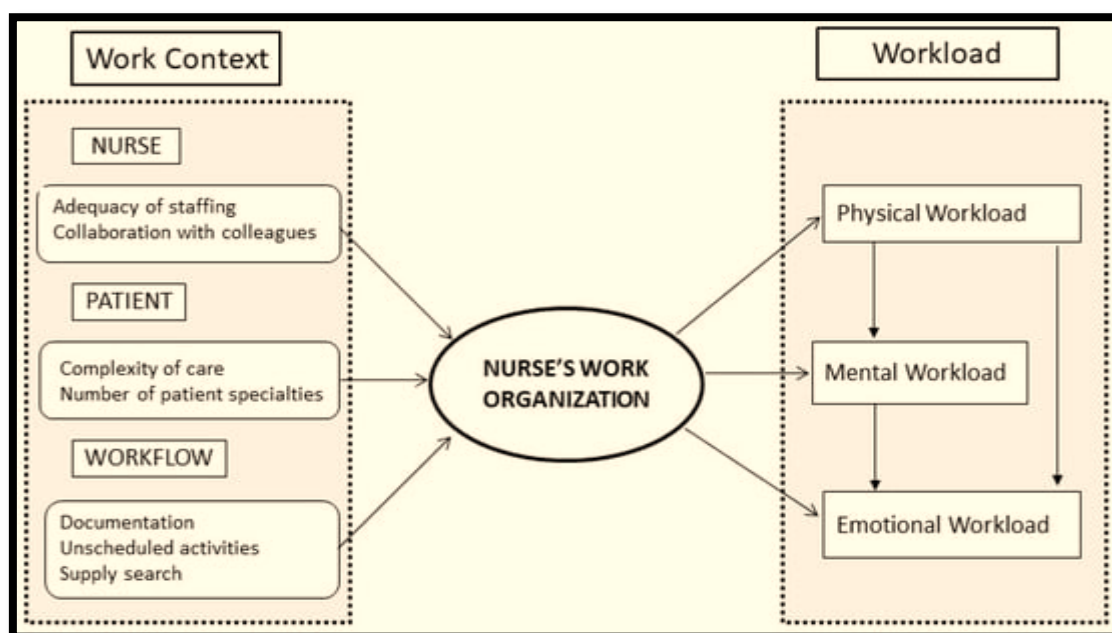


Figure 1: Workload Evaluation of Nurses
Source: Ferramosca et al (2023)

Thus, the purpose of this study was to investigate the quality of work life (QWL) of nurses in various Saudi Arabian locations and to ascertain how QWL related to specific sociodemographic factors.

Research Process

The study uses a descriptive research approach and includes nurses from various Saudi Arabian locations who answered a thorough questionnaire. The period of data collection was December 2024–January 2025. A convenience non-probability sample was used in the investigation. The sample was selected based on the inclusion criteria of all inpatient bedside staff nurses who did not hold leadership positions. Participants were excluded from the study if they were outpatient nurses or instructors. Brooks' Quality of Nursing Work Life (QNWL) questionnaire served as the researcher's model for the questionnaire's creation. 42 items total, broken down into four subscales: work life/home life (7 items), work design (10 items), work context (20 items), and work world (5 items).

The intersection of a nurse's personal and professional lives is known as the work-life/home-life dimension. The nature and makeup of the actual job that nurses do are related to the work design dimension. The physical aspects of the practice environment that affect nurses and patient systems are included in the work context dimension. The wide sociocultural factors and changes that affect nursing practice are included in the work world dimension. The questionnaire's questions are on a scale of 1 to 6, where 1 denotes "strongly disagree" and 6 denotes "strongly agree."

As stated by Brooks, there are cut-offpoints for the total score to indicate the levels of QNWL as follows:

- (42–112) low,
- (113–182) moderate, and

- (183–252) high

Thus, a high overall score indicated a high QNWL. **Brooks et al. (2007)**

Following the collection of nurses' answers, the data was cleaned and then imported into SPSS version 22.0 for statistical analysis. A predetermined p-value of < 0.05 was used as the acceptable significance level for all statistical tests in both descriptive and inferential statistics. Standard deviations and means were used to express and report continuous variables. Proportions (%) and counts were used to display categorical variables. Using the chi-square or Fisher's test, univariate analysis was reported for comparing result variables to various categorical predictor factors.

Summary of Chi Square test								
Personal or Home Life								
As per Qualification					As per Experience			
	Adequate Time for Family	Time available for recreation	Time available for friends	Time available for own-self	Adequate Time for Family	Time available for recreation	Time available for friends	Time available for own-self
Calculated Value	1.162	.254	1.182	2.413	.812	1.518	1.078	1.943
Table Value	.71	.319	.729	3.252	1.577	1.771	1.913	.773
Work Life								
As per Qualification					As per Experience			
	Unexpected duty hours	Less number of breaks	High work pressure	Interdepartmental issues	Unexpected duty hours	Less number of breaks	High work pressure	Interdepartmental issues
Calculated Value	1.053	1.481	2.922	1.173	1.858	1.813	1.822	.922
Table Value	.812	.079	2.529	2.293	.719	1.519	1.731	1.826
Role of Supervisors								
As per Qualification					As per Experience			
	Supportive	Kind	Understanding	Proper Work Distribution	Supportive	Kind	Understanding	Proper Work Distribution
Calculated Value	1.939	1.560	1.687	2.779	1.897	1.635	1.070	1.629
Table Value	.917	2.781	1.641	2.795	1.528	2.113	1.488	1.164
Doctor's Role								
As per Qualification					As per Experience			
	Supportive	Empathetic	Clear on Instructions	More humanitarian	Supportive	Empathetic	Clear on Instructions	More humanitarian
Calculated Value	.928	1.146	1.575	1.928	1.605	1.575	1.176	1.698
Table Value	.745	1.101	1.47	1.745	2.378	1.473	1.353	1.053

RESULTS

As per the results given in the above table of Chi Square test, the analysis shows that in most of the cases the values are positive enough to state that the given system of the hospital is working as per the humanitarian standards, as far as work life of the staff is concerned. Though in many of the cases, it might be possible that working hours, work pressure, etc. get raised but then again, the perceived work life conflicts may get raised for the hospital staff including nurses. As given above, the results are mixed and matched for most of the selected components i.e. for personal or home life nurses use to get less time for their families and own-self, then on the work fronts nurses were less satisfied with the supervisory role of the head nurses of the doctors as in some of the cases the work related confrontation used to raise but also in some of the cases the relations are conducive enough.

General Findings and Researcher's Observations

The current study sought to evaluate the QNWL of nurses employed in several tertiary institutions across Saudi Arabia. In line with the Saudi Arabian study, the results of this investigation showed that most study participants had moderate to high QNWL scores. Nurses play a significant role in healthcare in general and patients in particular. As a result, assessing nurses' quality of life requires understanding the elements that influence their job quality and making required adjustments to enhance nurses' performance.

The work world subscale, work context, received the highest score, indicating that among the several work context elements that enhance the quality of nursing work-life are supervisor communication, feedback, teamwork, respect, and a sense of security at work. This is consistent with certain earlier research in which nurses reported positive work environments as a result of feedback, respect, communication, and a feeling of community at work. On the other side, the work-design subscale had the lowest score, suggesting that a high workload combined with insufficient time to complete tasks could lead to a poor work-life balance. Similar findings from numerous other research indicated that nurses deal with a hefty task and little time to finish it.

The study's overall findings showed that the following characteristics significantly impacted nurses' quality of life: nationality, income, having family with them, having a special needs child, being responsible for an aging parent, or a spouse, and the length of their shift. In the Saudi and non-Saudi groups, the proportion of nurses with high QNWL was nearly equal by nationality. The results are not strong enough to generalize since just 4 out of 200 participating nurses had low QNWL, which is a tiny sample size to detect any difference between Saudi and non-Saudi nurses, even though 87.51% of these nurses had low QNWL scores. Furthermore, regardless of nationality, a similar proportion of nurses attained a moderate and high QNWL. Nevertheless, there were nearly twice as many Saudi nurses with a moderate QNWL as there were non-Saudi nurses with a high QNWL. The larger proportion of Saudi nurses in the study 59.62% may be the cause of this. Another reason Saudi nurses may be less satisfied with QNWL than non-Saudi nurses could be because Saudi nurses have more family and societal responsibilities, which can impact their work-life balance and QNWL satisfaction.

It was anticipated that a factor related to quality of life would be monthly income. Nonetheless, the results of our study indicated a negative correlation between life quality and wage. According to economic theory, income has a long-lasting effect on both happiness and satisfaction, therefore this is a surprising discovery. Surprisingly, however, a study revealed that even for nursing students, income played a role in emotional health. The high proportion of nurses with a moderate QNWL and the small number of nurses with a low QNWL in our study may be the cause of this.

Additionally, 79 non-Saudi nurses participated in the study, making up 45% of the study sample. Some of these nurses had salaries below 10,000 SAR, but their salaries may be worth more in their home countries and are regarded as good opportunities, which could result in a moderate or high quality of life for them. Remarkably, 59.72% of the high overall QNWL participating nurses had their families join them; p-value 0.001, suggesting that having family members accompany a nurse had a beneficial effect on the nurse's quality of life at work.

According to a study on the causes of anxiety and depression in Saudi healthcare professionals, non-Saudi healthcare workers who were separated from their families showed higher levels of anxiety and sadness than their Saudi counterparts. Better social support and a work-life balance from living with family may be the cause of this. Regarding shift duration, there was a statistically significant difference between those who worked shorter shifts and those who worked longer shifts. Lower shift lengths allow nurses to spend more time with their families and social lives, which can improve their QNWL satisfaction.

Having dependent parents, a spouse, or a kid was linked to a higher QNWL score because 61% of participating nurses with a high QNWL had no dependents to care for, which allowed them more time for socializing and other personal activities. These results may be explained by the fact that the study's participants were drawn from a variety of national and cultural backgrounds. The sample's variety may have affected how the nurses viewed the elements that either inspired or demotivated them. In summary, a deeper awareness of nursing work-life difficulties and strategies for performance enhancement may result from a deeper grasp of QNWL.

Despite the fact that research has consistently shown that high work satisfaction does not always translate into better patient outcomes or greater performance levels, many businesses continue to measure it. From a practical

standpoint, QNWL may be a more accurate overall indicator of job satisfaction and performance. Therefore, the QNWL tool can offer a comprehensive way to boost performance and increase nurse satisfaction. This study was limited by its self-administered questionnaire and cross-sectional approach. As a result, additional research using more impartial tools is advised.

CONCLUSIONS

The purpose of the current study was to ascertain the QNWL of Saudi Arabian nurses. According to the study's findings, Saudi Arabian nurses had a moderate to high QNWL. There is typically a statistically significant association between QNWL and the demographic parameters, such as country, income, having family accompany the nurse, having an independent child, spouse, or parents, and shift duration. Lastly, QNWL can produce a more comprehensive picture of job satisfaction and performance than just job satisfaction alone. Organizations can use QNWL to assess nurses' work-life balance and identify areas that require improvement or new initiatives aimed at enhancing nursing work-life balance.

Therefore, it is necessary to determine the areas of unhappiness with QNWL and take the initiative to address them. Better work performance and the sustainability of long-term staff nurses can be achieved through this endeavor, which will ultimately improve patient care.

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