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## Impact of burden on quality of work life of nurses

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#### Abstract

Quality of life is an important concept in the field of health. The aim of the study was to find the share of evident factors responsible for quality of work life of nurses. The selection of subjects was undertaken from 2010 through 2020. We searched for reviews that reported the quality of life of nurse and factors that affect their physical, mental as well as emotional health status which include original studies on Quality of life and general health of nurses. The studies utilize the WHOQOL-BREF and SF 36 questionnaire to assess the quality of life. In addition, The mean age of nurses in the review studies  $58.6 \pm 15.02$  and  $42 \pm 15$  years, respectively Majority of the included studies reported that the quality of life of nurses was related to care of burden, work productivity, job burnout, job satisfaction, performance obstacles, organizational effectiveness, and organizational commitment. Meanwhile 43 % of the nurses were not satisfied with the quality of their work life however only 2% nurses reported that they had good quality of working life. The quality of life in the workplace was higher for people with permanent jobs ( $p=0.007$ ). The greater care burden had worse health related quality of life of nurses. Besides bodily pain, High-strain job, low scores on the emotional role and mental health were the ones most affected by psychosocial factors at work of nurses. It is concluded that majority of the nurses dissatisfied with the quality of life.

**Keywords:** Quality of life, nurse, workplace

#### Introduction

Nurses are professional health workers who play an important role in meeting the basic needs of patients. Professional nurses are required to be caring to patients, which is indicated by being there when patients are needed, adjusting to the patient's condition, and being directly involved in patient care. Quality of life (QOL) means the suitability of the material circumstances and the perception of the people and concerning their position in life. Stressors of nurses can be physiological, psychological, and behavioral leading to occupational stress related to mental and physical diseases that decrease satisfaction, well-being and QOL and put impact on quality care provided to their clients <sup>[1]</sup>. Quality of work life (QWL) is a complex entity influenced by, and interacting with, many aspects of work and personal life <sup>[5]</sup>.

Quality of working life is an analyzing experience of work life, experience relates to job satisfaction and, personality and work stress. Inadequate staffing, leads difficulties in meeting patient needs. Nurses become disheartened about their professional unsatisfaction and wish to quit the nursing profession. Factors such as hospital size, number and type of patients, nurse's salary, hospital policies and physical environment may affect the nurses Quality of Working Life. Nurses in small size hospitals had greater satisfaction with their Quality of Working Life. Changes are required across the health care system to improve quality of life of nurses. Various studies are carried out globally for analyzing impact of burden on the quality of life of nurses. Nurses should enjoy a satisfactory quality of working life to be able to provide quality care to their patients <sup>[2]</sup> traditionally measured job satisfaction of employees. Job satisfaction focuses on employees.

#### Purpose of the study

- This systemic review aims to receive the available studies on quality of life and nurses
- This systemic review aims to find the share of evident factors responsible for quality of life of nurses.

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## Methodology

### Search strategies

Systematic literature searches for publication referring to quality of work life of nurses and health related quality of life were conducted. To ensure broad coverage, the search term used was impact of burden on quality of life of nurses. We searched for reviews from publications published during the year 2010 to 2020 which covers PubMed, Medscape, Cochrane, Med-IND, Google Scholar and some other websites such as Research Gate, few Direct Websites. The search resulted in 50 publications. The terms used to search were following: quality of life of nurse, quality of work life and factors influencing quality of life of nurses

### Inclusion and exclusion criteria

We searched for reviews that reported the quality of life of nurses and factors that affect their physical as well as mental health status which eventually affecting the quality of working life of nurses <sup>[1]</sup> original studies which reported the Quality of life of nurses. <sup>[2]</sup> Cross-sectional, comparative or longitudinal studies

The exclusion criteria were as follows: <sup>[1]</sup> studies that did not report the quality of life of nurses <sup>[3]</sup> case reports, Editorials, <sup>[4]</sup> Studies with incomplete or unclear information.

### Data extraction and analysis

The researchers searched, collected, extracted, and evaluated the information from each individual study included in the review as per the inclusion criteria. The information extracted from the individual studies included;

the name of the author including the year of publication, where the study was conducted, research design of the study, attributes of the samples size, the type of instrument uses for data collection and the result of the studies. The search identified 50 studies on quality of life of nurses. International studies are included. Further, in depth screening was done for each individual study and the factors such as inclusion & exclusion criteria and risk of bias was considered. Finally, 16 studies were accepted for the systematic review.

### Results

The studies included in this review all used quality of working life of nurses and health related quality of life as approach. Of the 17 studies, many findings and observations were present in each study with regard to the broad objectives of this systematic review. The initial computer-based search identified 50 eligible articles, of 16 studies were included in the systematic review. It is important to observe that studies included for the reviewed that fulfilled inclusion criteria and its findings about the impact of burden on the quality of work life of nurses. All included studies had a cross-sectional design and other designs too. All the studies were carried out in a clinical setting. Researchers usually identify and enroll nurses who were working in various departments of the hospital under different kind of circumstances which include several domains that influences the Quality of life of nurses. Typically, most of the subjects have experienced physical mental as well as emotional factors, which ruined the quality of life of nurse.

**Table 1:** Shows 16 studies included for this review is present

S. N.	Author (s)	Tool	Sample size	Result
1.	Dr. Pamila N R Jathanna Quality of life among nurses working in different health care setting in the state of Karnataka, India, 2014	(WHOQOL-BREF)	501	For overall physical health status of nurses was "ill" in both the hospitals (34%; 23%) with significance at 0.01 levels. The mean score for psychological domain was least (41.83). Overall perception of QOL result showed significance at 0.01 levels for all domains except for psychological domain <sup>[1]</sup> .
2.	Tessy Treasa Jose & Sripathy M. Bhat A descriptive study on quality of life of nurses working in selected hospitals of udupi and mangalore districts karnataka, india, 2014	(WHO QOL-BREF)	1040 registered nurses	Median score of QOL of nurses on overall perception of quality of life and health were equal. Significant association was observed between Quality of life and marital status, and monthly income, area of work, working hours and total years of experience <sup>[6]</sup> .
3.	Papatya Karakurt, Evaluation of Care Burden and Quality of Life of Caregivers of Patients with Stroke, 2018	the Barthel Index	121	The patients demonstrated poor health on the SF-36, with a mean score of 52.91±14.25. The average burden score of caregivers was 48.66 ±10.61. A significant negative correlation was found between QOL and Caregiver burden <sup>[7]</sup> .
4.	Haleh Jafari, Azita Ebrahimi. The relationship between care burden and quality of life in caregivers of hemodialysis patients, 2018	Novak & Guest Care burden Questionnaire, and WHOQOL-BREF Quality of Life Questionnaire quality of their work life due to care burden	246 caregivers	In total, 37.4% of caregivers were experiencing high and very high levels of care burden and 42.7% of them were experiencing a moderate level of care burden. There was a significant and negative correlation between the total scores of care burden and quality of life ( $r = -0.436, P < 0.001$ ). The factors influencing care burden included variables such as; level of patient's caring capability, the patient's incidence of other chronic diseases, and the age of the caregiver. So that, in case of reduced patient's capability in self-care <sup>[4]</sup> .
5.	Paula cristina Nogueira, Burden of care and its impact on health-related quality of life of caregivers of individuals with spinal cord injury, 2012	HRQOL and the Caregiver Burden Scale (CBScale) for care burden (worse HRQOL.)	59	Tetraplegia and secondary complications stand out among the clinical characteristics that contributed to greater care burden and worse HRQOL. Association between care burden with HRQOL revealed that the greater the burden the worse the HRQOL <sup>[12]</sup> .
6.	Roselaine, Association between	Self-administered	143	Associations showed statistical significance in better

	nurses' quality of life and work environment, 2018	instruments. quality of life scores for those satisfied with the salary		quality of life scores for those satisfied with the salary and with work time of over six years, and lower scores for those working in closed and special units, for 36-40 hours a week and who were promoted and evaluated positively in the previous 12 months <sup>[13]</sup> .
7.	Amanda Aparecida Silva, José Maria Pacheco de Souza, Health-related quality of life and working conditions among nursing providers, 2010	self-administered questionnaires	696 registered nurses	Around 22% of the sample was found to be have high strain and 8% showed an effort-reward imbalance at work. The dimensions with the lowest mean scores in the SF-36 were vitality, bodily pain and mental health. High-strain job, effort-reward imbalance (ERI>1.01), and being a registered nurse were independently associated with low scores on the role emotional dimension. Those dimensions associated to mental health were the ones most affected by psychosocial factors at work <sup>[8]</sup> .
8.	Tayebeh Moradi, Farzaneh Maghaminejad, Quality of Working Life of Nurses and its Related Factors, 2012	Walton's quality of work life questionnaire.	200 nurses	The results of the study showed that 60% of nurses reported that they had moderate level of quality of working life while 37.1% and 2% had undesirable and good quality of working life, respectively. A significant relationship was found between variables such as education level, work experience, and type of hospital with quality of working life score ( $P<0.05$ ) <sup>[9]</sup> .
9.	Celalettin SerinkanKeziban KAYMAKÇI, Defining the Quality of Life Levels of the Nurses: A Study in Pamukkale University, 2013	questionnaire short form SF-36 scale	87 nurses	The nurses have children, and 3, 4 family members, QOL score is higher all dimensions than except general health score. Day shift nurses have higher general health than other dimensions <sup>[10]</sup> .
10.	Y. Kowitlawkul RN, Investigating nurses' quality of life and work-life balance statuses in Singapore, 2014	validated questionnaires	1040 Nurses	Social support and sense of coherence were found to be significant predictors for high quality of life in all domains. Most nurses in this study spent more time on work than their private lives. However, there was no significant difference in job satisfaction among the four groups of nurses' proportions of percentages of actual time spent on work and private life <sup>[11]</sup> .
11.	Sandra Joković, Maja Račić, Quality of life of nurses, 2017	questionnaire of health assessment (SF-36)	100 nurses	The highest percentage of respondents (67%) belongs to the category of excellent physical functioning. 52% of respondents have excellent social functioning, 47% have a good level of performance. Thirty percent of respondents have significant limitations due to emotional problems. Socio demographic characteristics significantly affect the quality of life of nurses
12.	Güler Cimete <sup>[1]</sup> , Nimet Sevgi Gencalp, Quality of life and job satisfaction of nurses, 2013	Minnesota Questionnaire and QOL by means of WHOQOL-BRIEE	501 nurses	The results demonstrated a positive correlation between job satisfaction and QOL. It was also found that job satisfaction and QOL scores of nurses showed a significant difference according to their age, economic level, marital status, duration of working life, and position at work <sup>[14]</sup> .
13.	María Olga Quintana Zavala, 2 Tatiana Paravic Klinj, Quality of life in the workplace for nursing staff at public healthcare institutions, 2016	CVT-GOHISALO instrument	345 nurses	The quality of life in the workplace was higher for people with permanent contracts ( $p=0.007$ ) who did not engage in other remunerative activities ( $p=0.046$ ). Differences in the quality of life in the workplace were observed depending on the institution where the subjects worked ( $p=0.001$ ) <sup>[15]</sup> .
14.	Kyunghee Kim, Yonghee Han, Professional Quality of Life and Clinical Competencies among Korean Nurses, 2015	self-administered questionnaires	335 nurses	There were significant differences in age, marital status, religion, educational status, and position between clusters. Results also revealed that nurses with high compassion satisfaction and low compassion fatigue (burnout, secondary traumatic stress) tended to have higher clinical competence <sup>[16]</sup> .
15.	Aline Moraes da Silva, Occupational Stress and Quality of Life in Nursing, 2016	Job Strain Scale	273 nursing professional	It was found that 60.8% of the participants see the high demand of work, 71.8% high control on the developed activity and 85.5% low social support. Related to eight dominant of quality of life, the most damaged are: pain ( $\mu = 61.87$ ) and vitality ( $\mu = 62.25$ ). It was concluded that although in most sample experiences an intermediary risk situation to stress, the quality of life showed a damaged <sup>[17]</sup> .
16.	Lolemo Kelbiso, Determinants of Quality of Work Life among Nurses Working in Hawassa Town Public Health Facilities, South	Structured Questionnaire. quality of their work life	253 nurses	The study showed that 67.2% of the nurses were dissatisfied with the quality of their work life. We found that educational status, monthly income, working unit, and work environment were strong predictors of quality

				of work life among nurses <sup>[18]</sup> .
17.	Pouran Raeissi Quality of work life and factors associated with it among nurses in public hospitals, Iran, 2019		2391 nurses	The mean score for total quality of work life was 2.58, indicating a low level of self-reported quality of work life, with 69.3% of nurses dissatisfied with their work life. The major influencing factors were inadequate and unfair payment, lack of solving staff problems by organization and poor management support, job insecurity, high job stress, unfair promotion policies, and inadequate involvement in the decision-making. Significant predictors in the multivariate analysis for lower quality of work life were male gender, being single, older age, having lower educational levels, and working in teaching hospitals <sup>[3]</sup> .

## Discussion

In the present study the authors documented the quality of life of nurses and impact of burden on it. The purpose of the systematic review is to analyze the predators associated with quality of life work as well as on the personal life of nurses. We have synthesized 50 studies during the last 10 years (2010 to 2020). The details of the 16 studies included for this review is present at Table No. 01. The studies were conducted in various countries and its vided distribution ensures the conformity of the results of this study.

In the present systematic review data has been collected from various past studies conducted on the quality of life of nurses. The seven studies (1, 4, 7, 8, 10, 12 & 13) have been included physical and mental health status of nurses which put impact on quality of life of nurses. Six studies (6, 9, 11, 14, 15 & 16) depicted the determinants of the quality of life of nurses. Most nurses in this study spent more time on work than their private lives. However, there was no significant difference in job satisfaction among t nurses' proportions of percentages of actual time spent on work and private life.

As well these studies utilizes the WHOQOL-BREF, Walton's quality of work life and SF 36 questionnaire to assess the quality of life ; along with this other domains like pain and vitality of nurses (Job Strain Scale), CVT-GOHISALO instrument for quality of nurses at workplace, Minnesota Questionnaire for job satisfaction and quality of life were also used. The mean age of nurses in the review studies  $58.6 \pm 15.02$  and  $42 \pm 15$  years, respectively.

The studies (1, 7, 8, 12) which revealed the physical and mental health status has the great impact on the quality of life of nurses however psychosocial factors were the main predators of quality of life of nurse. The Nurses working for Day shift have higher general health than night shift nurses. The dimensions with the lowest mean scores in the SF-36 were vitality, bodily pain and mental health. High-strain job, effort-reward imbalance and nurse were independently associated with low scores on the role emotional dimension. It was also reported that Association between care burdens with HRQOL revealed that the greater the burden the worse the health related Quality of life.

The results of these studies (6, 8, 9, 13, 14, 16 & 18) showed that in general, educational status, monthly income, working unit, and work environment were strong predictors of quality of work life among nurse also revealed that QOL scores of nurses showed a significant difference according to their age, economic level, marital status, duration of working life, and position at work. However, it was also showed that statistical significance in better quality of life scores for those satisfied with the wages and with work experience over six years, and lower scores for those

working with special units, for 36-40 hours a week and were promoted and evaluated positively for the last 12 months Majority of the included studies reported that the quality of life of nurses was related to care of burden, work productivity, job burnout, job satisfaction, performance obstacles, organizational effectiveness, and organizational commitment. Meanwhile 43 % of the nurses were dissatisfied with the quality of their work life however only 2% nurses reported that they good of quality of working life The quality of life in the workplace was higher for people with permanent jobs ( $p=0.007$ ). Differences in the quality of life in the workplace were observed depending on the institution where the subjects are working ( $p=0.001$ ) Increased work load at workplace than put ruinous effect on their quality life of nurses.

Numerous studies described about the physical, mental as well as emotional domains of quality of life of nurses. The greater care burden had worse health related quality of life of nurses. Besides bodily pain, High-strain job, low scores on the emotional role and mental health were the ones most affected by psychosocial factors at work of nurses.

## Conclusion

Attestation indicate important Quality of working life and health related quality of life impairments in nurses; Quality of working life had influenced all the domains but it had major impact on the physical mental as well as emotional domain is directly associated with their Higher Education, Income, married life, permanent jobs, job satisfaction, working experience, and Increased Age. Consequently, nurses should be acquainted with domains which affected the quality of life (QoL). It is concluded that majority of the nurses dissatisfied with the quality of life.

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