

**ADDIS ABABA UNIVERSITY  
COLLEGE OF HEALTH SCIENCE  
SCHOOL OF ALLIED HEALTH  
DEPARTMENT OF NURSING AND MIDWIFERY**

**ASSESSMENT OF QUALITY OF WORK LIFE AND ASSOCIATED FACTORS AMONG  
NURSES WORKING IN PUBLIC HOSPITALS OF ADDIS ABABA**

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**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS  
ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR  
THE DEGREE OF MASTERS OF SCIENCE IN CHILD HEALTH NURSING**

**JUNE, 2015**

**ADDIS ABABA, ETHIOPIA**



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## Approval by the Board of Examiners

This thesis by Wossen Bayu is accepted by the Board of Examiners as satisfying thesis requirement for the Degree of Master of Science in Child Health Nursing.

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## **Acknowledgement**

I would like to forward my deepest gratitude and thanks to my advisor Assrat Demssie (Assistant Professor) for his constructive advice, support, valuable comments and suggestions during the development of my research Thesis. I would like to acknowledge Department of Nursing .and Midwifery, School of Health Science, Addis Ababa University for giving me opportunity to go through and develop this Thesis.

I would like to express my warm thanks to all those who have contributed directly and indirectly to the development and completion of this thesis. I would especially like to thank God, my beloved husband and my children, also Dr Amsale Cherie, Mr Fekadu Aga (Assistant Professor), Mr. Girum Sebsebe and my class mate friends especially Mr. Tadesse g/egziabher and Mr. Tilaun Tewabe for their committed assistance by giving supportive ideas and unreserved encouragement in carrying out this research project.

I am indebted to acknowledge to library staffs of AAU for their unreserved support.

Above all blessed be Almighty God, helping me in all respects

## **Abstract**

**Background:** : Nurses have been trained to provide patient care and improve their patient's quality of life, but their own needs and their own quality of work life has been largely ignored. There is also less evidence in Ethiopia which explain the quality of work life of nurses.

**Objective:** The objective of this study was to assess quality of work life and associated factors among nurses working in public Hospitals of Addis Ababa, Ethiopia.

**Methodology:** Institutional based cross-sectional study design was conducted on 382 nurses. Participants were selected by using systematic random sampling technique. Data was collected using self-administered structured and pre-tested questionnaire. Data-gathering instrument consisted of two parts. The first part consisted of questions on demographic information and the second part was the Walton's quality of work life questionnaire. Data was analysed using SPSS version 20 software. For statistical analysis, one way ANOVA were used to identify determinants and p value <0.05 were considered as statistically significant association.

**Results:** : The results of the study showed that 77.5% of nurses reported that they had moderate level of quality of work life while 18.3 % undesirable and 4.2% had good quality of working life. Nurses with Master's degree reported a better quality of working life than others. A significant relationship was found between variables such as education level, work unit, and attending training with quality of working life score ( $P < 0.05$ ). No significant differences were observed in quality of working life score of nurses with salary ( $P = 0.385$ ), age, gender, work experience and marital status ( $P > 0.05$ ).

**Conclusions:** Majority of Nurses' quality of work life was at the moderate level. Educational status, work unit and attending training are factors with significantly associated to quality of work life of the respondent an important impact on relevant to nurses' quality of work life. It is necessary to pay more attention to the nurses' quality of work life and its associated factors.

**Keywords:** Quality of work Life; Nurses, Public hospital

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## Acronyms

AAU	Addis Ababa University
CI	Confidence Interval
IRB	Institutional Review Board
OD	Organizational Developments
QWL	Quality of Work Life
SD	Standard Deviation
SPSS	Statistical Package for Social Science
SRS	Systematic Random Sampling
WHO	World Health Organization

# CHAPTER ONE

## INTRODUCTION

This thesis describes a quantitative study that was aimed at exploring the assessment of quality of Work life of nurse and associated factor. Chapter one serves to introduce the study by high lighting important background information, the purpose of the study, the central research questions and the rationale for conducting this research. The second chapter provides a detailed look at the literature that has helps to guide the direction of the study. Chapter three provide objectives of the study, Chapter four offers an overview of the specific methods that were used. Specifically, this chapter identifies the conceptual framework, the procedures for participant selection, data collection, and analysis. Chapter five provides details around the findings of the study and the final chapter offers a discussion, conclusion and recommendations part of the study and it also explores how findings relate to previous research and describes limitations associated with the study.

### 1.1. Background of the study

Quality work life is a process by which the organizations' employees and stakeholders learn how to work better together to improve both the staff's quality of life and the organizational effectiveness simultaneously (1). There is no universally accepted definition of the term "Quality of Work Life" (QWL), yet there is consensus in the research literature that QWL involves a focus on all aspects of working life that might conceivably be relevant to worker satisfaction and motivation, and that QWL is related with the well-being of employees (2). Brooks and Anderson define quality of nursing work life as "the degree to which nurses were satisfied regarding their important personal needs (growth, opportunity, safety) as well as organizational requirements (increased productivity, decreased turnover) through their experiences in their work organization while achieving the organization's goals" (3).

For an organization to be successful and achieve its organizational objectives, it is imperative that its employees are satisfied with their work, since work occupies an important place in many people's lives, such conditions are likely to affect not only their physical but also a high level of social, psychological and spiritual well-being.

This may include proper working conditions, reasonable pay, healthy physical environment, employees welfare, job security, equal treatment in job related matters, grievance (compliant)

handling, and opportunity to grow and develop good human relations, participation in decision making and balance in life (4).

In fact, improving the QWL is a comprehensive process to improve the quality of life of employees in the workplace and is essential in any organization to attract and retain its employees. The QWL has been studied in various areas, including sociology, psychology, education, management, health care and nursing (5-7).

In recent decades, QWL has received increasing attention in healthcare settings. Health care agencies are one of the largest service providers to the community. Nurses are the largest group of employees in health care organizations (8-10). As it was observed nursing entails the provision of preventive, promotive, curative and rehabilitative care to the individuals, families and communities through professional knowledge and skills (11, 12).

As a part of the broader quality movement in health care, the QWL concerns of staff development and wellbeing have been recognized as important facts of healthcare organizations' performance. The QWL in health care has been described as strengths and weaknesses in the total work environment (13).

Although nurses have been trained to provide patient care and improve their patients' quality of life, but their own needs and their own QWL has been largely ignored (14). Quality of work life is a comprehensive and general schema (plan) which is essential in improving specialized personnel's satisfaction, attracting and preserving personals. It also results in positive theories such as increasing profits and provocation (15).

In Africa, nurses form a crucial part of the health workforce, and they are possibly the most affected group in terms of the numbers required to correct the deficit of quality health service. This has an impact on the spectrum of roles that they play, including those of service providers, collaborators and advocators as well as the professional role required in organizing and regulating the practice and standards of the profession (16).

Several studies have shown that stress, workload, tiredness, impatience and inadequate communication are the main factors responsible for the majority of adverse events and medical errors in healthcare (17). In hospitals where there is a lack of quality of work life, the absenteeism and turnover rates amongst the nurses are usually very high. By assessing and improving the quality of work life, staff performance might increase and burnout among nurses might be reduced. The absenteeism and turnover rates might also decrease (15).

Nurses are indispensable in the delivery of healthcare services. Hence the need for competent and dedicated people in the profession to render qualitative care to clients cannot be over emphasized, and this could be possible if there is work satisfaction among nurses and other workers (18).

In general, different studies also tried to look at the QWL of Nurses working at health care setting especially in Hospitals (9-10). But there is less evidence in Ethiopia which explain the QWL of nurses. Therefore, it is widely accepted that a major task of any hospital director is to explore and promote the quality of employees' working life by continuously assessing their work environment and identifying their possible shortcomings (17).

## **1.2. Statement of the Problem**

Nurses comprise the largest group of professionals within the healthcare Workforce; with the goal of providing quality care (18). However, little empirical research work has been carried out to understand the construct of QWL on context-free or general well-being of employees including nurses (19).

According to a study conducted among nurses working in Iran Hospital; nurses' quality of work life level was at the moderate level (20). Similarly Canadian Health Services Research Foundation nurses are leaving the profession due to high levels of job dissatisfaction arising from current working conditions characterized by heavy workloads, limited participation in decision making and lack of development opportunities (21). 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 work life and determinant factors that affect nurses' quality of working life (19). There is a large body of evidence supporting the relationship between quality work environments and nurses' job satisfaction as well as nurse assessed quality of patient care (22).

Health services depend on the capacity and capabilities of their human resources. Health care institutions in Ethiopia, as in the rest of the world, are experiencing problems with the rendering of quality of healthcare. According to the Study conducted on professionalism in Mekelle public hospital, the quality of care received by patients is closely linked to the quality of work life experienced by healthcare workers. The quality of nursing care in health care organizations is only possible if there is working-life satisfaction among the nurses (23, 24).

If real needs of employees are not identified and met on time, they could be an increased turn over (25). In a study conducted in Ethiopia, turn over intention of health professional was found to be high; where nursing profession was significantly associated with turnover intention of the health professionals. So, considering and studying about the nurses' quality of work life and its relation with their performance will be highly effective in low income countries like Ethiopia. There is also a paucity of literature and from clinical experience there is high dissatisfaction and low QWL among nurses working at health facility (26). Therefore the aim of this study was to assess of quality of working life and factors influencing the quality of work life of nurses in public hospitals in Addis Ababa.

### **1.3. Significance of the study**

Although Nurses play a great role in provision of care at all levels of health care facilities evidence shows less attention given regarding quality of work life and there is paucity of studies on the area in Ethiopia. Therefore this study carried out to assess the quality of work life of nurses at governmental hospitals of Addis Ababa and enable to identify associated factor of quality of work life of the nurses in the study population.

The finding of this study will be used as a baseline data by other researchers and learners. It will be taken into account by policy makers while designing an intervention that improve quality of work life of nurses, job satisfaction and quality of service provision strategies.

In addition to this, employers and policy makers will get insight about the problem, associated factors and their consequence on the quality of work life from the finding. It also help create conducive environment among nurses working in the hospital and give direction to improve quality work life in general.

# CHAPTER TWO

## LITERATURE REVIEW

There were a number of studies conducted on QWL and its associated factors. Only those that are found to be relevant to this study were included. The different literatures found were summarized in to assessment of QWL of nurses and associated factors.

### 2.1. Prevalence of Quality of work life

In the study conducted in England by Shields et al, 40% of the nurses were satisfied overall with their jobs as compared to 49.7% for nurses across England (27). A study that included a national sample from the United States, a smaller proportion (21-34%) of nurses were very satisfied with their job. The results of these studies indicate the need for continued attention to the factors that will improve the level of satisfaction experienced by hospital-based direct care nurses. It also indicate that strategies to enhance the autonomy, self-efficacy, meaningful work and influence of nurses are likely to positively impact nurses' satisfaction with their work (18).

A similar study conducted in Egypt revealed that 34.7% had perceived high QWL of nurses and 47.9% highly perceived priorities for improvement. The perception of QWL was significantly higher with increasing age, experience years of ten or longer and attending training courses; and was highest in emergency departments 27.2% and lowest was in specialized units 12.1% (28).

The results of the study in Iran showed that 60% of nurses reported that they had moderate level of quality of working life, while 37.1% undesirable and 2% had good quality of working life. Overall level of working-life quality and work satisfaction of nurses in the study area revealed that 4.2% were very satisfied, 25.0% were satisfied, meanwhile 62.5% were fairly satisfied and 8.3% were not satisfied (20).

In a descriptive study conducted to investigate the relationship between the QWL and productivity, among 360 clinical nurses working in the hospitals of Tehran University of Medical Sciences. The study revealed that the QWL is at a moderate level among 61.4% of the participants. Only 3.6% of the nurses reported that they were satisfied with their work (29).

Study conducted in Ghana the majority (76.52%) of the respondents expressed the view that they were not given autonomy often to decide how jobs should be performed. 6.09% were very satisfied with their rate of pay. A great majority (57.39%) expressed dissatisfaction in their salaries. The majority (58.26%) of the respondents claimed they were not much satisfied with leadership style of the hospital. Even though 18.26% of the nurses could not take a stand, about 23.48 percent expressed contentment in the leadership style of the hospital (30).

## **2.2. Quality of Work Life among Nurses**

The need to improve productivity in the health care institution has spurred Brooks and Anderson to develop the construct of quality of nursing work life. They came out with four dimensions of the conceptual framework namely; work life/home life dimension, work design dimension, work context dimension and work world dimension (30).

It has been argued that QWL influences the performance and commitment of employees in various industries, including health care organizations. A high QWL is essential to attract new employees and retain a work force. Improving QWL to increase the happiness and satisfaction of employees can result in many advantages commitment, improving quality of care and increasing the productivity of both the individual and the organization (31).

The quality of nursing work life reflects the extent of nurses' satisfaction with important personal needs such as growth and safety as well as organizational requirements as decreased turnover while achieving the organization's goals (3). It encompasses dignity, introducing changes in the organization's culture and improving the physical and emotional wellbeing (32).

## **2.3. Factors Associated to Quality of Work Life among Nurses**

The major influencing factors for dissatisfaction among nurses were unsuitable working hours, lack of facilities for nurses, inability to balance work with family needs, inadequacy of vacations time for nurses and their families, poor staffing, management and supervision practices, lack of professional development opportunities, and an inappropriate working environment in terms of the level of security, patient care supplies and equipment, community's view of nursing, an inadequate salary and recreation facilities (33). Besides, the fairness of an organization's compensation system is important for employees. Employees who feel a fair compensation system that rightfully rewards their efforts have less intention to leave their organization (34).

National Study of the Work and Health of nurses where over 50% of nurses reported that they often arrived at work early or stayed late, worked through breaks in order to get work completed and 67% report that they had too much work for one person(35).

In Nigeria a study conducted the areas of most concern to the nurses of University Teaching Ado Ekiti and Federal Medical Centre Ido-Ekiti included low pay compared to their work, poor incentives, delay in promotion, lack of opportunities for educational advancement and hospital sponsored training, and inability to influence decisions on issues that affect them. Respondents view on management and supervision shows that 66.7% were fairly satisfied with the leadership style of their managers, while 12.5% were not satisfied. On the leadership qualities of managers, 41.7% were satisfied, 33.3% were not satisfied, and 10.4% were very satisfied (37).

On the other hand a significant relationship was found between variables such as education level and work experience. Findings suggested that the respondents were dissatisfied with their work life. On responses concerning satisfaction with monthly pay in relation to the amount of work, 42(43.7%) fairly satisfied while 48(50%) were not satisfied. This response is supported by a discussion with a nursing manager, who said the nurses were not well paid. Majority of the respondents were satisfied with the physical working environment, 27.1% were satisfied, 4.7% were fairly satisfied and 27.1% were not satisfied (33, 36).

In contrary that no significant differences were observed between quality of working life score of nurses with education level of nurses and location of PHC, Employment status, salary, age, gender and marital status in the study conducted in Saudi Arabia (33). On the other hand, Khaghani et al. also reported that there is an inverse correlation between age and QWL (38). In a number of recent research studies among nurses in the USA, Iran and Taiwan, rotating schedules were found negatively and affect their lives so they were unable to balance work with family needs. The nature of nursing work was another factor that affects the QWL of nurses. The results of existing studies on the QWL of nurses indicated dissatisfaction of nurses in terms of heavy workload, poor staffing, and lack of autonomy to make patient care decisions, and performing non-nursing tasks (31).

Another factor that influences the QWL of nurses is the work context, including management practices, relationship with co-workers, professional development opportunities, the work environment, insufficiency of patient supplies, and lack of participation in decisions made by the nurse manager, lack of recognition for their accomplishments, and lack of respect by the upper management (31, 36). While some studies found that the nurses are satisfied with their

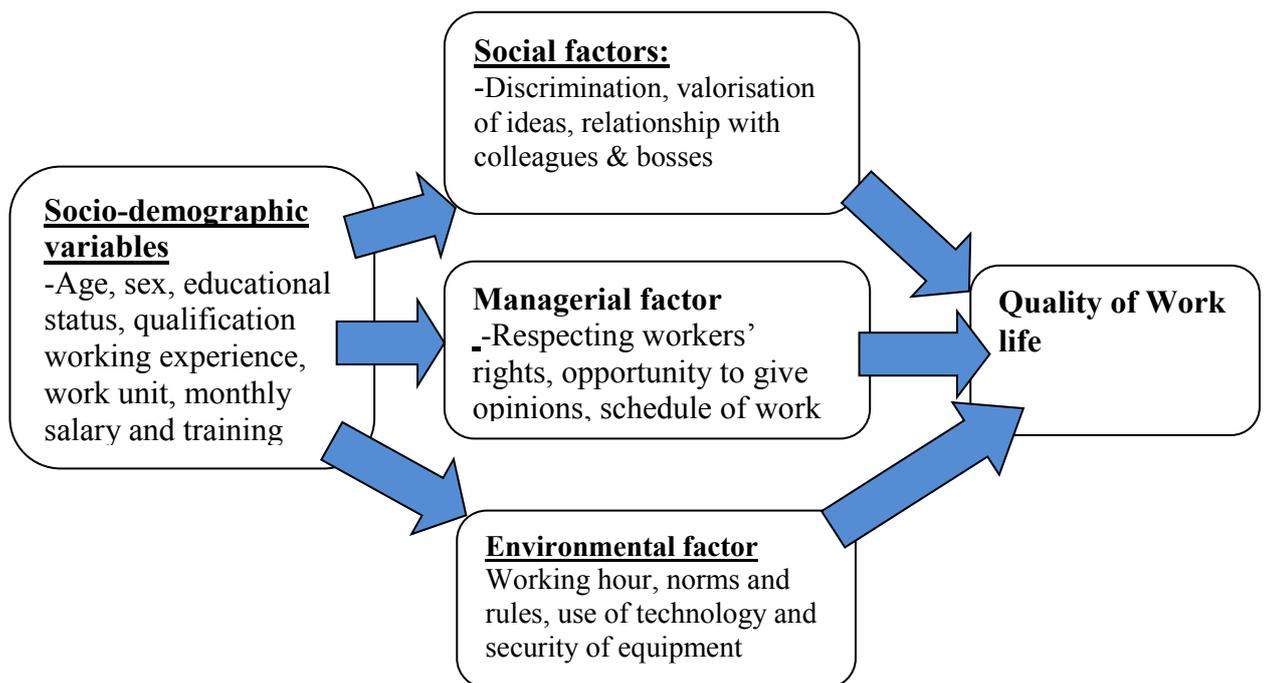
co-workers including physicians, but others reported the opposite. A study of nurses in Saudi Arabia found they were dissatisfied with the relationship with their co-workers, especially physicians, where they experienced low levels of respect, appreciation and support. Additionally, they had poor communication and interaction with physicians (31).

A study conducted in Ontario Canada indicates that the impact of professional development opportunities such as the promotion system, access to degree programs and continuing education on the QWL of nurses. In terms of work environment, results from a wide variety of studies found that nurses were dissatisfied with the security department with resultant concerns about safety in the work place (39).

The nurses' dissatisfaction with their own work life can cause problems such as job dissatisfaction, emotional exhaustion, burn out and job turnover. These factors would in turn affect the quality of care provided by nurses (21, 26, 33 and 36). The organization's success in achieving its goal depends on the quality of human resources. Therefore, attention should be paid to the nurses' physical and emotional needs (32).

## 2.4. Conceptual framework

After many studies in different parts of the world reviewed about quality of work life, then the following conceptual frame work is adapted. It was showed that the relationship between the dependant variable and independent variables.



**Figure 1** Conceptual framework for the Factor Influencing Quality of Nursing Work Life Adapted from "Quality of Nursing Work life Issues--A Unifying Framework," by L. O'Brien-Pallas and A. Baumann, 1992, Canadian Journal of Nursing

# **CHAPTER THREE**

## **OBJECTIVES OF THE STUDY**

### **3.1. General Objective**

- To assess the Quality of Work Life and associated factors among Nurses working in Addis Ababa Public Hospitals, Ethiopia, 2015.

### **3.2. Specific Objectives**

- ❖ To assess the Quality of Work Life of Nurses.
- ❖ To identify factors associated with Quality of Work Life

# **CHAPTER FOUR**

## **METHODOLOGY**

### **4.1. Study area**

This study was conducted in government hospitals of Addis Ababa which is the capital city of Ethiopia. Based on the information found from Addis Ababa Health Bureau, it is the largest city in Ethiopia, with a population of 3,384,569 according to the 2007 population census with annual growth rate of 3.8 %. As compared to other regions of Ethiopia, Addis Ababa has highest concentration of health care facilities and health professionals. Nurses share the highest number among the estimated 10,000 health professionals that needs to cater for health related needs of the city's 3.3 million people. The city has 11 public hospitals. There were 3600 nurses who were working in 11 governmental hospital.

### **4.2. Study design**

#### **4.2.1. Study design and period**

An institutional based cross sectional study was conducted by using structured questionnaire from January -June 2015

### **4.3. Population:**

#### **4.3.1. Source Population:**

All nurses who are working in Addis Ababa public Hospitals

#### **4.3.2. Study population**

All nurses who have been working in selected Addis Ababa public hospitals, selected by systematic random sampling method and who were present during the stated study period.

### **4.4. Inclusion and Exclusion criteria**

#### **4.4.1. Inclusion criteria**

Nurses who were included by systematic random sampling selection and who were presents during the study period.

#### 4.4.2. Exclusion criteria

Nurses who were on sick leave /maternity leave and that were not present in the study period.

#### 4.5. Study Variables

##### 4.5.1. Dependent Variable: Quality of work life.

##### 4.5.2. Independent Variables:

Socio-demographic characteristics – Sex, Age, Marital status, Educational Status, Year of services, work unit, Training and Monthly income/salary.

#### 4.6. Operational definitions

**Likert scale:** Is measurement scale that score Very dissatisfied=1 and very satisfied=5

**Poor QWL:** Refers for those study participants who answered Walton quality of work life questionnaire consisting 35 questions there scored ranging from 35 to 80

**Moderate QWL:** Refers for those study participants who answered Walton quality of work life questionnaire consisting 35 questions scored ranging from 81-130

**Good QWL:** Refers for those study participants who answered Walton quality of work life questionnaire consisting 35 questions scored ranging from 130-175

#### 4.7. Sample size determination techniques

Sample size was computed based on the formula used to estimate a single population proportion formula based on the following assumption: `95% of the level of confidence interval ( $Z_{\alpha/2}$  with a 95 % CI [1.96]), 5% marginal of error. Since current actual quality of

work life of nurses rate is not known,  $P=50\%$  proportion of prevalence of quality of work life.

Accordingly, by using the following single population formula the sample size:

$$n = \frac{(Z_{\alpha/2})^2 * p * (1-p)}{d^2}$$

Where:  $n$  is the minimum sample required

$p$  = proportion of Quality of work life (50 % = 0.5)

$d$  = the margin of error (the required precision) a sum to be = 5% = 0.05

Z= the upper percentile of the normal distribution 1.96

$$n = (1.96)^2 \times 0.5(1-0.5) / (0.05)^2 = 384$$

Since the study population is less than 10,000 which is 3600; correction formula was used. Hence, the exact sample size is calculated as;

$$n_f = n_i * N / n_i + N$$

Where  $n_i$  = calculated sample size

$n_f$  = exact sample size

N= Total population of Nurses in the total public hospitals

$$n_f = n_i / 1 + n_i / N = 384 / 1 + 384 / 3600 = \underline{347}$$

Considering 10% non-response rate, the final sample size becomes 382

#### 4.8. Sampling Procedure

From the total 11 public Hospitals in Addis Ababa, four of them were selected by lottery method. Based on number of nurses, the total sample size was distributed for each selected hospital by the probability proportion to size (PPS) sampling technique. For each hospital to proportionate of number study subject was determined by using,  $n = n_f / N * n_i$

Where  $n_i$  = Number of nurses in each hospital.

$n_f$  = Total sample size, N= Total number of nurses in selected hospital .

n = Number of respondents to be selected from each hospital

The first participant from each hospital was selected by lottery method and the subsequent participant was taken by systemic random sampling every 3<sup>rd</sup> in case.

**Table 1: Sampling technique for selection of respondents in public Hospital, Addis Ababa, Ethiopia, 2015**

Selected hospitals	Total number of nurses	Proportionate sampling
St. Paul Hospital	461	167
Minilik Hospital	210	76
Zewditu Hospital	252	91
Gandhi Memorial Hospital	130	48
Total	1053	382

#### **4.9. Instruments**

An English version structured questionnaire was adapted from Walton's quality of work life (40). It has two parts; Socio-demographic characteristics and Walton quality of work life questionnaire. Walton quality of work life questioner consists of 35 self-rating items with 8 sub scales used to assess nurses quality of work life with measurement of Likert scale 1-5; 1= very dissatisfied, 5= very satisfied. The minimum and the maximum possible score will be 35 and 175 respectively. A score from 35 to 80 will be considered as poor QWL, scores ranging from 81-130 moderate and 130-175 good QWL according to Walton's quality of work life.

#### **4.10 Data collection procedure**

An English version structured questionnaire adapted from Walton questionnaire was used. Modifications were incorporated and then translated to Amharic version to avoid the difference and then compared with the English version in order to check its consistency by the principal investigator.

Amharic version of self-administered questionnaire was used for data collection. Data were collected by 4 Diploma, two BSc nurses supervisors and the principal investigator were participated in the study.

#### **4.11. Data Processing and analysis**

The data were checked for completeness and consistencies during the data collection, then it was cleaned, coded, entered and analyzed using statistical package for social sciences (SPSS) version 20. Descriptive analysis was computed to determine frequency and percentage of the

variables. For statistical analysis one way **ANOVA** were used to identify determinants and p value <0.05 were considered as statistically significant association.

#### **4.12 Data Quality Control**

To check the clarity and consistency; the tool was pre-tested on 19 nurses (5%) of the sample before the actual data collection on nurses working in Addis Ababa Government Hospitals who were not included in the sample of the actual study. A training that focused on understanding the research question, sampling technique, data handling, ethical conduct, and quality of data collection was given for two days for the data collectors and supervisors. Each data collector were checked for completeness of questionnaires before winding up their visit to each study participant and each questionnaire was reviewed on daily bases by supervisors to check for its completeness and early corrections and cleaning of the data was made.

#### **4.13 Ethical consideration**

The study was conducted after getting ethical clearance from departmental review board of Nursing and Midwifery, College of Health Science, Addis Ababa University. Supportive letter were secured from the University and submitted to selected Addis Ababa Government Hospitals. The purpose of the study was explained to the participants and verbal consent were obtained from the participants. The respondents have had the right to respond fully or refuse to the questionnaire. All the information given by the respondents used for research purposes only. Confidentiality and privacy were maintained by omitting the name and identifiers of the respondents during data collection procedure.

#### **4.14 Dissemination plan of the result**

The results of this study will be disseminated or communicated to Addis Ababa University, Ministry of Health, Addis Ababa Regional Health Bureau, Addis Ababa Government and Non-governmental Hospitals and other concerned bodies through reports, presentation and publication on peer reviewed scientific journal.

# CHAPTER FIVE

## RESULTS

### 5.1. Demographic Characteristics of the Participants

During the study period, a total of 382 nurses participated in this study. Out of these 382 nurses, 137 (35.9%) were male and 245 (64.1%) female. The mean age of the participant was 35 years with the minimum of 20 and maximum of 59 years. Of these 382 participants the majority were married 221 (57.9%).

Almost half of the nurses work in in-patient speciality unit (45.8%) and nurses who have less than five years of experience are 144 (37.7%) and nurses more than 15 years of experience are 48 (12.6). Details are provided in Table 2.

**Table 2 Socio-demographic characteristics of respondents (n=382), Addis Ababa, Ethiopia March 2015.**

Variables		Number	Percent (%)
Age	20-29	123	32.2
	30-39	131	34.3
	40-49	87	33.8
	>50	41	10.7
Sex	Male	137	35.9
	Female	245	64.1
Marital status	Married	221	57.9
	Single	152	39.8
	Divorce	9	2.4

*Table 1 continued on next page*

<b>Specialty/unit</b>	Out patient	125	32.7
	In patient	175	45.8
	Emergency	82	21.5
<b>Qualification</b>	Diploma	136	35.6
	Degree	240	62.8
	Masters	6	1.6
Service year	<5 yrs	144	37.7
	5-10 yrs	123	32.2
	11-15 yrs	67	17.5
	>15 yrs	48	12.6
<b>Training</b>	< 2 times	143	37.4
	2--4 times	149	39.0
	5--6 times	26	6.8
	>6 times	30	7.9

## **5.2. Quality of Work Life and associated factors**

### **5.2.1. Pay and Benefit Subscale**

Out of the total of 382 nurses participated in this study, 165 (43.2%) were very dissatisfied with their salary. On the other hand only 4 (1.0%) were very satisfied with their salary. Generally speaking more than half of the participants were dissatisfied with their salary. The respondents 262 (68.4%) also expressed their dissatisfaction with the recompenses and benefit from the result from the hospital. Out of the total nurses participated in this study the majority expressed their dissatisfaction about pay and benefit which they are getting in their work. Details are provided in Table 3.

**Table 3 Pay and Benefit Subscale (n=382), Addis Ababa, Ethiopia March 2015**

S.no	Statements	Very dissatisfied		Dissatisfied		Neither satisfied nor Dissatisfied		Satisfied		Very Satisfied	
		No	%	No	%	No	%	No	%	No	%
<b>Pay and Benefit Subscale</b>											
201	How satisfied are you with your salary (remuneration)?	165	43.2	113	29.6	43	11.3	57	14.9	4	1.0
202	How satisfied are you with your salary, if you compare it to your colleagues' salary?	161	42.1	132	34.6	57	14.9	29	7.6	3	8.0
203	How satisfied are you with the recompenses and the participation in results that you receive from the Hospital.	119	31.2	142	37.2	68	17.8	45	11.8	8	2.1
204	How satisfied are you with the extra benefits (alimentation, transport, doctor, etc.) that your Hospital offers to you?	154	40.3	133	34.8	54	14.1	35	9.2	6	1.6

### **5.2.2. Working condition subscale**

Regarding the weekly work journey they had, 130 (34.0%) were satisfied while 94 (24.6%) were dissatisfied. The majority 197 (51.5%) of the participants expressed that they have dissatisfaction over the work load they have. On the other hand 260 (68%) of the nurses feel dissatisfied about using technology in their task. On the other hand 119 (31.2%) of the nurses are satisfied with their work condition. However 185 (48.4%) are dissatisfied with their work condition. The majority 149 (65.2%) of the participants are dissatisfied with the security equipments in their work place.

About the tiredness the work creates on them, 233 (61.0%) responded as their work causes tiredness. Details are provided in Table 4.

**Table 4 Working condition subscale (n=382), Addis Ababa, Ethiopia March 2015.**

S.no	Statements	Very dissatisfied		Dissatisfied		Neither satisfied nor Dissatisfied		Satisfied		Very Satisfied	
		No	%	No	%	No	%	No	%	No	%
<b>Working condition subscale</b>											
205	How satisfied are you with your weekly work journey (quantity of worked hours)?	68	17.8	94	24.6	69	18.1	130	34.0	21	5.5
206	According to your workload (quality of work), how do you feel?	80	20.9	117	30.6	86	22.5	84	22.0	15	3.9
207	According to the use of technology in our tasks, how do you feel?	120	31.4	140	36.6	70	18.3	42	11.0	10	2.6
208	How satisfied are you with the salubrity level (work conditions) in your workplace?	91	23.8	94	24.6	78	20.4	85	22.3	34	8.9
209	How satisfied are you with the security equipment's, individual and collective protection provided by your Hospital?	125	32.7	124	32.5	67	17.5	61	16.0	5	1.3
210	Regarding tiredness that your work cause to you, how do you feel?	102	26.7	131	34.3	73	19.1	64	16.8	12	3.1

### 5.2.3. Opportunity to make decision subscale

At the same time more than half of the respondents reported that they don't have the autonomy or the opportunity to make decision in their work. It was only 89 (23.0%) feels as they have the autonomy over decision making in their work. The majority 372 (97.4%) feels as their task is important. Similarly 202 (52.9%) think as they are satisfied with the possibility of performing several tasks in their work place. Out of the total 382 respondents, 156 (40.9%) were satisfied with the performance evaluation in their work. In the same way, the majority of the respondents expressed as they are satisfied with responsibilities conferred to them. Details are provided in Table 5.

**Table 5 Opportunity to make decision subscale (n=382), Addis Ababa, Ethiopia March 2015.**

S.no	Statements	Very dissatisfied		Dissatisfied		Neither satisfied nor Dissatisfied		Satisfied		Very Satisfied	
		No	%	No	%	No	%	No	%	No	%
<b>Opportunity to make decision subscale</b>											
211	Are you satisfied with the autonomy (opportunity to make decisions) that you have at your work?	99	25.9	123	32.2	71	18.6	74	19.4	15	3.9
212	Are you satisfied with the importance of the task/work/activity that you do?	2	0.5	2	0.5	6	1.6	197	51.6	175	45.8
213	Regarding the polyvalence (possibility to performance several tasks and works) at work, how do you feel?	43	11.3	65	17.0	72	18.8	144	37.7	58	15.2
214	How satisfied are you with your performance evaluation (awareness of how good or bad have been your performance at work?	63	16.5	89	23.3	74	19.4	113	29.6	43	11.3
215	Regarding possibilities conferred (work responsibility given to you), how do you feel?	37	9.7	40	10.5	70	18.3	169	44.2	66	17.3

#### **5.2.4. Opportunity's at work subscale**

The majority of the respondents 224 (58.6%) expressed their dissatisfaction with the opportunity they were given for their professional growth. Similarly 224 (58.6%) of the respondents disclosed that they were not satisfied with the trainings they attended. There were also 213 (55.8%) of the respondents feel dissatisfied when the resigning at their work. Two third of the respondents 251 (65.7%) also feels dissatisfied with the incentive that their company arranges for them. Those respondents who feels satisfied with the opportunity at work is less than one third of the total number of respondents.

Details are provided in Table 6.

**Table 6. Opportunity's at work subscale (n=382), Addis Ababa, Ethiopia March 2015.**

S.no	Statements	Very dissatisfied		Dissatisfied		Neither satisfied nor Dissatisfied		Satisfied		Very Satisfied	
		No	%	No	%	No	%	No	%	No	%
<b>Opportunity's at work subscale</b>											
216	How satisfied are you with your opportunity of professional growth?	127	33.2	97	25.4	67	17.5	75	19.6	16	4.2
217	How satisfied are you with the trainings you participate?	123	32.2	101	26.4	58	15.2	72	18.8	28	7.3
218	Regarding the situations and the frequency that occur the resigning at your work, how do you feel?	98	25.7	115	30.1	123	32.2	34	8.9	12	3.1
219	Regarding the incentive that you company gives you to study, how do you feel?	169	44.2	82	21.5	68	17.8	50	13.1	13	3.4

### **5.2.5. Social integration subscale**

The respondents were also assessed for their social integration at their work. Regarding the question about social, religious, sexual or any other discrimination at their work place 180 (47.1%) expressed their dissatisfaction, while 104 (26.2%) were satisfied and 98 (25.7%) feels neutral feeling. More than half of the respondents 200 (52.4) had satisfied with their relationship with their colleagues and bosses at work. On the other hand, two third of the total respondents 312 (81.7) feels satisfied with their colleagues' commitment to their work. Almost balanced number of the respondents has expressed that they were satisfied which they have in relation to the valorization of their ideas at the work place. Details are provided in Table 7.

**Table 7 Social integration subscale (n=382), Addis Ababa, Ethiopia March 2015.**

S.no	Statements	Very dissatisfied		Dissatisfied		Neither satisfied nor Dissatisfied		Satisfied		Very Satisfied	
		No	%	No	%	No	%	No	%	No	%
<b>Social integration subscale</b>											
220	Regarding the discrimination (social, racial, religious, sexual, etc.) in your work, how do you feel?	91	23.8	89	23.3	98	25.7	75	19.6	29	7.6
221	Regarding your relationship with your colleagues and bosses at work, how do you feel?	53	13.9	61	16.0	68	17.8	145	38.0	55	14.4
222	Regarding your team's and colleagues' commitment to work, how do you feel?	12	3.1	29	7.6	29	7.6	170	44.5	142	37.2
223	How satisfied are you with the valorization of your ideas and initiative at work?	67	17.5	86	22.5	89	23.3	113	29.6	27	7.1

### 5.2.6. Respecting to the law subscale

The respondents were asked about respect to the law. 238 (61.3%) feel dissatisfied with the hospital in respecting their rights. While more than half of the respondents 212 (55.5%) had expressed their dissatisfaction with the freedom of expression at work. In the same case 218 (57.1%) respondents had dissatisfaction with the norms and rules at work. However 186 (48.7%) of the respondents were satisfied with the respect for their individuality or unique capabilities. Details are provided in Table 8.

**Table 8. Respecting to the law subscale (n=382), Addis Ababa, Ethiopia March 2015.**

S.no	Statements	Very dissatisfied		Dissatisfied		Neither satisfied nor Dissatisfied		Satisfied		Very Satisfied	
		No	%	No	%	No	%	No	%	No	%
<b>Respecting to the law subscale</b>											
224	How satisfied are you with the Hospital for respecting the workers' rights?	128	33.5	110	28.8	80	20.9	47	12.3	17	4.5
225	How satisfied are you with your freedom of expression (opportunity to give opinions) at work?	113	29.6	99	25.9	82	21.5	73	19.1	15	3.9
226	How satisfied are you with the norms and rules at your work?	102	26.7	116	30.4	87	22.8	63	16.5	14	3.7
227	Regarding the respect to your individuality (individual characteristics and particularities) at work, how do you feel?	42	11.0	66	17.3	88	23.0	131	34.3	55	14.4

### 5.2.7. Work live/home life subscale

Regarding the work live with home life, almost half 187 (48.9%) of the respondents are not satisfied. However a balanced frequency 177 (46.4%) of the respondents dissatisfaction was exhibited about the satisfaction they have with their schedule for work and rest. Even more respondents 189 (49.4%) expressed their dissatisfaction again with their organization's policy for vacations being inappropriate for them and their family. Details are provided in Table 9.

**Table 9. Work live/home life subscale (n=382), Addis Ababa, Ethiopia March 2015.**

S.no	Statements	Very dissatisfied		Dissatisfied		Neither satisfied nor Dissatisfied		Satisfied		Very Satisfied	
		No	%	No	%	no	%	No	%	No	%
<b>Work live/home life subscale</b>											
228	How satisfied are you with the work influence on your family life/routine?	80	20.9	107	28.0	81	21.2	88	23.0	26	6.8
229	How satisfied are you with your schedule of work and rest?	69	18.1	108	28.3	74	19.4	103	27.0	28	7.3
230	How satisfied are you with your organization's policy for vacations is appropriate for you and your family?	88	23.0	101	26.4	92	24.1	78	20.4	23	6.0

### 5.2.8. Social relevance subscale

Finally the respondents were assessed for their social relevance. Out of the total 382 nurses, the majority 307 (80.4%) expressed their pride with their work and they are satisfied with that. The vast majority of the respondents again expressed their satisfaction with the image the hospital which they are working have in the society. Out of the 382 nurses participated in the study, 158 (41.3%) expressed their satisfaction with the service quality that the hospital they are working delivers. However 234 (57.6%) of the respondents have expressed their dissatisfaction with the human resource politic exists in their work place. Details are provided in Table 10.

**Table 10. Social relevance subscale (n=382), Addis Ababa, Ethiopia March 2015.**

S.no	Statements	Very dissatisfied		Dissatisfied		Neither satisfied nor Dissatisfied		Satisfied		Very Satisfied	
		No	%	No	%	no	%	No	%	No	%
<b>Social relevance subscale</b>											
231	Regarding the proud of performing your work, how do you feel?	24	6.3	13	3.4	38	9.9	147	38.5	160	41.9
232	Are you satisfied with the image this Hospital have to society?	6	1.6	21	5.5	32	8.4	177	46.3	146	38.2
233	How satisfied are you with the communitarian integration (contribution to the society) that the Hospital have?	10	2.6	28	7.3	50	13.1	167	43.7	127	33.2
324	How satisfied are you with the services and the quality of products that the Hospital makes?	57	14.9	86	22.5	81	21.2	122	31.9	36	9.4
235	How satisfied are you with the human resources politic (the way that the Hospital treats the workers) that the Hospital has?	114	29.8	110	28.8	83	21.7	59	15.4	16	4.2

### 5.3. Quality of Work Life using the Walton Questionnaire

Based on the information found in this study using the Walton questionnaire of quality of work life, categorized the score in to poor, moderate and good. As it is shown in Table 11 below, the majority 296 (77.5%) of the study participants had moderate quality work life score. It is only 16 (4.2%) came up with good quality of work life. Details are provided in Table 11 below.

**Table 11 .QWL of respondents (n=382), Addis Ababa, Ethiopia March 2015.**

Scores of QWL	Frequency	Percentage
35 - 80(poor)	70	18.3
81-130 (moderate)	296	77.5
130-175 (good)	16	4.2
<b>Total</b>	<b>382</b>	<b>100</b>

As we consider the poor and moderate are dissatisfied with their quality of work life, the majority 366 (95.8%) of the nurses are dissatisfied quality of work life. On the other hand it was only 16 (4.2%) of the respondents were satisfied in their quality of work life.

**Table 12. QWL of respondents (n=382), Addis Ababa, Ethiopia March 2015.**

Scores of QWL	Frequency	Percentage
Dissatisfied (35 to 130)	366	95.8
Satisfied (131-175)	16	4.2
Total	382	100

#### **5.4. Quality of Work Life and its Correlation with Other Associated Factors**

One-way ANOVA test was used to test the significant differences observed between the QWL score of nurses and associated factors. The mean score of overall quality of work life for nurses was  $97.33 \pm 19.467$ . Nurses working in outpatient specialty unit had better quality of work life. A significant relation was observed between specialty unit and QWL score (F-value 4.922) and (P=0.002). Nurses with master's degree reported a better QWL than others. A significant relationship was found between education level and QWL score (F-value 15.382) and (P = 0.00). There were also a significant correlation between opportunity for training and QWL score (F-value 3.154) and (P = 0.025). Those nurses who got trainings more than 6 times had better quality of work life. However significant correlation was not found with age, gender, marital status, service years and salary. Details are provided in Table 13.

**Table 13 Quality of work life by demographic variables using One Way ANOVA of nurses**

<b>Variables</b>		<b>Mean± SD</b>	<b>F-value</b>	<b>P-value</b>
<b>Age</b>	20-29	94.62±20.037	1.211	0.306
	30-39	98.3±18.469		
	40-49	99.16±18.282		
	>=50	98.49±22.887		
<b>Sex</b>	Male	97.14±18.413	0.021	0.886
	Female	97.44±20.069		
<b>Marital status</b>	Married	98.46±18.983	0.884	0.414
	Single	95.74±20.146		
	Divorce	96.44±19.863		
<b>Specialty/unit</b>	Out patient	102.14±19.481	<b>4.922</b>	<b>0.002</b>
	In patient	93.65±18.340		
	Emergency	98.01±20.426		
<b>Qualification</b>	Diploma	90.17±16.964	<b>15.382</b>	<b>0.000</b>
	Degree	101.25±19.874		
	Masters	102.67±7.789		
<b>Service years</b>	<5 yrs	95.52±20.111	1.017	0.385
	5-10 yrs	97.19±18.887		
	11-15 yrs.	99.49±16.023		
	>15 yrs.	100.10±23.034		
<b>Training</b>	< 2 times	95.10±19.335	<b>3.154</b>	<b>0.025</b>
	2--4 times	96.88±19.699		
	5--6 times	98.00±17.518		
	>6 times	106.93±17.605		
<b>Monthly Salary</b>	<2363Birr	95.52±20.111	1.017	0.385
	2363-3063 Birr	97.19±18.887		
	3064-4463 Birr	99.49±16.023		
	>4463	100.10±23.034		

## **CHAPTER SIX**

### **DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

#### **6.1. Quality of Work Life**

In this study, most of the nurses reported moderate levels of QWL with the score of 296 (77.5%) out of the total 382 nurses, while 70 (18.3%) of the respondent undesirable QWL and 16 (4.2%) had good quality of working life.

Similarly in a study done in Iran, 60% of nurses reported that they had moderate level of quality of working life while 37.1% undesirable quality of life and 2% had good quality of working life. Overall level of quality of work life and work satisfaction of nurses in the study area revealed that 4.2% were very satisfied, 25.0% were satisfied, meanwhile 62.5% were fairly satisfied, and 8.3% were not satisfied (20).

In addition to this, the study was conducted in 360 clinical nurses working in the hospitals of Tehran University of Medical Sciences. The study revealed that the QWL is at a moderate level among 61.4% of the participants. Only 3.6% of the nurses reported that they were satisfied with their work life (29). This study also found that the QWL score the majority of the respondents 366 (95.8%) are dissatisfied or have low QWL. This shows that this study has a better quality of work life than which is found in the above two studies.

#### **6.2. Socio Demographic Factors and Quality of Work Life**

The results of this study showed that there was no significant correlation between age, gender, marital status and work experience with QWL. In the study conducted in Saudi Arabia no significant differences were observe between quality of working life score of nurses with age, gender and marital status (33). This shows the nurses' socio-demographic information has no impact on the quality of work life.

On the contrary these findings were not consistent with the report by Dehghan Nayeri et al, suggesting that there is a close relation between age and QWL (20). On the other hand, Khaghani et al, reported that there is an inverse correlation between age and QWL (37). Therefore this indicates that age doesn't have any relation with QWL.

The result in this study has indicated that age, gender, marital status, year of experience and monthly salary didn't have significant relationship with QWL. However the work unit the nurses working have significant relation (F value 4.922) and (P value 0.002) with QWL.

According to this study having more qualification has a significant relation with QWL (F value 15.382) and (P value 0.000). In a similar study in Nigeria also a significant relationship was found between variables such as education level, and work experience. Findings of the study suggested that the respondents were dissatisfied with their work life. On responses concerning satisfaction with

Monthly pay in relation to the amount of work, 43.7% fairly satisfied, while 48 (50%) were not satisfied (37).

In addition to these, the access for training has significant relation with QWL (F value 3.154) and (P value 0.025). The perception of QWL was significantly higher with attending training courses; and was highest in emergency departments 27.2% and lowest was in specialized units 12.1% (24). In a study conducted in Nigeria lack of opportunities for educational advancement and hospital sponsored training affected them (37). This in turn assures the qualification the nurses have, the training they were getting and the work unit which they are working has impact on their QWL.

### **6.3. Quality of Work Life and Associated Factors**

As it was discussed in similar studies conducted in Iran and Canada, salary and fringe benefits have a great impact over the QWL. Based on the trends seen in those areas, employees may leave their organizations for higher salary. Besides, the fairness of an organization's compensation system is important for employees. Employees who feel a fair compensation system that rightfully rewards their efforts have less intention to leave their organization (35). This study also found that respondents were more dissatisfied with lack of proper incentives and benefits. In similar study conducted by Lewis and colleagues, the health-care settings in the south central region of Ontario, Canada found that pay, benefits and supervisor style play the major role in determining employees' QWL satisfaction (18).

The QWL score result in this result is almost similar when they compare their salary with their colleagues. The satisfaction score about their participation in the results and getting extra benefits is similar with their satisfaction on their salary. Employees may leave their organizations for higher salary. In addition to that organization's compensation system is important for employees. This is because employees who feel a fair compensation system that rightfully rewards their efforts have less intention to leave their organization (35).

As this study showed that nurses' quality of work life is at the moderate level. The respondents had expressed their dissatisfaction 197 (51.5%) over the work load they have, 260 (68%) about using technology in their task, 149 (65.2%) with the security equipments in their work place and 233 (61.0%) responded as their work causes tiredness. As QWL has an important impact on attracting and retaining employees. The result found in a descriptive study in Iran was similar with this finding (20). As this study explored, the promotion opportunities and professional growth had an influential impact on the QWL of nurses. When the nurses feel dissatisfied with their future promotion and carrier development, their quality of work life will be affected negatively.

The findings of this study revealed that 89 (23.0%) are satisfied with the autonomy over decision making in their work. Similarly a study in Ghana the majority (76.52%) of the respondents expressed the view that they were not given autonomy often to decide how jobs should be performed (30). The findings of this study revealed that 234 (57.6%) of the respondents have expressed their dissatisfaction with the human resource in their work place. Study found in Nigeria has shown respondents view on management and supervision shows that 66.7% were fairly satisfied with the leadership style of their managers, while 12.5% were not satisfied. On the leadership qualities of managers, 41.7% were satisfied, 33.3% were not satisfied, and 10.4% were very satisfied (37). The result found in this study shows that nurses were not satisfied over their autonomy on decision making.

A study in Saudi Arabia indicates the impact of professional development opportunities such as the promotion system, access to degree programs and continuing education on the QWL of nurses (34). Similarly the Nigerian study shows that the nurses feel as they have with lack of opportunities for educational advancement and hospital sponsored training, and inability to influence decisions on issues that affect the QWL of nurses.

## **6.4. Strength and Limitations of the study**

### **6.4.1. Strength of the study**

The strength of this study are:

1. The response rate of the questionnaire which was hundred percent and therefore the sample were representative of the population.
2. The study is the first in its kind and could generate new ideas about quality of work life.
3. The study conducted in hospitals and it could generate important result for practice.

### **6.4.2. Limitations of the study**

The researcher acknowledges the following limitations of this study:

1. The study relied on Walton questionnaire to assess prevalence of Quality of Work Life and associated factors among nurses working in Addis Ababa Public Hospitals.
2. As the data collected by data collectors who are Health professionals, there may be some social desirability bias.
3. It is a study in selected public hospitals found in Addis Ababa and the findings cannot be generalized to the whole nation at large.
4. Lack of adequate similar studies in our country which allows this study to make comparative analysis.

### **6.5 .Conclusion**

As it was found in this study, the respondents in the study had low score of QWL. The benefit packages and relevant task appointment for nurses affects their satisfaction. The qualification and access for training had a great impact over the QWL for nurses working in Addis Ababa public hospitals. The special unit where the nurses' work has an implication on the QWL score of the nurses working in Addis Ababa public hospitals. The overall QWL of nurses in this study was found to be moderate. The respondents expressed their dissatisfaction on the human resource unit politic and the way the hospital administration treats the nurses. This dissatisfaction is believed to have a negative impact over the QWL of these nurses. Generally, this study revealed that there is low level of QWL among nurses working in Addis Ababa public hospitals.

### **6.6. Recommendations for future research**

This study provides an opportunity to assess Prevalence of Quality of Work Life and associated factors among Nurses working in Addis Ababa public hospitals; therefore it could be used as a baseline for further studies to understand the Prevalence of Quality of Work Life and associated factors among nurses working in Addis Ababa public hospitals. In this regard, other human resource studies should aim at interventions on creating better quality of work life and associated factors among nurses would be more helpful.

## **6.7. Recommendations for policy and practice**

It is better to work on improving Quality of Work Life and associated factors among nurses. In order to improve the QWL among nurses the responsible bodies should do the following:

- ❖ Significant number of nurses had low level of QWL. So the hospital management and other responsible officials and policy makers should strengthen evidence based plan on improving QWL.
- ❖ Lack of appropriate intervention for improving the QWL among nurses working in public hospitals is the major problem. Therefore, the government should design appropriate strategy for improvement of the nurses' QWL.
- ❖ In order to encourage nurses and achieve high level of QWL, the professional associations and other stakeholders should work together with the hospitals.

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## Annexes

### Annex I: Consent form

Dear participant!

My name ..... I'm working as data collector on behalf of AAU, College of Health Science, and Department Nursing graduate student paper entitled "Assessment of quality of work life and its associated factors among nurses" working at Addis Ababa Governmental hospitals, Ethiopia.

The objective of this study is to determine the quality of work life of nurses working at Addis Ababa Government hospitals and to identify related factors.

You are chosen to participate in this study. The choice is made using a systematic random sampling method. The questions include various private and personal lives.

In order to attain the goal effectively, we request your wilful cooperation. Here under are the questionnaires you to complete. There is no need of writing your name or id number on the format. Confidentiality is strictly protected. It is your right to participate or to refuse in the study. But your honest participation will have contribution to generate valid information that can be used for intervention designs. So please take these questions to answer. If there is anything that require clarification please don't hesitate to ask the facilitators for clarification.

Do you wish to participate in the study?

Yes, I want to participate

No, I don't want to participate

Thank you!

## Annex II A: English version Questionnaire

### Participant self-reporting questionnaire

To make this study each question should be answered carefully. Your answer will be kept confidentially. No need of mentioning your name on the questionnaire.

This questionnaire is not examination. There is no right or wrong answer. But make sure that you have read each question carefully, and give the answer you think correct for yourself or applied for you on working condition you are experiencing by circling the number of your choices. For each item in this section, please indicate the extent to which you agree that the following items are present in your current job. Indicate your degree of agreement by circling the appropriate number.

### Part 1 - Socio-demographic characteristic

Code	Categories	Response			
101	Age	___ In year			
102	Sex	Male	Female		
103	Qualification	Diploma	Degree	Master	
104	Training	< 2 times	2--4 times	5--6 times	> 6 times
105	Marital status	Single	Married	Divorce	Other
106	Year of experience	< 5 years	5-10 years	11-15 years	>15 years
107	Unit/specialty of assignment	Out patent	In Patent	Emergency	
108	Monthly Salary	<2363Birr	2363-3063 Birr	3064-4463 Birr	>4463 Birr

## QUALITY OF WORK LIFE EVALUATION SCALE

**Instructions:** This questionnaire is to understand how to feel towards your Quality of work life. Please indicate how much you disagree or agree with each statement using the scale given below (from 1 to 5). Number (1) very dissatisfied (2) Dissatisfied (3) Neither satisfied nor dissatisfied (4) satisfied (5) very satisfied. If you are unsure about your answer to a given item, think about it for a moment and then respond. Please mark your answer by circling one number for each statement. There are no right or wrong answers.

S.no	Statements	Very dissatisfied	Dissatisfied	Neither satisfied nor Dissatisfied	Satisfied	Very Satisfied
201	How satisfied are you with your salary (remuneration)?	1	2	3	4	5
202	How satisfied are you with your salary, if you compare it to your colleagues' salary?	1	2	3	4	5
203	How satisfied are you with the recompenses and the participation in results that you receive from the Hospital.	1	2	3	4	5
204	How satisfied are you with the extra benefits (alimentation, transport, doctor, etc.) that your Hospital offers to you?	1	2	3	4	5
205	How satisfied are you with your weekly work journey (quantity of worked hours)?	1	2	3	4	5
206	According to your workload (quality of work), how do you feel?	1	2	3	4	5
207	According to the use of technology in our tasks, how do you feel?	1	2	3	4	5
208	How satisfied are you with the salubrity level (work conditions) in your workplace?	1	2	3	4	5
209	How satisfied are you with the security equipment's, individual and collective protection provided by your Hospital?	1	2	3	4	5
210	Regarding tiredness that your work cause to you, how do you feel?	1	2	3	4	5
211	Are you satisfied with the autonomy (opportunity to make decisions) that you have at your work?	1	2	3	4	5

212	Are you satisfied with the importance of the task/work/activity that you do?	1	2	3	4	5
213	Regarding the polyvalence (possibility to performance several tasks and works) at work, how do you feel?	1	2	3	4	5
214	How satisfied are you with your performance evaluation (awareness of how good or bad have been your performance at work?	1	2	3	4	5
215	Regarding possibilities conferred (work responsibility given to you), how do you feel?	1	2	3	4	5
216	How satisfied are you with your opportunity of professional growth?	1	2	3	4	5
217	How satisfied are you with the trainings you participate?	1	2	3	4	5
218	Regarding the situations and the frequency that occur the resigning at your work, how do you feel?	1	2	3	4	5
219	Regarding the incentive that you company gives you to study, how do you feel?	1	2	3	4	5
220	Regarding the discrimination (social, racial, religious, sexual, etc.) in your work, how do you feel?	1	2	3	4	5
221	Regarding your relationship with your colleagues and bosses at work, how do you feel?	1	2	3	4	5
222	Regarding your team's and colleagues' commitment to work, how do you feel?	1	2	3	4	5
223	How satisfied are you with the valorization of your ideas and initiative at work?	1	2	3	4	5
224	How satisfied are you with the Hospital for respecting the workers' rights?	1	2	3	4	5
225	How satisfied are you with your freedom of expression (opportunity to give opinions) at work?	1	2	3	4	5
226	How satisfied are you with the norms and rules at your work?	1	2	3	4	5
227	Regarding the respect to your individuality (individual characteristics and particularities) at work, how do you feel?	1	2	3	4	5
228	How satisfied are you with the work influence on your family life/routine?	1	2	3	4	5

229	How satisfied are you with your schedule of work and rest?	1	2	3	4	5
230	How satisfied are you with your organisation's policy for vacations is appropriate for you and your family?	1	2	3	4	5
231	Regarding the proud of performing your work, how do you feel?	1	2	3	4	5
232	Are you satisfied with the image this hospital have to society?	1	2	3	4	5
233	How satisfied are you with the communitarian integration (contribution to the society) that the hospital have?	1	2	3	4	5
234	How satisfied are you with the services and the quality of products that the hospital makes?	1	2	3	4	5
235	How satisfied are you with the human resources politic (the way that the hospital treats the workers) that the hospital has?	1	2	3	4	5

## Annex II B: Amharic version Questionnaire

### የመጠይቁ የአማርኛ ቋንቋ ትርጉም

#### አባሪ II: የፈሚቃደኝነት መግለጫ ቅፅ

ዉድ የጥናቱ ተሳታፊ:-

ስሜ ----- ይባላል። በአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋኩሊቲ፣ በጤና ሳይንስ ኮሌጅ የነርቪንግ ትምህርት ክፍል በድህረ-ምረቃ ፕሮግራም ስር ለሚካሄድ ጥናት የመረጃ ሰብሳቢ ነኝ። የጥናቱ ርዕስም "የስራ ህይወት ጥራትና ተዛማጅ ሁኔታዎች በአዲስ አበባ የመንግስት ሆስፒታሎች በሚሰሩ ነርሶች ላይ " ይሰኛል።

የጥናቱ ዓላማ በአዲስ አበባ የመንግስት ሆስፒታሎች የሚሰሩ ነርሶችን የስራ ህይወት ጥራትና ተዛማጅ ሁኔታዎች መመርመር ነው።

እርስዎ በዚህ ጥናት ይሳተፉ ዘንድ ተመርጠዋል። ምርጫዉ የተካሄደው እኩል ዕድል ሰጪ የናሙና አመራረጥ ዘዴን በመከተል ነዉ። ጥያቄዎቹ የተለያዩ የግልና የስራ ሁኔታዎን /ህይወትዎን/ የሚመለከቱ ናቸው።

ጥናቱ የታሰበለትን ዓላማ ያሳካ ዘንድ ተመርጠዋል። ምርጫዉ የተካሄደው እኩል ዕድል ሰጪ የናሙና አመራረጥ ዘዴን በተመለከተ ነዉ። ጥያቄዎቹ የተለያዩ የግልና የስራ ሁኔታዎን /ህይወትዎን/ የሚመለከቱ ናቸው።

ጥናቱ የታሰበለትን ዓላማ ያሳካ ዘንድ የእርስዎን በፍቃደኝነት ላይ የተመሰረተ ቀና ትብብር እንጠይቃለሁ። ከዚህ በታች እርስዎ ይመልሱት ዘንድ የተዘጋጀው የፅሁፍ መጠይቅ ቀርቧል። ስምዎን ወይም የመለያ ቁጥርዎን በቅፅ ላይ መጻፍ አይጠበቅብዎትም። መልሶችዎ ሙሉ በሙሉ በሚስጥር የሚያዙ ይሆናሉ። በመጠይቁ የመሳተፍ አሊያም ያለመሳተፍ ሙሉ መብት የእርስዎ ነው። ቢሆንም እርስዎ ትክክለኛና እውነተኛ መረጃ በመስጠት የሚያደርጉት ተሳትፎ የመፍትሄ ሀሳቦችን ለማመንጨት እጅግ አስፈላጊና ከፍተኛ ግምት የሚሰጠው ነው። ስለሆነም ጥያቄዎቹን በመመለስ ይተባበሩ ዘንድ እንጠይቅዎታለን። ማብራሪያ የሚያስፈልገው አንዳች ነገር ቢያጋጥምዎት አስተባባሪዎቹን ለመጠየቅ ወደኋላ አይበሉ።

በጥናቱ ለመሳተፍ ፍቃደኛ ነዎት?

አዎ- ፈቃደኛ ነኝ

አይ- ፈቃደኛ አይደሁም

እናመሰግናለን!

**አባሪ III ሀ: የመጠይቁ የአማርኛ ቋንቋ ትርጉም**

**የተሳታፊዎች በራስ - የሚመለስ የፅሁፍ መጠይቅ**

በዚህ ጥናት ለመሳተፍ እያንዳንዱን ጥያቄ በጥንቃቄ መመለስ አስፈላጊ ነው። የሚሰጡት መልስ በሚሰጥር የሚጠበቅ ይሆናል። በመጠይቁ ላይ ስምዎትን ማስፈር አያስፈልግዎትም።

ይህ መጠይቅ ፈተና አይደለም። ለጥያቄዎቹ ትክክለኛ ወይም ስህተት የሚባል መልስ የለም። ጥያቄዎቹን በትክክል ማንበብዎትንና ለራስዎ ትክክለኛ የሚሉትን ወይም ስለ ሥራ ሁኔታዎ የሚገልፁትን መልስ የማላሹን ቁጥር በማክበብ መስጠትዎትን እርግጠኛ ይሁኑ።

በዚህ መጠይቅ ለሚካተተው እያንዳንዱ ክፍል በስራ ሁኔታዎ ያለውን ሁኔታ የሚገልፅዎትን ምላሽ ይምረጡ። በጉዳዩ ላይ ያለዎትን ስምምነት መጠን የሚገልፅዎትን ቁጥር ያክብቡ።

**ማህበራዊና ኢኮኖሚያዊ መረጃዎች የሚመለከቱ ጥያቄዎች**

ኮድ	ምድብ	ምላሽ			
101	ዕድሜ	-----ዓመት			
102	ፆታ	ወንድ	ሴት		
103	የትምህርት ደረጃ	ዲፕሎማ	የመጀመሪያ ዲግሪ	ማስተርስ ዲግሪ	
104	ስልጠና	ከ2 ዓመት በታች	ከ2 -- 4 ዓመት	ከ5 --- 6 ዓመት	ከ6 ዓመት በላይ
105	የጋብቻ ሁኔታ	ያላገባ	ያገባ	የተፋታ	ሌላ
106	በዚህ ሆስፒታል ያገለገሉበት ጊዜ	ከ 5 ዓመት በታች	ከ 5---6 ዓመት	ከ 11-- 15 ዓመት	ከ15 ዓመት በላይ
107	የስራ ክፍል	ተመላላሽ ህክምና	አስተኝቶ ማከም	ድንገተኛ ክፍል	
108	ወርሀዊ ደመወዝ	<2363 ብር	2363 - 3063 ብር	3064 - 4463 ብር	>4463 ብር

**የስራ ህይወት ጥራት መመዘኛ መለኪያ**

መመሪያዎች:- ይህ መጠይቅ የስራ ህይወትዎን ጥራት በተመለከተ የሚሰማዎትን ለመለዳት የሚደረግ ነው። እያንዳንዱን ዓረፍተ-ነገር በተመለከተ ምን ያህል እንደሚሰማው ወይም እንደሚሰማው ከዚህ በታች የተሰጠውን መለኪያ (ከ1 እስከ 5) ተጠቅመው ይግለጹልን። ቁጥር ( 1 ) በጣም እርካታ ማጣትን፣ ( 2 ) እርካታ ማጣትን፣ ( 3 ) እርካታ ከማግኘትም ሆነ ከማጣት ውጪ፣ ( 4 ) እርካታን፣ ( 5 ) በጣም መርካትን የወክላሉ።

በጉዳዩ ላይ እርግጠኛ ካልሆኑ ለተወሰነ ጊዜ ጊዳዩን ያሰላሰሉትና ምላሽዎን ይስጡ። መልስ ለመስጠት መልሱን የያዘውን አማራጭ ያክብቡ። ለጥያቄዎቹ ትክክለኛ ወይም ስህተት የሚባል መልስ የለም።

ተራ ቁጥር	አስተያየት	በጣም እርካታ	እርካታ ማጣት	ከሁለቱም ወጪ	እርካታ	በጣም መርካት
201	በደሞዝዎ መጠን ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
202	ደሞዝዎን ከጓደኞቻችሁ ደሞዝ ጋር ሲያነጻጽሩት ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
203	በሆስፒታሉ ዉስጥ ለሚሰጡት አገልግሎት በሚያገኟቸው ጥቅማ ጥቅሞችና በስራ ተሳትፎ በሚያገኟቸው ውጤቶች ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
204	ሆስፒታሉ ለእርስዎ በሚያቀርባቸው ሌሎች ጥቅማ ጥቅሞች (የማበረታቻ ክፍያ፣ ትራንስፖርት፣ ህክምና ወዘተ) ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
205	በሳምንታዊ የስራ ሰዓትዎ ርዝማኔ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
206	ያለብዎትን የስራ ጫና በተመለከተ ምን ያስባሉ?	1	2	3	4	5
207	ስራዎትን በተመለከተ ከቴክኖሎጂ አጠቃቀም ጋር በተያያዘ ምን ይሰማዎታል?	1	2	3	4	5
208	ስራዎትን በተመለከተ በማህበረተሰቡ የሚሰጠውን ቦታ በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
209	በሆስፒታሉ ባሉ የደህንነት መጠበቂያ መሳሪያዎች፣ የግልና የጋራ አደጋ የመደላደል ሁኔታ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
210	ስራዎ በዕርስዎ ላይ የሚያስከትለውን ድካም በተመለከተ ምን ይሰማዎታል?	1	2	3	4	5
211	ውሳኔዎችን በራስዎ ለማሳለፍ ያለዎትን መብት በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
212	የሚያከናውኑት ስራ ባለው ጠቀሜታ (አስፈላጊነት) ደስተኛ ነዎት?	1	2	3	4	5
213	የተለያዩ ስራዎችን መስራትና ሃላፊነቶቻችንን መወጣትን በተመለከተ ምን ይሰማዎታል ?	1	2	3	4	5

214	የስራ አፈፃፀም ምዘና (ጥሩ የስራ አፈፃፀም ያለዎት መሆን አለመሆን በተመለከተ) ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
215	የተሰጥዎትን የስራ ሃላፊነት በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
216	በሙያዎ የዕድገት ዕድልን በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
217	በሚሳተፉባቸው ስልጠናዎች ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
218	በስራ ቦታዎ በስራተኞች ከስራ የመልቀቅ ሁኔታ እና የመልቀቅ ፍጥነትን በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
219	የትምህርት ዕድል መስጠትን በተመለከተ የሚሰሩበት ሆስፒታል የሚያደርገውን ማበረታቻ እንዴት ያዩታል?	1	2	3	4	5
220	በስራ አካባቢዎ አድልዎን በተመለከተ (ማህበራዊ ደረጃን፣ ዘርን፣ ሀይማኖትን፣ ጾታን ወዘተ መሰረት ያደረገ) ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
221	በስራ ቦታዎ ከስራ ባልደረባዎቻችሁ እና አለቆችዎ ጋር ያለዎትን ግንኙነት በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
222	የሚሰሩበት የስራ ክፍል እና የስራ ባልደረቦች ያለውን የስራ ትጋት በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
223	በስራ ቦታዎ የሚያቀርቧቸውን ሀሳቦችና የሚወስዷቸውን ተነሳሽነቶች በተመለከተ በሚሰጥዎት ምላሾች ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
224	የሚሰሩበት ሆስፒታል የስራተኞቹን ሙብት አከባባር በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
225	በስራ ቦታዎ ሀሳብዎትን በነፃነት ለመጎለጽ (አስተያየትዎን ለመስጠት) ያለዎትን ሙብት በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
226	በስራ ቦታዎ ባሉት ልማዳዊ አሰራሮችና መመሪያዎች ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
227	የግል ባህሪዎንና የአሰራር ዘይቤዎን ማክበርን በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
228	ስራዎ በቤተሰብ ህይወትዎ ላይ ያሉትን ተጽዕኖዎች በተመለከተ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
229	በስራና በእረፍት ፕሮግራምዎ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5
230	ሆስፒታሉ በሚያወጣው የእረፍት ጊዜ ለእርሶና ለቤተሰብ የተመቻቸ ስለመሆኑ ምን ያህል ደስተኛ ነዎት?	1	2	3	4	5

231	የሥራ ሃላፊነትዎን በአግባቡ በመወጣትዎ የሚሰማዎትን ኩራት በተመለከተ ምን ይሰማዎታል?	1	2	3	4	5
232	የሚሰሩበት ሆስፒታል በህብረተሰቡ ውስጥ ባለው መልካም ስም ደስተኛ ነዎት?	1	2	3	4	5
233	የሚሰሩበት ሆስፒታል ለማህበረሰቡ በሚያበረክታቸው አስተዋፅኦቶች ደስተኛ ነዎት?	1	2	3	4	5
234	የሚሰሩበት ሆስፒታል በሚሰጣቸው አገልግሎቶች ጥራት ደስተኛ ነዎት?	1	2	3	4	5
235	በሚሰሩበት ሆስፒታል ያለውን የሰው ሀይል አስተዳደር ሁኔታ እና የሥራተኛ አያያዝ በተመለከተ ምን ይሰማዎታል?	1	2	3	4	5