

## **The Identification of Nurse's Quality of Work Life in Inpatient Installation of PKU Muhammadiyah Yogyakarta Unit II Hospital**

Faradina Samanthi<sup>1</sup>, Elsy Maria Rosa<sup>2</sup>, Sri Handari Wahyuningsih<sup>3</sup>

<sup>1</sup>Student of Hospital Management, <sup>2</sup>Lecturer 1, <sup>3</sup>Lecturer 2  
Postgraduate Program, Master of Hospital Management, Muhammadiyah  
University of Yogyakarta

### **ABSTRACT**

**Background:** *Quality of work life of the human resources (HR) can either be devastating for Hospitals, which increase customer satisfaction with the performance of the best nurses. The quality of work life consists of work life/home life, job design, work context, and work world dimension. PKU Muhammadiyah Yogyakarta Unit II Hospital operations in a short time but has an increased BOR value every year. So need to know how the quality of work life in the hospital.*

**Methods:** *This research is a mix methods. The design of this study for quantitative methods using cross-sectional study and for the qualitative method using a structured interview. The instrument used was developed from Brooks questionnaires on his thesis entitled Development of an Instrument to Measure the Quality of Nurses Worklife in 2001.*

**Results:** *In the work life/home life dimension is obtained poor results (67.7%) of quantitative analysis with qualitative analysis supported by an imbalance of working time and the family time. Work design dimensions obtained poor results (55.4%) of quantitative analysis with qualitative analysis supported the existence of non-nursing duties. In the work context dimensions poor results were obtained (70.8%) of quantitative analysis with qualitative analysis supported of difficulties to continue their education to a higher level. In the work world dimension obtained poor results (67.7%) of quantitative analysis with qualitative analysis supported the salary is still lacking.*

**Conclusions:** *Overall the quality of work life of nurses in inpatient installation of PKU Muhammadiyah Yogyakarta Unit II Hospital shows poor results, so that is necessary of a few things changes.*

**Keywords:** *Quality of work life, nurses, inpatient installation.*

## INTRODUCTION

The quality of work life of the human resources (HR) can either be devastating for Hospitals, which increase customer satisfaction with the best performance of the employees of the health service. <sup>1</sup>If the quality of work life of employees showed good results of the assessment, it will generate a positive impact for the Hospital, such as increasing employee motivation and job satisfaction thus increasing commitment to the job and can reduce employee turnover and absenteeism. According to research of the Bernard Hodes Group in the American Association of Colleges of Nursing in March 2005 states that the results of a survey of 138 nurses in the United States who were recruited at the Hospital, found the average number of nurse turnover is 13.9% and a nurse vacancy rate of 16.1 %.

Several studies have shown that worker satisfaction on the quality of working life can not only improve the performance and reduce absenteeism, accidents and turnover, but also increases job satisfaction and fulfillment in other aspects of

life. <sup>2</sup>Unsatisfaction of nurse that occur can lead to several problems, among others dissatisfaction on the job itself, emotional exhaustion, burn-out and turnover.

<sup>3</sup>Quality of work life is a complex form that is affected and interact with many aspects of work and personal life. According to Brooks in the journal study conducted by Almalki, et al. in 2012 mentioned that the quality of work life can be divided into 4 large dimensions, namely (1) Work life/home life, (2) Work design, (3) Work context, and (4) Work world.

<sup>4</sup>Battu and Chakravarthy (2014) mentions that the measurement of the quality of work life consists of: the payment of adequate salaries and bonuses earned, safety in the work environment, working conditions are safe and healthy, meaningful work and decision-making autonomy in the works. <sup>5</sup>Srivastava and Kanpur (2014) mentions some of the benefits of the quality of work life in the organization and the individuals themselves, such as increasing productivity, reducing stress levels,

and at enhancing the morale of the employees.

<sup>6</sup>Cascio (2010) states that there are nine components in the quality of work life which can improve the quality of human resources, that are compensation, career development, safety work environment, communication, employee involvement, problem solving, the facilities availability, a sense of pride to the institution and a sense of security to the job. <sup>7</sup>Finally it is concluded that the quality of work life can either improve self performance or the organization performance, especially the performance of nurses in nursing care in hospital.

One of the most important human resources in hospital is nurses (50% - 60% of the workforce), which provide 24 hours service, for 7 days and had contact with the patient. PKU Muhammadiyah Yogyakarta Unit II Hospital operations in a short time but has an increased BOR value every year. So need to know how the quality of work life in PKU Muhammadiyah Yogyakarta Unit II Hospital.

## **MATERIAL AND METHODS**

This type of research is the study <sup>8</sup>mix method which is a combination of quantitative and qualitative methods. The design of this study for quantitative methods using cross-sectional study and for the qualitative method using a structured interview. The instrument used was developed from <sup>9</sup>Brooks questionnaires on his thesis entitled Development of an Instrument to Measure the Quality of Nurses Worklife in 2001.

The sample used in the research are 65 respondents for quantitative research and 4 respondents for qualitative research. The research location is inpatient installation of PKU Muhammadiyah Yogyakarta Unit II Hospital. Data analysis is carried out by descriptive analysis for quantitative and qualitative analysis.

## **RESULTS**

Characteristics of respondents obtained 81.53% were female. The majority of respondents were aged between 26-30 years. Nurses at PKU Muhammadiyah Yogyakarta Unit II

Hospital as much as 73.84% as a new work for 1-5 years. Bachelor education level of nurses more numerous than the education level diploma. A number of 69.23% of nurses in this hospital are married.

#### 1. Quantitative Analysis

##### a. Dimensions Work Life/Home Life

In the dimension of work life/home life is obtained a minimum value of 13 and a maximum value of 22. The mean value of this dimension is at 17.62. The median value of 18 is then used as a benchmark in making of category of quality of work life/home life at the Hospital is good or bad. Category 1, a score between 13-18 which totaled 44 (67.7%) which means that the quality of work life/home life is bad. Category 2, a score between 19-22 which totaled 21 (32.3%) which means that the quality of work life/home life is good.

So in this analysis showed that the quality of

work life/home life of nurses is included in the bad category. This is supported by details of the questionnaire, which is the lack of facilities for child care.

##### b. Work Design Dimension

Work design dimensions obtained a minimum value of 22 and a maximum value of 31. The mean value of the dimension of the design work at 26.89. The median value of 27 is then used as a benchmark in creating the design quality category of work in the hospital is good or bad. Category 1, a score between 22-27, which accounted for 36 (55.4%) which means that the poor quality of the work design. Category 2, a score between 28-31, which totaled 29 (44.6%) which means that the quality of work design is good.

So in this analysis showed that the quality of work design at PKU

Muhammadiyah Yogyakarta Unit II Hospital are included in the bad category. This is supported by a detailed of questionnaire, which is the number of non-nursing duties and lack of satisfaction.

c. Work Context Dimension

In the work context dimension obtained a minimum value of 46 and a maximum value of 72. The mean value is 61.14. The median value of 63 is then used as a benchmark in making the category of quality of work context is good or bad. Category 1, a score between 46-63 which totaled 46 (70.8%) which means that the poor quality of work context. Category 2, a score between 64-72 which totaled 19 (29.2%) which means that good of quality work context.

So in this analysis showed that the quality work context of nurse is included in the bad category. This is supported by

details of the questionnaire, which is the lack of opportunities to continue their education to a higher level.

d. Work World Dimension

At work world dimension obtained a minimum value of 8 and a maximum value of 19. The mean value of dimensional world of work amounted to 13.80. The median value of 14 is then used as a benchmark in the work world making of quality category at the Hospital is good or bad. Category 1, a score between 8-14 which totaled 44 (67.7%) which means that the poor quality of the work world. Category 2, a score between 15-19 which totaled 21 (32.3%) which means that good of the quality of the work world.

So this analysis showed that the quality of the work world of nurses included in the bad category. This is supported by details of the

questionnaire, which the lack of salary received.

## 2. Qualitative Analysis

### a. Work Life/Home Life Dimension

The majority of respondents stated that the vacation policy is appropriate so that there is a balance between working time with the family time. But, there is one respondent who stated that the time spent on work and family is not balanced. Hospital facilities for sick family is satisfying. The nurse's family facilities covered by the Hospital.

### b. Work Design Dimension

Two out of four respondents said that the amount of nurse is still lacking. In the inpatient installation, especially at Naim which is a surgical ward complained of high workload and job dissatisfaction. Other wards also complained many non-

nursing tasks were done as input patient data, guarantee care of patients, and verification which should be a task of the administration. However, the majority of respondents expressed satisfaction and pride to work as a nurse.

### c. Work Context Dimension

In this dimension, the respondents stated that all nurses have an equal opportunity to develop his career by conducting routine training. However, the opportunity to continue higher education is still lacking. Nurse relationship with senior management and co-workers is well. On the security aspect, the respondents said that the hospital already has a good security system in the presence of a locker to put stuff employees.

#### d. Work World Dimension

According to the respondents, the community is still not understood on Hospital employees. But, in general, people understand the role of nurses in the hospital. For the distribution of salaries, most respondents expressed dissatisfaction on salary and bonus earned. That's because this hospital gives equal bonus to all employees regardless of the achievements made. And so, the respondents distribution of salaries and bonuses in this hospital is not fair.

### **DISCUSSION**

In the dimension of work life/home life, the results of the quantitative analysis is only 56.8% of respondents felt that the vacation policy is good. This is supported by the results of qualitative analysis, which the respondents stated that the imbalance in work time with family time, although most already stated that the working time with the family time already balanced. This is

consistent with previous research by <sup>10</sup>Saraji and Dargahi (2005) which states that 82% of employees expressed disappointment about the balance between the time they spend at work and the time they spend on family and friends.

In the work design dimensions, the results of the quantitative analysis is as much as 33.7% still complained of non-nursing duties. This is supported by the results of qualitative analysis, which the nurses on inpatient installation still doing tasks that should be doing by administration. This is consistent with research of <sup>10</sup>Saraji and Dargahi (2005) which states that 71% of employees do not like the workload in the workplace.

In the work context dimensions, the results of the quantitative analysis is as much as 58.4% of respondents stated that the lack of opportunities to continue their education to a higher level. This is supported by the results of qualitative analysis, where respondents felt that in order to continue their education to a higher level still difficult because there are

no clear rules regarding career nurses. This is consistent with previous research by <sup>3</sup>Almalki, et al. (2012) which states that the lack of opportunities for professional development.

On the work world dimension, the results of the quantitative analysis is as much as 19.9% of respondents said that salaries for nurses are still lacking. This is supported by the results of qualitative analysis, which the respondents stated that the distribution of salary is still not fair because if there is a bonus made evenly, so it is not enough to meet the needs. This is consistent with the last research by <sup>10</sup>Saraji and Dargahi (2005) which states that only 2.5% of respondents said that the salary they receive is sufficient and research by <sup>11</sup>Ramesh, et al. which states that only 14.5% stating that their salary is enough.

## **CONCLUSION**

Based on the research objectives that have been established and based on the results of analysis of this study it can be concluded that the quality of work life with quality of work life/home life, work design, work contexts, and work world dimension of nurses in inpatient installation of PKU Muhammadiyah Yogyakarta Unit II Hospital have a bad result. So that the necessary changes to several things, among others, the addition of nurses, increase training and provide an opportunity to continue a higher education level, to minimize the non-nursing tasks, and changes to the salary system. It is recommended in order to increase motivation and job satisfaction of nurses so as to get a good quality of work life.

## REFRENCES

1. Anggoro, A, 2006, *Hubungan Komponen Quality of Work Life dengan Produktivitas Perawat Ruang Inap Rumah Sakit Umum Fakultas Kedokteran Universitas Kristen Indonesia Tahun 2006*, Tesis Program Studi Kajian Administrasi Rumah Sakit Pascasarjana Universitas Indonesia.
2. Moradi, *et al.* 2014, Quality of Working Life of Nurses and its Related Factors, *Nurs Midwifery Stud*, vol. 3, no. 2, hh.1.
3. Almalki, *et al.* 2009, Quality of Work Life Among Primary Health Care Nurses in the Jazan Region, Saudi Arabia: A Cross-sectional Study, *Human Resources for Health*, vol. 10, no. 30, hh. 1-6.
4. Battu dan Chakravarthy 2014, Quality of Work Life of Nurses and Paramedical Staff in Hospital, *International Journal of Business and Administration Research Review*, Vol 2, Issue 4, hh. 201-202.
5. Srivastava dan Kanpur 2014, A Study on Quality of Work Life: Key Elements & It's Implications, *IOSR Journal of Business and Management Volume 16 Issue 3 Ver. 1*, hh.56-57.
6. Cascio, Wayne F, 2010, *Managing Human Resources, Productivity, Quality of Work Life, Profits, Eight Edition, McGraw-Hill International Edition*.
7. Aketch, *et al.* 2012, Effects of Quality of Work Life on Job Performance: Theoretical Perspectives and Literature Review, *Current Research Journal of Social Sciences, Maxwell Scientific Organization*, vol. 4, no. 5, hh. 384-386.
8. Sugiyono, 2013, *Metode Penelitian Manajemen*, CV Alfabeta, Bandung.
9. Brooks dan Anderson, 2005, *Defining Quality of Nursing Work Life, Nursing Economics Vol. 23*, No. 6, hh. 322.
10. Saraji dan Dargahi 2005, Study of Quality of Work Life (QWL), *Iranian J Publ Health*, Vol. 35, No. 4, hh. 8-9.
11. Ramesh, *et al.* 2013, A Study on Quality of Work Life Among Nurses in a Medical College Hospital in Bangalore, *National Journal of Community Medicine Volume 4 Issues 3*, hh. 471-472.



