Quality of work life as perceived by staff nurses and its relation to their turnover intention at critical care units

Essam A Abd Elhakam*, Magda A Abd El Fattah**, Safaa M Abd El Rahman*
* Nursing administration department, faculty of nursing/ Minia University, Egypt)
**Nursing Administration department, faculty of nursing / Cairo University, Egypt)

ABSTRACT

A high quality of work life (QWL) is essential and critical for hospitals to attract new nurses and retain qualified and motivated workforce. Consequently, hospitals are seeking ways to address the issues of recruitment and retention by achieving a high QWL. The **aim** of this study was to assess quality of work life as perceived by staff nurses and its relation to their turnover intention at critical care units. A descriptive correlational **design** was utilized. The study was conducted at 5 critical care units in Minia university Hospital. A **convenience** sample of (80) staff nurses working in critical care units was used. Two **tools** were utilized; first tool was a modified Quality of Nursing Work Life (QWL) Questionnaire and the second tool was turnover intention questionnaire. The **findings** of study indicated that (71.3%) of participants reported that they had average level of quality of working life and as for turnover intention among participants, (75%) of them had the intention to leave the hospital. Finally, a significant negative correlation was found between Quality of work life as perceived by staff nurses and their turnover intention at critical care unit. The study **concluded** that it is important to promote and maintain quality of work life of nurses for increasing productivity, reducing turnover and improving quality of care. The study **recommended** that Hospital administrators might be able to improve the level of QWL by increasing nurses' satisfaction with job security professional recognition, work conditions, work schedule, workload and nursing staffing.

Key words: Quality of Nursing Work Life, Turnover Intention, staff nurses, critical care units

INTRODUCTION

Quality of working life refers to an employee's satisfaction with working life. It shows the relationship between employees and their physical, social and economic work environment. It is a multi-dimensional concept and covers an employee's feelings about various dimensions of work. These include the job content, working conditions, fair and adequate compensation, career development opportunities, task discretion, participation in decision-making, occupational health and safety, work stress ,job security, organizational and interpersonal relations and work life balance **(Mosadeghrad, 2013).**

Assessing QWL allows organizations to understand how work environments and home life challenges affect the nurses' work experience, work satisfaction and organizational commitments (**Brooks, 2007**). Many different work-related, family, organizational and personal factors were argued to be related to the level of QWL. These include work environment, professional development opportunities,

general job satisfaction, payment, workload, autonomy and also control over practice, level of education, age and gender (**Brooks& Anderson, 2004; Brooks et al,2007; Khani, Jaafarpour, &Dyrekv and Mogadam, 2008**).

QWL has two goals that include improving the quality of employees' work experiences and simultaneously improving the overall productivity of the organization (**Brooks & Anderson, 2005**) .Focusing on improving QWL to increase the happiness and satisfaction of employees can result in many advantages for the employee, organization and consumers. These include strengthening organizational commitment, improving quality of care, and increasing the individual's and organizational productivity. (**Almalki, 2012**). High QWL organizations achieve better productivity and become highly competitive. Positive results of QWL include reduced burnout and absenteeism, lower turnover and employee job satisfaction (**Amini and Mortazavi, 2013; Boonrod, 2009; lee et al 2013; Schmidt et al, 2013**).

Nurse turnover has been a major challenge for many health care organizations especially, the nature of critical care work environment appears to be contributing to the nursing shortage being faced, with nurses working within these acute care environments often feeling over whelmed because they are constantly faced with the daily challenge of providing care in a setting characterized by increased patient acuity, heavy workloads, inadequate staffing and fewer resources, the loss of nurses leads to inadequate staffing, which in turn, may decrease morale and create more stress on the stayers due to increased workloads ,this can lead to changes in the behavior of nurses towards their jobs resulting in low work (**Rothrock, 2007, Heale et al., 2009; Race &Skees, 2010).**

Nurse turnover was seen by some authors as employees leaving one particular health organization to go to another, while another group defined nurse turnover as leaving the nursing profession (**Hayes et al, 2006**). Moreover, in a number of studies, nurse turnover was introduced as the nurse' transfer from one particular ward to another inside the same organization (**Hayes et al, 2006; Almalki, 2012**).

Based on these definitions, nurse turnover can be described by (location or willingness) of nurse to leave. In terms of willingness to turnover, there are two types: voluntary and involuntary (Nicholas, 2006). Voluntary turnover occurs when nurses decide to depart from their current job, while involuntary turnover takes place when nurses are forced to leave the unit, organization and the nursing profession for any reason (Hayes et al, 2006).

Significance of the study

The ongoing nursing shortage and high turnover of nurses is a critical challenge to health care industry. It appears that nursing recruitment and retention are serious issues, and turnover rates, which give a clear indication of retention difficulties, are significant all over the world. The compounding the problem is the strong competition among almost health care organization to retain and recruit qualified nurses from around the world. The critical care environment is not sheltered from the nursing shortage or the challenges of recruitment and retention. Indeed, some argue that the intense and stressful nature of critical care nursing may lead to frustration and burnout at very high rates (**Miller, 2007; Race &Skees, 2010**).

The retention of qualified nurses is vital if health organizations are to survive. One promising method to understand nurse retention is to assess QWL and related factors, such assessment improves the understanding of health organizations regarding the impacts of work environment and other related factors on the nurses' work life as well as organizational productivity

(**Brooks & Anderson, 2005; Brooks et al, 2007**).

In this context, it was observed by the investigator that many of nurses are dissatisfied with working conditions, career development opportunities, participation in decision-making, work place safety, organizational and interpersonal relations and working hours. As a result, many nurses are trying to change the present position through enrollment in open education programs such as Faculty of Commerce or laws to work in an administrative job at their hospital. As this study may provide some valuable insights on quality of work life factors that is significant towards turnover intention among critical care nurses. Thus, enabling hospital 'management to institute better policies and procedures to enhance and instill sense of professionalism within the hospitals to improve existing commitment towards the hospital.

Aim of the study

To assess quality of work life as perceived by staff nurses and its relation to their turnover intention at critical care units.

Research question:

To fulfill the aim of the study, the following research question was formulated: What is the relationship between quality of work life as perceived by staff nurses and their turnover intention at critical care units?

Subjects and methods

Research Design: A descriptive correlational design was utilized in this study.

Setting: The study was conducted at 5 critical care units (Intensive Care Unit, Coronary Care Unit, Medical Intensive Care Unit, Neonatal Intensive Care Unit and Dialysis unit) affiliated to Minia university Hospital.

Subjects: The target population included all available nurses who were employed in Minia university Hospital. The study' sample size was consisted of convenience sample of (80) staff nurses working in critical care units. They were distributed as follow; 30 nurse from dialysis unit,14 nurse from CCU ,12 nurse from MCU ,12 nurse from neonatal ICU and 12 nurse from ICU .

Inclusion criteria: The inclusion criteria included having at least one year experience in the current workplace, working in the study setting during the time of data collection and agreed to participate in the emerging study.

Tools of data collection:

Data was collected using two instruments as follows:-

Tool 1. Quality of Nursing Work Life (QWL) Questionnaire: This tool was developed by **Brooks (2001)** .It was modified and translated into Arabic by the investigator according to aim and nature of the current study. It consisted of three parts as follows: 1st part: - includes the demographic data of the participants (4 items) includes participant gender, the level of nursing education, years of experience in nursing and years of experience in critical care unit. 2nd part: includes the work related background sheet: (4 items); it includes the type of unit they are working in, Work schedules (full or part-time, shift worked, number of working hours per each shift. 3rd part: consists of four dimensions with (42) items as follows: work life/home life contains (7 items), Work design contains (10 items), work context contains (20 items) and Work world contains (5 items).

The questions were scored based on 5-point Likert scale, a ranged from (1) strongly disagrees, (2) disagree, (3) uncertain, (4) agree while (5) strongly agree. The total score of the Quality of Nursing Work Life (QWL) scale (210 scores) was divided into three levels as follows:-

- From (42-93) indicating low Quality of Nursing Work Life (QWL) levels,

- From (94-151) indicating average Quality of Nursing Work Life (QWL) level

And from (152-210) indicating high Quality of Nursing Work Life (QWL) level.

Tool 2. Turnover intention Questionnaire: The purpose of the Turnover intention Questionnaire is to index the nurses' perception or opinion of the possibility of voluntarily terminating his or her present job. This tool was developed by Hinshaw& Atwood (1984). It consists of (12) items. The questionnaire assessed using five-degree Likert scale from (1) strongly disagrees, (2) disagree, (3) uncertain,(4) agree and (5) strongly agree. In addition, the total scale score was obtained by calculating sum of all of the items in the scale divided by the number of items in each scale. Higher score reflect greater intent to leave the present setting.

As for the Intention to leave and Intention to stay scoring system: it was as follows:-

- Total turnover intention score: 60

- Intention to stay: Equal to or less than 60 %(36)

- Intention to leave: more than 60 %.(37)

Validity: Content validity was established by three experts in nursing administration field; one assistant professor of nursing administration at faculty of nursing, Minia University and two assistant professors of nursing administration at faculty of nursing, Assiut University. They were asked to examine Quality of Nursing Work Life (QWL) Questionnaire and Turnover intention Questionnaire for their content coverage, clarity, wording, length, format, and overall appearance. Based on experts` comment and recommendations some changes had been made at the data collection tools.

Reliability: Internal consistency the study questionnaires was assessed with the Cronbach's alpha coefficient. Cronbach's alpha coefficient of 0.00 indicates no reliability and a coefficient of 1.00 indicates perfect reliability. However, a reliability coefficient of 0.70 is acceptable (**Burns and Grove 2007**). Cronbach's alpha result for Modified Quality of Nursing Work Life (QWL) Questionnaire was 0.804 & turnover intention questionnaire was 0.801.

Pilot study: A pilot study was carried out on approximately (10%) of the study sample (n=8) to ensure the clarity and feasibility of the study tools and to estimate the time needed for filling the two scales that ranged between 20 to 30 minutes, as well as identifying problems that may be encountered during actual data collection. Based on the pilot study analysis minor modifications were made .

2.9 data collection procedure: Upon receiving the formal approval from The vice Dean of Post Graduate Studies and Research at The Faculty of Nursing –Cairo University and the approval of ethical committee, in addition to acceptance litters from hospital director was obtained to conduct this current study. Also, purpose of the study and methods of data collection were explained to the head nurses of the at five critical care units to obtain their permission to conduct the study. The investigator had met the staff nurses at their working unites either was individually or in groups, to explain the

nature and purpose of the study and to obtain a written consent from them.

The investigator had met the staff nurses based on the predetermined inclusion criteria of the study at their working unites which include Intensive Care Unit, Coronary Care Unit, Medical Intensive Care Unit, Neonatal Intensive Care Unit and Dialysis unit, on daily base either was individually during morning, evening and night shift to distribute the Quality of Nursing Work Life (QWL) and Turnover intention Questionnaires on them, explain how to fill the each questionnaire, meeting with each staff and filling the self-reporting questionnaires took from 15- 20 minutes. Data were collected from (**December, 2014 to March, 2015**).

Ethical consideration:

Acceptance to conduct the study was obtained from the ethical committee at the faculty of Nursing, Cairo University. Official approval for data collection was obtained from hospital manager at Minia University. Participation in the study was voluntary and based on nurses agreement to give informed consent; where informed consent would be signed by the participants after reading all of its details, the ethical issue considerations include explaining the purpose and nature of the study, stating the possibility to withdraw at any time without adverse impact on their work, confidentiality of the collected data where it will not be accessed by any other part without taking permission of the participants, and that participation is with no risk. In terms of using copyright protected tools, permission was arranged with the original authors**.**

RESULTS

Table (1) Percentage Distribution of the studied subjects ' demographic data (N= 80).

Items	Socio-demographic Data	Study sample N= 80	
		no.	%
Gender	Male	23	28.8
	Female	57	71.2
Education Level	Bachelor of nursing	23	28.8
	Institute of nursing	24	30.0
	Nursing Diploma	33	41.2
Years of experience in nursing	<10	60	75.0
	10 – 20	13	16.2
	> 21	7	8.8
	Mean ± SD7.188 ± 7.335		
Years of experience in Critical Care Unit	<5	46	57.5
	5 – 10	18	22.5
	> 11	16	20.0
	Mean ± SD6.375 ± 6.524		
Place	Critical Care Unit	14	17.5
	Intensive Care Unit	12	15.0
	Medical Care Unit	12	15.0
	Neonatal Intensive Care Unit	12	15.0
	Dialysis unit	30	37.5
Pattern of work	Full time	30	37.5
	Part time	50	62.5
How many working days during the week	3 days	28	35.0
	6 days	52	65.0
How many hours of work during the day	6 hours	52	65.0
	12 hours	28	35.0
Do you work in another place	Yes	0	0.0
	No	80	100.0

Table (1): reveals that, 71.2% of the study sample were female, 41.2% were having diploma degree in nursing, 75% of the study sample were had less than 10 years' experience in nursing, while 57.5% of them were had less than 5 years' experience in CCU, 37.5% were work at dialysis unit, regarding to pattern of work, 62.5% were work part time, 65% were work 6 days / weeks& 6 hrs / day also, regarding work in another place, 100% of the study sample had no another work place.
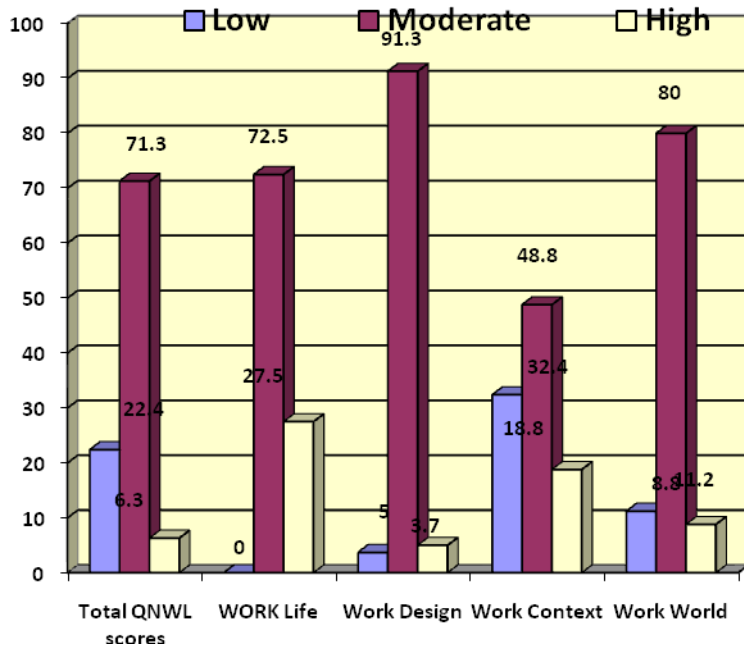
Fig (1): Frequency Distribution of Total and Subtotal Quality of Work Life Scores

Fig (1): Revealed That 91.3% of the studied sample perceived work design as average, 80% of the studied sample perceived work world as average. 72.5% Of The Studied Sample Perceived Work Life as average and 71.3 % Of the Studied Sample Perceived Total QNWL Scores as average.

Table (2): The relationship between Demographic data & total Quality of Work Life (n = 80)

Items	Demographic data	QNWL					
		Low (18)		Average (57)		High (5)	
		No	%	No	%	No	%
Gender	Male	3	13.0	18	78.3	2	8.7
	Female	15	26.3	39	68.4	3	5.3
Education Level	Bachelor degree in nursing	7	30.4	16	69.6	0	0.0
	Associate degree in nursing	3	12.5	20	83.3	1	4.2
	Diploma degree in Nursing	8	24.2	21	63.6	4	12.1
Years Of Experience In Nursing	<10	14	23.3	44	73.3	2	3.3
	10 – 20	4	30.8	9	69.2	0	0.0
	> 21	0	0.0	4	57.1	3	42.9
Years Of Experience In Current Place	<5	9	19.6	34	73.9	3	6.5
	5 – 10	5	27.8	12	66.7	1	5.6
Work Setting	CCU	0	0.0	14	100.0	0	0.0
	ICU	1	8.3	10	83.3	1	8.3
	MCU	8	66.7	4	33.3	0	0.0
	NICU	3	25.0	9	75.0	0	0.0
	Dialysis unit	6	20.0	20	66.7	4	13.3
Pattern Of Work	Full time	7	23.3	22	73.3	1	3.3
	Part time	11	22.0	35	70.0	4	8.0
Working Days / Week	3	7	25.0	20	71.4	1	3.6
	6	11	21.2	37	71.2	4	7.7
Working Hours / The Day	6	11	21.2	37	71.2	4	7.7
	12	7	25.0	20	71.4	1	3.6

As shown in Table (2) the finding revealed that, the majority of male nurses (n = 18, 78.3%) reported that they had average level of quality of working life (QWL), (n = 20 , 83.3) of participants who hold associate degree in nursing reported that they had average level of quality of working life (QNWL), (n = 44, 73.3%) of participants who had less than 10 years' experience in nursing reported that they had average level of quality of working life (QWL) while (n = 34, 73.9%) who had less than 5 years' experience in current place, all staff nurses those (n = 14, 100%) were work at CCU, (n = 22 , 73.3%) of who were work full time, (n = 20 , 71.4%) of work 3 days / weeks & 12 hrs / day were also reported that they had average level of quality of working life (QNWL).

Table (3) the relationship between socio- demographic data & Total Anticipated Turnover (n = 80)

Items	Demographic data	Intending to stay (n= 20)		Intending to leaving (n= 60)	
		No.	%	No.	%
Gender	Male	8	34.8	15	65.2
	Female	12	21.1	45	78.9
Education Level	Bachelor of nursing	1	4.3	22	95.7
	Institute of nursing	6	25.0	18	75.0
	Nursing Diploma	13	39.4	20	60.6
Years of experience in nursing	<10	12	20	48	80.0
	10 – 20	4	30.8	9	69.2
	> 21	4	57.1	3	42.9
Years of experience in CCU	<5	9	19.6	37	80.4
	5 – 10	5	27.8	13	72.2
	> 11	6	37.5	10	62.5
Place	Critical Care Unit	2	14.3	12	85.7
	Intensive Care Unit	2	16.7	10	83.3
	Medical Care Unit	3	25.0	9	75.0
	Neonatal Intensive Care Unit	3	25.0	9	75.0
	Dialysis unit	10	33.3	20	66.7
How many working days during the week	3	5	17.9	23	82.1
	6	15	28.8	37	71.2
How many hours of work during the day	6	15	28.8	37	71.2
	12	5	17.9	23	82.1

Table (3) show that, the majority of study sample had the intention to leave, (n = 45, 78.9%) of them were female, (n = 22, 95.7%) were had bachelor degree in nursing (n = 48, 80%) had less than 10 years' experience in nursing, while (n = 37, 80.4%) of them were had less than 5 years' experience in current place, (n = 12 , 85.7%) of them were worked at CCU, (n = 23, 82.1%) of them were work part time, (n = 23, 82.1%) of them were work 3 days / weeks& 12 hrs / day.

Table (4): Correlation between Subject's Quality Of Work Life Perception And Their Turnover Intention (n= 80)

Dimensions	Total Turnover Intention	
	r	P
Total Quality of Nursing Work Life scores	-0.381**	0.000
Work life dimension	-0.212	0.059
Work design dimension	-0.478**	0.000
Work context dimension	-0.258*	0.021
Work world dimension	-0.393**	0.000

It can be seen from the data in **table (4)** that there was significant correlation between subject's perception of total (r= -0.381**, p= 0.000) and all the dimensions of quality of nursing work life and their turnover intention at (p < 0.01) level   except work life dimension(r= -0.212, p= 0.059)

Table (5): Difference between Subject's Intention to stay and Intention to turnover by their Quality of Work Life Perception (n= 80)

Item	Turnover Intention		t	P
	Intending to stay	Intending to leaving		
	Mean ± SD	Mean ± SD		
Total Quality of Nursing Work Life scores	124.050 ± 22.388	110.217± 22.590	-0.260*	0.020*

*Statistically significant

It can be seen from the data in table (5) that there was a significant negative difference between the subject's intention to stay and intention to turn over by their quality of work life perception (t= -0.260*, p=0. 020) were the subjects who had the intention to stay their quality of work life perception had gutted the highest mean score 124.050 + 22.388

Discussion

QWL provides employees with the motivation and the opportunity to perform well. Improving employees' QWL is a prerequisite to increase their organizational productivity (**Bragard et al., 2012; Nayeri et al., 2011**).

Positive results of QWL include reduced burnout and absenteeism, lower turnover and improved employee job satisfaction (**Amini and Mortazavi, 2013; Boonrod,2009; Lee et al., 2013; Schmidt et al., 2013**).

Therefore, the present study was conducted to assess quality of work life as perceived by staff nurses and its relation to their turnover intention at critical care units. Research question of the study was:

What is the relationship between quality of work life as perceived by staff nurses and their turnover intention at critical care units?

Findings of the present study revealed the following:

Regarding the socio-demographic data of the nurses the current study showed that the majority of nurses were females, the majority of them had less than 10 years' experience in nursing and 41.2% were having diploma degree in nursing. Theses may because of the numbers of female students admitted to faculty, institute or school of nursing more than male students. So the graduates' female nurses were more than graduates' male nurses. These results were in accordance with the previous study of **(Mohamed, 2012)** that was done to identify the impact of Quality of Work Life on Life Satisfaction and Service Quality among nurses in the public hospitals.

As for The Perception of quality of work life among nurses, the findings of study indicated that (71.3%) of nurses reported that they had average level of quality of working life. this result may due to the salaries were inadequate and nurses were dissatisfied, nursing workload was too heavy, and that there was not enough time for the job. Nurses had little energy left after work, were unable to balance their work and family lives and stated that rotating schedules negatively affected their lives. These results were in accordance with the previous study of (Rastegari, 2010) that was done to assess the quality of working life and its association with "job performance" of the nurses in educational hospitals that showed the most common kind of quality of working life in the nurses was moderate one and with the previous study **of (Moradi ,Maghaminejad&Fini,2014)**that was done to investigate the quality of nurses' working lifeand its Related Factors in Kashans' hospitals that showed that60% of nurses reported that they had moderate level of quality of working life and also with the pervious study of **(Nayeri,Dehghan, Salehi, Tahmineh&Asadi ,2011)**that carried out to investigate the relationship between the QWL

and productivity among 360 clinical nurses working in the hospitals .Findings showed that the QWL is at a moderate level among 61.4% of the participants. Also with the previous studies of **(Aalaa, Sanjari, Tootee, Mirzabeigi, &Salemi, 2012)** that found nurses have moderate quality of work life.

As for Work life/home life dimension, it refers to the interface between the life experiences of nurses in the place of work and in the home" **(Brooks & Anderson, 2005).** The findings of study indicated that 48.8 % of nurses were dissatisfied with work life/home life factors. The majority of the nurses reported that they were not able to balance work with their family needs. This result may be because nurses had not energy left after work and vacations were not adequate. these results were in accordance with the previous study of **(Asghari et al,2006)** 96% of the respondents believed nursing had caused family problems and also with the previous study of **(Rastegari, 2010)** that showed the majority of the nurses believed that the balance between work and the total life environment was low. The present study showed that 85% of nurses hadn't energy left after work due to lack of nurses in the units. These results were in accordance with **(Khani, et al, 2008)** that showed that majority of nurses had little energy left after work (80%)

Other factors affecting on the satisfaction of nurses with their work life were absence of on-site childcare services and inadequate policy for vacations. These studies in accordance with previous studies **(Brooks,etal 2007;Khani , et al,2008).**

As for, Work design dimension, 91.3% of the studied sample perceived work design as average. The study findings indicated that nurses found that their workload was too heavy, there were not enough nurses on their units and they were not able to provide good quality of patient care. These results were due to shortage of nurses, lack of recourses,

inadequate assistant from nursing assistants and interruptions from relatives of patients in the hospital. This result was consistent with the finding of the study of **(Hegney, etal, 2006)** which revealed that nurses found that their workload was heavy and there were not enough nurses on their units and with the study of **(Flynn ,2007)** also found that workload caused dissatisfaction among nurses.

In regarding to management& supervision, the current study showed that 18% of nurses felt respect by upper management and few of them were not able to participate in decisions made by their nurse manager/supervisor. These results may be because the differences in the educational level between doctors and nurses due to most of nurses have diploma degree in nurses. These results were in accordance with the previous study of**(Khani,etal ,2008)** that showed that majority of nurses did not feel respected by upper management and few of them were not able to participate in decisions, and with the study of **(Day ,2005)** concluded that majority of nurses believed that the administration did not listen or respond to them.

The study showed that Majority (79%) of the nurses did not feel recognized for their accomplishments by their nurse manager/supervisor. This result may be because the head nurses may provide smaller amount of feedback on performance so the study suggested that nurse manger should provide recognition to the staff nurses by verbal feedback, written acknowledgment of the staff nurses' c ontributions and bonus programs to decrease absenteeism, turnover, and stress and increase quality of patient care. This result was different from a study by **(Amin, 2013)** that carried out to assess the quality work life of nurses at Tamale Teaching Hospital that showed that majority (68.70%) of the nurses felt recognized by their superiors for their contributions to the operations of the hospital.

In regarding too Co –workers, the research study showed that 78% of nurses agreed to the friendships with their co-workers were important to them and also showed that few nurses were able to communicate with the other therapists (physical, respiratory, etc.) and with the physicians in their work setting. Theses may because of lack of cooperation between nurses and doctors. Nurses are not involved in decision making.

In regarding to development opportunities, majority of nurses showed that their work setting did not provide them with career advancement opportunities and did not support them to attend in services and continuing education programs. These results were in accordance with the previous study of **(Amin, 2013)** that revealed that promotion among nurses were low.

In regard to work environment, majority (93%) of nurses agreed to provide nursing staff with a designated, private break area .They had not adequate patient care supplies and equipment. The security department did not provide a secure environment in the hospital.

In regard to work world, the majority of nurses felt that the society has not accurate image of nurses. Majority (81%) of them felt that their work impacts the lives of patients, families and community. Majority (94) of them showed that their salary was not adequate. This result was in accordance with the previous study of**(Amin, 2013**) that revealed that the majority (57.39%) of the nurses at Tamale Teaching Hospital were not satisfied with their salaries.

As for turnover intention between nurses, The study showed that few nurses (25%) had no intention to leave the profession and majority (75%) of nurses had intention to leave the profession. It was in the line of previous study of **(Asegid, 2014)** that was done to identify Factors Influencing Job Satisfaction and Anticipated Turnover among

Nurses in Sidama Zone Public Health Facilities, South Ethiopia that showed that Majority of respondents (84.3%) had intention to leave the organization.

The study showed that there was significant negative correlations between total turnover intention and Total Quality of Nursing Work Life scores (r= -0.381**, p= 0.000).this study was in accordance with the previous study of **Almalki et al., (2012**) that showed that there was significant negative correlations between turnover intention and Quality of Nursing Work Life and with the pervious study of **Mosadeghrad, (2013)** that carried out to investigate the relation between quality of Working Life and turnover intention: implications for nursing management that revealed a reverse relationship between quality of Working Life and turnover intention.

Conclusion

The study concluded that: The majority of nurses in Minia university Hospital perceived total quality of nursing work life as average. There was statistically significant negative correlations between total turnover intention and Total Quality of Nursing Work Life scores (r= -0.381**, p= 0.000).The majority of study sample have intending to leave. Results of the study showed that salaries were inadequate and nurses were dissatisfied, nursing workload was too heavy, and that there was not enough time for the job. Nurses had little energy left after work, were unable to balance their work and family lives and stated that rotating schedules negatively affected their lives.

Recommendations

Based on important findings of the study, the following recommendations were suggested:

It is paramount to amend both the public image and self-image of participants to enhance the nurse's job performance and to reduce their turnover intentions

Organization and Nursing managers should utilize programs that can amend quality of working life of the participants.

Improving the participants working environment and relieving the nurse's heavy workload.

It is paramount to reward and apperceive the nurse's contribution to patient care

Encourage Shared governance and self-scheduling to improve nursing work life.

References

Mosadeghrad (2013). "Quality of Working Life and Turnover Intentions: Implications for Nursing Management." International Journal of Research in Nursing 4(2): 47-54.

Brooks, B. A., Storfjell, J., Omoike, O., Stemler, I., Ohlson, S., Shaver, J., & Brown, A. (2007).Assessing the quality of nursing worklife.Nursing Administration Quarterly, 31, 152-157.

Khani, A.,Jaafarpour,M.,&Dyrekv and Mogadam,A.(2008).Quality of nursing work life .journal of clinical and diagnostic research ,2(6),1169-1174.

Brooks, B. A., & Anderson, M. A. (2004).Quality of nursing worklife in acute care. Journal of Nursing Care Quality , 19, 269-275.

Brooks, B. A., & Anderson, M. A. (2005).Defining quality of nursing worklife.Nursing Economics, 23, 319-326.

Mohammed J Almalki, G. F. a. M. C. (2012). Quality of work life among primary

health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study. Human Resources for Health, 10:30.

Amini,A. and S.Mortazavi,(2013). The impact of the broadcasting mistake management culture in a healthy organization on the quality of the personnel work life.J .clin. Diagn ,Res., 7: 507-512.

Boonrod, W., 2009. Quality of working life: Perceptions of professional nurses at Phramongkutklao Hospital. J. Med. Assoc. Thai., 92: S7-15. PMID: 21302412.

Lee, Y.W., Y.T.Dai, C.G.Park and L.L.McCreary(2013). Predicting quality of work life on nurses'intention to leave.J.Nurs.Scholarsh.. 45:160-168.

Schmidt,D.R.,M .Paladini,C.Biato,J.D.PaisandA.R. Oliveira.(2013).Quality of working life and burnout among nursing staff in intensive care units.Rev.Bras.Enferm., 66:13-17.

Rothrock,J.C.(2007). Attracting and Keeeping new graduates.ARON,85(6),1063-1064.

Heale, R., Mossey, S., Lafoley, B., & Gorham, R .(2009). Identification of facilitators and barriers to the role of a mentor in the clinical setting.Journal of Interprofessional Care, 23(9), 369-279.

Race, T.K., &Skees, J.S. (2010).Changing tides.Improving outcomes through mentorship on all levels of nursing.Critical Care Nursing Quarterly, 33(2)163-174.

Hayes,L.j.,O'Brien,Pallas.,Duffield,c.,Buchan ,J.,Hughes,F.,etal.(2006).nurse turnover: A literature review.International Journal of Nursing Studies,43(2),237-263.

Nicholas,G.C.(2006).Voluntary and involuntary nursing home staff turnover. Research on aging, 28(4), 454-472.

Miller,P.E. (2007).the relationship between job satisfaction and intent to leave: A study of hospics nurses in a for –profit corporation. Ph.D.Thesis,Capella University , united states,Minnesota.

Mohamed, M. M. W. N. (2012). A Model of Quality of Work Life, Life Satisfaction and Service Quality. Asian Journal of Business Research, 2(2), 38-51.

Rastegari, M., A.Khani, P. Ghalriz and J.Eslamian, 2010.Evaluation of quality of working life and its association with job performance of the nurses. Iran. J. Nurs. Midwifery Res.,15: 224-228. PMID: 22049285

TayebehMoradi, FarzanehMaghaminejad& Ismail Azizi-Fini(2014). Quality of Working Life of Nurses and its Related Factors.Nurs Midwifery Stud, 3(2).

Nayeri, N.D., T.Salehi and A.A. Noghabi, 2011.Quality of work life and productivity among Iranian nurses.Contemp.Nurse., 39: 106-118. DOI: 10.5172/conu.2011.39.1.106.

Day,G.(2005).Nurse morale plummets in Queensland.Ph.D Thesis, university of England,Armidale.

Aalaa M, Sanjari M, Tootee A, Mirzabeigi G &Salemi S (2012). Assessment of quality of life of Iranian nurses. Nursing Reports , 2(10), 57-62.

Asghari A, Kazemi T, Nasir A. Trauma nursing and social attitude of nurses to work in hospitals in Birjand. Journal of Nursing Birjand. 2006;2(5):45–50.

Hegney D, Eley R, Cbiol M, Plank A, Buikstra E, Parker V. Workforce issues in nursing in Queensland : 2001

and 2004. Journal of clinical Nursing 2006 ; 15 (12) : 1521-30.

Flynn, L. (2007). The State of the Nursing Workforce in New Jersey:Findings From a Statewide Survey of Registered Nurses. Newark, NJ: New Jersey Cooaborating Center for Nursing.

Amin, A. M. (2013). assessment of Quality of Work Life of Nurses in Tamale Teaching Hospital. (M.PHIL ADULT EDUCATION thesis), University of Ghana ,Legon.

Asegid, A., Belachew, T., &Yimam, E. (2014).Factors Influencing Job Satisfaction and Anticipated Turnover among Nurses in Sidama Zone Public Health Facilities, South Ethiopia.Nursing Research and Practice, 2014, 26.doi: 10.1155/2014/909768.

Bragard, I., G. Dupuis, D. Razavi, C. Reynaert and A.M. Etienne, 2012. Quality of work life in doctors working with cancer patients. Occup.Med., 62: 34- 40. DOI: 10.1093/occmed/kqr149

Amini, A.and S. Mortazavi, 2013. The impact of the broadcasting mistake management culture in a healthy organization on the quality of the personnel work life. J. Clin. Diagn. Res., 7: 507-512. DOI: 10.7860/JCDR/2013/4390.2808.