A STUDY ON THE QUALITY OF NURSES OF GOVERNMENT HOSPITALS IN BANGLADESH

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Abstract: The quality of service of nurses is a recent addition to the industrial world. The government hospitals in Bangladesh are facing a lot of criticism because the quality of service of nurses and related employees is deteriorating. In this study, we try to measure the overall quality of service of the nurses in Bangladesh with respect to quality of working life (QWL) and job satisfaction. The analysis shows that the nurses of small size hospital have significantly better perception of QWL and higher job satisfaction compared to the nurses of big size hospital. The analysis also shows that the nurses of the morning shifts have significantly better perception of QWL than the nurses of the afternoon and night shifts and the nurses of the morning shifts have significantly higher job satisfaction than the nurses of the afternoon and night shifts.

*Keywords***:** Quality of life, job satisfaction, performance, correlation matrix

Introduction

Professional nursing is a significant component of quality health care and nurses are vital to the National Health Services System of a nation. They make a real difference to people's lives as far as health care is concerned. Yet the nursing profession is facing a crisis today all over the world. There are positions lying vacant due to nonavailability of qualified nurses. The steady stream of brain drain to the developed world makes the situation still worse in developing countries. Often the training institutions at the school and university levels are not provided with adequate men, material and money in the developing countries. From the days of mere caretakers, the nurses have emerged in the role of an envoy between a physician and a patient. Many a times they fulfill a large number of functions of a physician. But unfortunately, we in Bangladesh do not have many good quality nurses for quality health care. For the first time in history, nurses are in huge demand due to utter shortage of registered nurses in the United States. This has led to a boom in the recruitment of Indian nurses in North America. The Nursing services are vital for attaining health and development. They form the backbone of health care. Heath care in Bangladesh is in a sad state, with insufficient doctors and nurses being available to serve its people. However, even with this limited number of health care professionals, better care would be possible if the Government could control the greed for money and ensure accountability of the professionals. The existing conditions for members of the nursing profession are not acceptable for those who are dedicated to serving the sick. Acknowledgement of nursing profession's dignity is almost entirely absent [1]. Walton [2] has observed "the concept of quality of working life (QWL) is being used more and more to describe certain environmental and

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humanistic values neglected by industrialized societies in favor of technological advancement, industrial productivity and economic growth. Within the business organizations, attention has been focused on the quality of human experience in the work place. At the same time, many firms have questioned their ability in increasingly competitive world markets. These dual concerns have created a growing interest in the possibilities of redesigning the nature of work. Many current organizational experiments seek to improve both productivity for the organization and QWL for its members." With QWL being a relatively new concept, most of the work done in this area is rather theoretical, dealing mainly with its proper identity, its dimension and its measuring methods. The program that was launched at Tarry Town (New York) in 1977 by General Motors on QWL was indeed a challenge and today it is rightly regarded as a milestone in QWL movement [3,4]. In Bangladesh no substantial amount of work has been done on quality of working life of nurses. However, a good deal of empirical studies have been done in India. Joseph [5] tried to study the relationship between job attitudes and QWL. Sinha and Sayeed [4] have attempted to study quality of working life in relation to job satisfaction and performance. Ghosh and Karla [6] have attempted to see how different dimensions of QWL were influenced by variables such as age, income, qualification and experience. Lawler and Porter [7] have reported a theoretical model which indicates that performance leads to reward, which intern leads to satisfaction rather than satisfaction leading to performance.

Materials and Methods

The present study is based on data collected from three government hospitals in Bangladesh. The three hospitals were selected randomly. A sample of 63 nurses was drawn from the three selected hospitals. The nurses were sampled by systematic sampling procedure. Of a total of 39 nurses in the First hospital (Kushtia General Hospital), 21 were sampled out. The second hospital (Jhenaidah Sadar Hospital) had 22 nurses, out of which 21 were sampled out. Third hospital (Sirajgonj Sadar Hospital) had 38 nurses, out of which 21 were sampled out. The First hospital had 200 beds, while the remaining two hospitals had 100 beds each. The nurses of these hospitals served in three; morning (0800-1400 hrs),afternoon (1400-2000 hrs) and night (2000-0800 hrs). All the 63 nurses sampled out of the the hospitals were included in the study as shown in Table 1.

Quality of Working Life (QWL)

Different researchers define QWL in different ways. Taylor [8] and Spinks [9] regard QWL as "the degree of excellence in work and working conditions which contribute to the overall satisfaction of the individual enhancing

Table 1. Sample size according to shift and hospital.

Shift	Kushtia G.H. (sample size)	Jehanaidah Sadar (sample size)	Sirajgonj (sample size)	Total sample
Morning	7	7	7	21
Afternoon	7	7	7	21
Night	7	7	7	21
Total	21	21	21	63

individual as well as organizational effectiveness" According to Guest [3], "quality of working life is a generic phrase that covers a person's feelings about every dimension of work including economic rewards and benefits, security, working conditions, organizational and interpersonal relationship". QWL, defined operationally as a measuring instrument for the purpose of the present study, is the sum of scores obtained by Sinha and Sayeed [4] in their inventory for measuring QWL.

Job satisfaction

Locke [10] has defined Job satisfaction as "the pleasurable emotional state resulting from the perception of one's job as fulfilling one's important job values providing these values are compatible with one's need" Since this definition is not operational, job satisfaction is defined operationally in terms of a measuring instrument and for the purpose of the present study as the sum of scores obtained by the Brayfield-Rothe Scale [11].

Performance

In the preset study, Performance was taken as one's ability to accomplish the delegated duty accurately. It determines one's abilities, systematic values in terms of present work and comparative work analysis.

Statistical Analysis

In order to examine QWL, Job satisfaction and performance according to the size of the hospital and shifts, two-way analysis of variance (ANOVA) was applied. To measure the intercorrelation among some demographic variables (age, experience, educational qualification, income, job satisfaction, performance and quality of working.) Pearson's product moment correlation matrix was computed. The independent variables considered in the study were size of the hospital, shift and demographic variables, while the dependent variables were QWL, Job satisfaction and performance.

Results

The results and analysis of data comparing QWL of nurses during shifts in the small and the big size hospitals are shown in Table 2. Data regarding QWL, job satisfaction and performance are common for subjects among the broad category.

A comparison of big with small hospitals and comparison amongst the shifts for determining QWL and job satisfaction yielded results shown in Tables 2, 3 and 4. Maximum percentage of high QWL nurses belonged to the Sirajgonj hospital, one of the two small hospital hospitals (Table 2). The highest percentage of low QWL nurses belonged to the Kushtia General Hospital (big hospital). When the shifts were compared (Table 3) for QWL, most nurses working in the morning and afternoon shifts had

Table 2. Hospital wise low and high QWL of the nurses.

QWL	Kushtaia G.H. (200 beds)		Jehanaidah Sadar (100 beds)		Sirajgonj (100 beds)	
	Number	%	Number	%	Number	%
Low QWL	14	67	13	62	7	33
High QWL	7	33	8	38	14	67
Total	21	100	21	100	21	100

high QWL (67 and 62%, Table 3). Low QWL characterized the night shift workers (91%, Table 3).

Regarding hospital wise job satisfaction, high satisfaction characterized all hospitals, but the percentage of the nurses working in the small hospitals was by far the greatest (95% each, Table 4). The maximum percentage for low job satisfaction was recorded for the big hospital (14%, Table 4). Comparing the shifts for job satisfaction, the morning and afternoon shifts stood out for high job satisfaction (91 & 100%, Table 5), though the night shift was a close 86%.

The analysis of variance for QWL according to hospital size and shifts (Table 6) revealed that both the size and shift (main effect) had significant effect but the interaction was insignificant. Thus, the perception of QWL differed significantly according to size of hospitals and shifts.

Table 7, based on cell means for ANOVA, shows that the two small hospitals (collectively) had higher QWL scores than the big hospital.

Also, QWL scores were higher for the morning shift nurses than those working in the afternoon and night shifts.

The analysis of variance for job satisfaction revealed that the two-way interaction was insignificant while the effect of size and shifts was significant. Again, this indicates that the perception of job satisfaction differed according to these two parameters. The cell means for ANOVA (Table 9) reveal that the nurses of small hospitals had higher scores for job satisfaction than those in the big hospital as well as those working in afternoon and night shifts.

The data in Table 10 (correlation matrix) show that there was significant correlation between age and experience, age and income, experience and income, job satisfaction and QWL. Furthermore, the frequency distribution of QWL scores of nurses of all hospitals collectively gave slightly higher percentage of nurses that had low QWL (Table 11). In contrast, a very high percentage of nurses had job satisfaction (92%, Table 12).

Table 3. Shift-wise low and high QWL of the nurses.

QWL	Morning shift		Afternoon shift		Night shift	
	Number	Percentage	Number	Percentage	Number	Percentage
Low QWL	7	33	8	38	19	91
High QWL	14	67	13	62	2	9
Total	21	100	21	100	21	100

Table 4. Hospital-wise low and high job satisfaction of the nurses.

Job satisfaction	Kushtia G.H.		Jehanaidah Sadar		Sirajgonj	
	Number	Percentage	Number	Percentage	Number	Percentage
Low job satisfaction	3	41	1	5	1	5
High job satisfaction	18	86	20	95	20	95
Total	21	100	21	100	21	100

Table 5. Shift-wise low and high job satisfaction of the nurses.

Job satisfaction	Morning Shift		Afternoon Shift		Night Shift	
	Number	Percentage	Number	Percentage	Number	Percentage
Low	2	10	0	0	3	14
High	19	90	21	100	18	86
Total	21	100	21	100	21	100

Table 6. Two-way ANOVA for QWL according to size of hospital (small and big size) and time of shifts.

Effects	Source of Variation				
	Sum of square	Df	Mean Square	F	P
Size of hospital (main)	5013.460	2	2506.730	7.431	<0.01
Shift (main)	3654.889	2	1827.444	5.417	<0.01
Interaction effect	432.825	4	108.206	0.321	NS
Residual	18216.571	54	337.344		
Total	27317.746	62			

NS = not significant

When questioned about the cause of low QWL, the majority of nurses attributed it to compulsory night duty and lack of opportunity to change the job (Table 13), in order of priority of cause.

Discussion

The results of this study show that small size hospitals had better QWL than big size hospitals. Haque [12] found that the overall QWL and job satisfaction scores of small textile mill workers were significantly higher than the large textile mill workers. It was observed that overall QWL and job satisfaction scores of small size hospital nurses were significantly higher than the nurses of big size hospital. Khaleque [13] observed that small organization or working units function well. The observation of Khaleque [13] is in agreement with Schumacher's [14] contention expressed as early as 1973 in his famous and sensational publication "small is beautiful". Schumacher [14] expressed that the current pursuit of profit and progress (which promotes gain organizations and increased specialization) has, in fac,t resulted in gross economic inefficiency, environmental pollution and inhuman working conditions. The present study also suggests that the overall QWL and job satisfaction scores are significantly higher among the morning shift nurses than the nurses of the afternoon and night shifts. It is also evident that personal factors such as age, experience, education and income have no significant influence on the overall QWL as well as job satisfaction. However, there is disagreement among researchers regarding the influence of personal factors on overall QWL and job satisfaction of the respondents. Haque [15] found an influence of QWL on personal factors. On the other hand, Hossain [16] found a strong influence of job satisfaction on personal factors. According

Table 7. Cell means (including rows and columns) for the ANOVA presented in Table 6.

Hospital	Morning shift	Afternoon shift	Night shift	Total
Kushtia G. H. (200 beds)	256.00(7)	244.86(7)	231.71(7)	244.19(21)
Jehanaidah Sadar (100 beds)	254.57(7)	253.14(7)	244.57(7)	250.76(21)
Sirajgonj (100 beds)	273.86(7)	269.29(7)	253.43(7)	265.52(21)
Total	261.48(21)	255.76(21)	243.24(21)	253.49(63)

Table 8. Two-way ANOVA for Job satisfaction according to size of hospital (small and big size) and time of shifts.

Effects	Source of Variation				
	Sum of square	Df	Mean Square	F	P
Size of hospital (main)	621.810	2	310.905	8.507	<0.001
Shift (main)	366.000	2	183.000	5.043	<0.01
Interaction effect	161.333	4	40.333	1.111	NS
Residual	1959.714	54	36.658		
Total	3108.857	62			

NS = not significant

Table 9. Cell means (including rows and columns) for the ANOVA presented in Table 8.

Hospital	Morning shift	Afternoon shift	Night shift	Total
Kushtia G.H.	71.29 (7)	65.57 (7)	62.3 (7)	66.43 (21)
Jehanaidah Sadar	66.71(7) (7)	68.86(7) (7)	65.57(7) (7)	67.05(21) (21)
Sirajgonj	76.14(7) (7)	75.00(7) (7)	69.00(7) (7)	73.38(21) (21)
Total	71.38(21) (21)	69.81(21) (21)	65.67(21) (21)	68.95(63) (63)

Table 10. Correlation matrix of the variables (age, experience, education, income, job satisfaction and quality of working life of all the nurses).

Variables	Age	Experience	Education	Income	Job Satisfaction	QWL
Age	1					
Experience	0.6707	1				
Education	0.0251	-0.0520	1			
	(NS)	(NS)				
Income	0.3426	0.6784	0.0089	1		
			(NS)			
Job Satisfaction	-0.1658	-.2059	-0.0980	-0.0307	1	
	(NS)	(NS)	(NS)	(NS)		
QWL	-0.1156	-0.1613	-0.1084	0.0088	0.9317	1
	(NS)	(NS)	(NS)	(NS)		

NS= not significant

Table 11. Frequency distribution of QWL scores of the nurses of all the three hospitals taken together.

Class interval (QWL)N	Frequency	Percentage	Cumulative percentage	Overall percentage
315-324	1	1.6	1.6	
305-314	1	1.6	3.2	
295-304	2	3.2	6.4	
285-294	1	1.6	8.0	45.9% (high QWL)
275-284	4	6.3	14.3	N=29
265-274	7	11.0	25.3	
255-264	13	20.6	45.9	
245-254	11	17.5	63.4	54.1% (low QWL)
235-244	11	17.5	80.9	N=34
225-234	11	17.5	98.4	
215-224	1	1.6	100	
Total	63	100		

Table 12. Frequency distribution of job satisfaction scores of the nurses of all the three hospitals.

Class interval (job satisfaction)	Frequency	Percentage	Cumulative percentage	Overall percentage
84-88	1	1.6	1.6	
79-83	7	11.10	12.60	
74-78	9	14.2	26.9	92.1% (satisfied
69-73	14	22.2	49.2	group) N=58
64-68	12	19.0	68.2	
59-63	14	22.2	90.47	
54-58	1	1.6	92.1	
49-53	5	7.9	100	57.9% (not satisfied group)
Total	63	100		N=5

Table 13. Major causes of low QWL as perceived by the nurses.

Causes of low quality of working life	Percentage of nurses
Lack of overtime facilities	79
Lack of educational facility of their family	73
Insufficient accommodation facility	66
Lack of opportunity to change the job	82
Poor salary	55
Lack of proper training facility	47
Lack of promotional opportunity	49
Compulsory night duty	88
Lack of giving rewards of merit to individuals	63
Lack of recreational facility	54

to the present study, there is a significant positive correlation (r = 0.93) between QWL and job satisfaction of the respondents. Some studies in have provided a strong positive correlation between QWL and job satisfaction [4,15]. The major causes of low QWL, as perceived by the respondents in the present study, were poor salary, lack of overtime facility, lack of educational facility for their family, insufficient accommodation facility, lack of opportunity to change the job, and compulsory night duty. Hossain and Rahman[17] conducted a research on garment workers and found that salary, supervision, recognition for good work and promotional opportunity are more important factors than participation in decision making, working environment and good relationship with colleagues for their overall job satisfaction. They also observed that the important causes of low QWL are poor salary, job insecurity, lack of bonus facility, lack of promotional opportunity, insufficient recreational facility, poor working conditions and heavy workload. Thus it seems that the factors of importance that govern QWL and job satisfaction overlap with slight differences.

Finally, the present study suggests that the 54% of the nurses have low QWL in Bangladesh. Further, 92% nurses have high job satisfaction and the small size hospitals are favorable for the nurses' perception of better QWL. It is also observed from the analysis that the overall QWL and job satisfaction scores are significantly higher among the morning shift nurses than those working in the afternoon and night shifts.

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