

ORIGINAL RESEARCH ARTICLE

DOI: 10.26727/NJRCM.2018.7.4.296-299

Year: 2018 Vol: 7 Issue: 4. Oct.-Dec. Page: 296-299

A Study of Quality of Life on Nurses Working at Medical College of a City in Central India.

Sanjay Kumar Chourasiya¹, Saket Kale^{2*}, Anil Singh Baghel³, Arpit Verma⁴

Affiliation: ¹ Associate Professor, Department of Community Medicine, Ruxmaniben Deepchand. Gardi Medical College, Ujjain, ^{2,3,4} Assistant Professor, Department of Community Medicine, Ruxmaniben Deepchand. Gardi Medical College, Ujjain

Date of Submission : 03-09-2018

Date of online Publication : 16-10-2018

Date of Acceptance : 30-09-2018

Date of Print Publication : 31-12-2018

***Author for correspondence:** Dr. Saket kale, Assistant Professor, Department of Community Medicine, Ruxmaniben Deepchand. Gardi Medical College, Ujjain. 456001. Email: kale.saket.kale@gmail.com

ABSTRACT

Introduction: Quality of life (QOL) has become an important issue in modern world. The present study is a cross sectional study conducted at hospitals associated with Ruxmaniben Deepchand Gardi Medical college of Ujjain city of Madhya Pradesh State of Central India. **Objectives:** To determine the Quality of Life of nurses as measured by World Health Organization (WHO) Quality of Life Questionnaire (BREF) and to find the association between Quality of life and Demographic variables such as age, gender, level professional qualification and marital status. **Material and methods:** It is a cross sectional study with a total sample size of 322 nurses from all the included hospitals. WHO BREF tool was used for assessment of Qol, satisfaction with health and demographic variables: age, gender, marital status and education level. A total 26 questions pertaining to quality of life: rating overall quality of life, overall satisfaction with health, and rest questions were grouped into four domains which affect overall QOL: Physical, Psychological, environmental and social relationship domains. **Result:** Most of the participants (50.9%) rated their quality of life as good and most of them (53.7%) were satisfied with their current health status. The physical health domain scores are significantly related with the sex of respondents, male performing better than female. The overall QOL and social relationship domain shows statistically significant relationship with marital status. **Conclusion:** The current study supports the conviction of complexity in factors affecting Qol and satisfaction with health. The multidimensional aspect of Qol assessed in this study using WHO BREF revealed that age and gender are not significant factors in contrast to the education level and marital status of participants. However these findings are not same for the domains assessed; further implying intricacy and need of further studies.

Key-words: Quality of life, Nurse, Health Satisfaction, WHO BREF

INTRODUCTION

Quality of life (QOL) has become an important issue in modern world and studies have been published on this topic focusing a diverse group of participants enrolled on basis of their profession, residential status, and health status.¹⁻⁴ Studies have been conducting in many countries focusing the nurses' QOL, who are large group of health care provider, working in diverse setting from intensive care unit to the level of grass root in close proximity of the dwelling of populace in community.⁵⁻⁷ At the same time, the studies conducted on this important health provider's faction when considering the Indian scenario are very less in number and mainly done in south India.^{8,9} The present study is conducted with objectives to determine the Quality of Life of nurses as measured by World Health Organization (WHO) Quality of Life Questionnaire (BREF) and to find the association between Quality of life and Demographic variables such as age, gender, level professional qualification and marital status.

METHODOLOGY

The present study is a cross sectional study conducted at hospitals associated with Ruxmaniben Deepchand Gardi Medical college of Ujjain city of Madhya Pradesh State of

Central India. The total number of beds of the associated hospitals is more than 1000 bed when considered together. WHO BREF tool, a 26 item questionnaire, for quality of life assessment was used for collection of data.¹⁰ Among the nurses in the staff those who were working in respective hospital for atleast six month, who granted informed consent after the purpose and procedure of study was explained, were recruited for the study. Those participants who were having severe chronic diseases and were not registered with nursing council were excluded from study. Total sample size was 322 nurses from all the included hospitals in the study. Institutional ethical committee approval was obtained beforehand. The variables in the WHO BREF tool which were used for conducting interview were mainly in two sections. The first section is composed of socio-demographic variables: age, gender, marital status and education level. The second section is composed of a total 26 questions pertaining to quality of life: rating overall quality of life, overall satisfaction with health, and rest questions were grouped into four domains which affect overall QOL: Physical, Psychological, environmental and social relationship domains.

The 4 domains are factors based on the 24 questions which make up the WHOQOL-BREF. As such they are treated as continuous outcomes with each domain score converted to scores ranging from 0 to 100. Additionally, responses to the first two questions were also converted to score ranging between 0 to 100 for making it possible to compare and relate the result quantitatively by means and standard deviation. Data was entered and analyzed in SPSS ver 16.0. Unpaired sample t test and chi square test was utilized for finding statistical significant relationship between socio-demographic variables and scores obtained for overall QOL, satisfaction with health and four domains.

RESULTS

Most of the participants (50.9%) rated their quality of life as good and most of them (53.7%) were satisfied with their current health status. The participants' socio-demographic characteristics are shown in **Table.1**.

Table.1: Socio-Demographic characteristics of study population

Age(yrs)	N=322
Max	54
Min	20
Mean	30.38
SD	5.11
Gender	N (%)
Male	223(69.3)
Female	99(30.7)
Total	322(100)
Education	N(%)
Graduate	270(83.9)
Postgraduate	52(16.1)
Total	322(100)
Marital Status	N (%)
Married	183(56.8)
Unmarried	130(40.4)
Live in	6(1.9)
Divorcee	3(0.9)
Total	322(100)

Table.2 :Results obtained as a result of quantitative descriptive analysis of Overall Qol, satisfaction and four domains

Variable	Mean	SD	Min	Max
Over all QOL	77.72	18.12	25	100
Satisfaction with Health	73.76	18.12	25	100
Physical Health	69.66	12.35	38	88
Psychological Health	59.69	15.83	31	94
Social Relationships	74.67	20.38	6	100
Environment	57.9	16.92	18	94

The overall results obtained as per the four domain and questions pertaining to overall quality of life and satisfaction with health are shown in **Table.2**. The overall

internal consistency of the test was good with cronbach's alpha value of 0.821. Correlation matrix (**Table.3**) shows that all relationship between various domains, Qol and satisfaction with health was significant and positively correlated.

The results of the analysis when participants were grouped according to their socio-demographic study variables are shown in **Table.4**. In this study, statistically significant ($P=0.000$) but weakly positive correlation ($\rho=0.218$) was observed between age and satisfaction with health implying an increase in satisfaction with increased age. Additionally, statistically significant ($P=0.02$) weak negative correlation (-0.169) was found between age and psychological health of the participants implying that younger the age better is psychological health. All of the rest variables were not have any statistically significant correlation with the age of the participants.

The physical health domain score are significantly related with the sex of respondents, male performing better than female on test instrument ($P=0.027$). In contrast to this the environment domain score shows female being significantly outperforming males ($P=0.000$).

As far as education level is concerned, it has significant effect on psychological domain ($P=0.026$), higher the education better is the health. All other domains, overall QOL and satisfaction with health scores were not found to be different education level wise.

The overall QOL and social relationship domain shows statistically significant ($P=0.000$ & $P=0.002$ respectively) relationship with marital status. The overall QOL score is in favour of participants being not married in contrast with the social relationship domain showing results in favour of married participants.

DISCUSSION

The current study has focused mainly on the quality of life assessment of nurses in large hospitals of central India; where no such previous work has been done on such an important health aspect of these health care providers. Although more than half of the participants rated their overall quality of life being near good, it emerges from study that the quality of life is a multi-dimensional and multi-component aspect of work and personal life of nurses; with each dimension and component having its separate importance in its own.

The results of current study imply that age has little relationship with overall Qol, physical health, social relationship and work environment domains but significant relationship with satisfaction and psychological health. This is in contrast to a study conducted by **Fedar et al (2015)** using WHO-BREF on participants living around wind turbine, which found that age is significantly ($P=0.023$) related with over all Qol as well as all of the domains.⁴

In another study of measuring of quality of life of health care staff in Iran- using WHO-BREF (**Gholami et al 2012**) it was found that overall quality of life, social relationship domain and psychological health are

Table.3 Correlation Matrix showing inter-relationship between various domains, overall Qol and satisfaction with health

		Physical Health	Psychological Health	Social Relationships	Environment	Over all QOL	Satisfaction with Health
Physical Health	Pearson Correlation	1	.653**	.561**	.462**	.573**	.480**
	P value		0	0	0	0	0
Psychological Health	Pearson Correlation	.653**	1	.654**	.423**	.455**	.414**
	P value	0	-	0	0	0	0
	N	322	322	322	322	322	322
Social Relationships	Pearson Correlation	.561**	.654**	1	.387**	.354**	.500**
	P value	0	0	-	0	0	0
Environment	Pearson Correlation	.462**	.423**	.387**	1	.437**	.394**
	P value	0	0	0		0	0
Over all QOL	Pearson Correlation	.573**	.455**	.354**	.437**	1	.436**
	P value	0	0	0	0		0
Satisfaction with Health	Pearson Correlation	.480**	.414**	.500**	.394**	.436**	1
	P value	0	0	0	0	0	-
	Total Participants	322	322	322	322	322	322

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4. Relationship between socio-demographic factors of study population and domains, overall QOL & satisfaction with health.

Variable	Age		Sex		Education			Marital status			
	Pearson's correlation	P	Male \bar{x} (σ)	Female \bar{x} (σ)	P	Graduate \bar{x} (σ)	Post-Graduate \bar{x} (σ)	P	Married \bar{x} (σ)	Not Married* \bar{x} (σ)	P
Over all QOL	-0.029	0.606	77.69 (18.64)	77.78 (17.09)	0.97	76.85 (17.15)	82.21 (22.33)	0.051	74.18 (18.88)	82.37 (16.05)	0
Satisfaction with Health	0.218	0	73.65 (17.55)	73.99 (19.54)	0.88	74.44 (18.03)	70.19 (18.55)	0.112	74.04 (15.14)	73.38 (21.54)	0.75
Physical Health	-0.029	0.607	70.68 (13.08)	67.37 (10.22)	0.027	69.13 (11.58)	72.44 (15.57)	0.076	69.39 (12.81)	70.02 (11.74)	0.65
Psychological Health	-0.169	0.02	60.19 (16.72)	58.58 (13.63)	0.4	58.83 (15.31)	64.17 (17.82)	0.026	60.62 (16.14)	58.47 (15.4)	0.23
Social Relationships	0.044	0.435	75.9 (21.72)	71.9 (16.76)	0.104	73.87 (21.1)	78.81 (15.64)	0.11	77.7 (18.32)	70.68 (22.26)	0.002
Environment	0.019	0.737	54.75 (17.66)	64.99 (12.57)	0	58.12 (17.48)	56.75 (13.71)	0.593	57.73 (15.2)	58.13 (18.99)	0.83

significantly related with the age; however the physical health and environment health were not found to be related with age.¹¹

Many other similar studies conducted on quality of life of workers of diverse environment using some sort of psychometric scale found age to be a significantly correlated with the quality of life score.^{12, 13} (dargahi, 2012; Albaqawi, 2018). Conversely, Moradi et al (2014) in his study on Quality of Working Life of Nurses and its Related Factors found no relationship between age and quality of life.¹⁴

The findings of present study neither support any of sex having an overall quality of life better than other nor more satisfaction with health. Furthermore, no significant correlations were observed between psychosocial and social relationship domain. The relationship that was observed between environment health and physical domain were quiet contrasting. These findings suggest that the contribution of domains for rating quality of life matters differently for genders.

In a survey of nurses conducted for studying their quality of work life and related factor among 157 Intensive care unit nurses of hospital in kashan, Iran it was found that sex has no relationship with the quality of life (P=0.371).¹⁵ This is in contrast to finding of a cross sectional study of 100 nurses of a tertiary care hospital at yawatmal, Maharashtra, India, which showed a significant (P=0.0332) better quality of life for male compared to females (mean score of male nurse =164.2 versus 157.5 mean score of female).¹⁶

As far as education level is concerned, it has significant effect on psychological domain (P=0.026), higher the education better is the health. Owing to the fact that, the current study has participants having higher education only i.e. graduation (83.9%) and post graduation (16.1%), the effect on psychosocial domain suggest that better education may provide better understanding and confidence for performing task and thus counteracting psychosocial stressor in better way.

Though not many studies have been conducted for finding a relationship between education and quality of life and its domain, A Study of Quality of Working Life of Nurses

and its Related Factors by Moradi, Farzaneh & Azizi-Fini (2014) did found a significant relationship between education level and overall quality of work life ($P < 0.05$).¹⁴

This study found that unmarried persons have significantly better overall quality of life as well as social relations domain score compared to married counterparts. In a study of evaluation of the health-related quality of life of Emirati people with diabetes using WHO-BREF found marital status to be significantly affecting the quality of life ($P = 0.02$).¹⁵ The impression of better quality of life of unmarried person had been supported in a study conducted by Fedar et al (2015) among participants living around wind turbine.⁴

Distinguishingly, in another study done on 100 females nurses in a hospital in Chile, quality of life and associated factors were studied using WHO-BREF. This study found that among four domains only physical domain was not related with having a stable partner rest all domain showed a significant relationship, better QoL with those having a partner.¹⁷

Conclusion

To conclude, the current study supports the conviction of complexity in factors affecting QoL and satisfaction with health. The multidimensional aspect of QoL assessed in this study using WHO BREF revealed that age and gender are not significant factors in contrast to the education level and marital status of participants. However these findings are not same for all four of the domain assessed; further implying intricacy and need of further studies.

Acknowledgement:

The authors acknowledge all the nurses who participated in the study for their kind support.

REFERENCES

1. Askari R, Rafiei S, Montazerolfaraj R, Tafti AD, Torabi F. Quality of working life and its association with organizational performance: a model applied for healthcare workers. *Biotech Heal Sci* 2016.
2. Daubermann DC, Tonete VLP. Quality of work life of nurses in primary health care. *Acta Paul Enferm*. 2012; 25(2):277-83.
3. Alvarado-Martel et al. Quality of life and type 1 diabetes: a study assessing patients' perceptions and self management needs. *Patient Preference and Adherence* 2015; 9: 1315-1323.
4. Feder K et al. An assessment of quality of life using the WHOQOL-BREF among participants living in the vicinity of wind turbines. *Environmental Research* 2015; 142: 227–238.
5. Serinkan C, Kaymakçi K. Defining the Quality of Life Levels of the Nurses: A Study in Pamukkale University. *Procedia - Social and Behavioral Sciences* 2013; 89: 580 – 584.
6. Mohammadi A et al. Relationship between psychological problems and quality of work life of Intensive Care Units Nurses. *Iranian Journal of Critical Care Nursing* 2011; 4(3): 135 – 140.

7. Khani A, Jaafarpour M, Dyrekvandmogadam A. Quality Of Nursing Work Life. *Journal of Clinical and Diagnostic Research*. 2008 Dec; 2:1169-1174.
8. Jose TT, Bhat SM. A Descriptive Study On Quality Of Life Of Nurses Working In Selected Hospitals Of Udupi And Mangalore Districts Karnataka, India. *NUJHS* 2014 June; 4(2): 4-11.
9. Jathanna PN, D'Silva J. Quality of life among nurses working in different health care setting in the state of Karnataka, India. *CHRISMED J Health Res* 2014; 1:241-4.
10. World Health Organization (WHO), 1996. WHOQOL-BREF: Introduction, Administration, Scoring and Generic Version of the Assessment: Field Trial Version. World Health Organization, Geneva. Available at: http://www.who.int/mental_health/media/en/76.pdf Accessed 9 June 2018.
11. Gholami A, Jahromi LM, Zarei E, Dehghan A. Application of WHOQOL-BREF in Measuring Quality of Life in Health-Care Staff. *Int J Prev Med*. 2013 Jul; 4(7): 809–817.
12. Dargahi H, Changizi V, Gharabagh EJ. Radiology Employees' Quality of Work Life. *Acta Medica Iranica*, 2012; 50(4):250-56.
13. Albaqawi, H. Quality nursing work life among nurses in Hail Region, Kingdom of Saudi Arabia: Redefining the boundaries of work and life. *Advances in Social Sciences Research Journal* 2018; 5(3) 433-439.
14. Moradi T, Maghaminejad F, Azizi-Fini I. Quality of Working Life of Nurses and its Related Factors. *Nurs Midwifery Stud*. June 2014; 3(2):1-6.
15. Sadat Z, Aboutalebi MS, Alavi NM. Quality of Work Life and Its Related Factors: A Survey of Nurses. *Trauma Mon*. 2017 May; 22(3): 1-5.
16. Bani-Issa W. Evaluation of the health-related quality of life of Emirati people with diabetes: integration of sociodemographic and disease-related variables. *Eastern Mediterranean Health Journal* 2011; 17(11): 825-30.
17. Andrades Barrientos L, Valenzuela Suazo S. Quality of life associated factors in Chileans hospitals nurses. *Rev Latino-am Enfermagem* 2007 maio-junho; 15(3):480-6.

Conflict of Interest: None

Source of funding support: Nil

How to cite this article: Sanjay Kumar Chourasiya, Saket Kale, Anil Singh Baghel, Arpit Verma. A Study of Quality of Life on Nurses Working at Medical College of a City in Central India. *Nat J Res Community Med* 2018;7(4): 296-299.

© Community Medicine Faculties Association-2018
NJRCM: www.commedjournal.in