

The role of Quality of Nursing Work Life and Turnover Intention in Primary Healthcare Services among Registered Nurses in Selangor

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Abstract

In the recent years, the nursing workforce as well as executives, healthcare leaders and healthcare organizations have been dealing with nursing staff shortage and turnover and these problems along with other related issues are expected to intensify in the near future. Quality of work life (QWL) is defined as the extent to which an employee is satisfied with personal and working needs through participation in the workplace with the aim to achieve the goals of the organization. It plays fundamental role in the commitment and productivity of employees in healthcare organizations, as well as in other industries. However, there is limited literature on the Quality of Work Life of primary health care nurses. Thus, this study aims to assess the Quality of work life among public health centers nurses in the central region of Malaysia. Selection of respondents is based on five main categories of registered nurses namely as Matron, Manager ward/sister, staff nurse, community nurse and assistant nurse at public health centers in Selangor. In this study, interview method is used for data collection. Partially structured interview method is used because this technique is more flexible as it allows the respondent to further explain their answers. In addition, with the use of this method, the researchers are also able to look at the aspects of behavioral study. In this study, the result shows that a majority of PHC nurses are dissatisfied with worklife/home life factors. These nurses state that they spend long hours at work and as a result, they are often exhausted after work.

Keywords: Quality of Nursing Work Life (QNWL), Primary Healthcare Centre (PHC), Registered Nurses (RN), Healthcare services and Health sciences.

Introduction

This study inquires into the experience of quality of life (QWL) and turnover intention among employees of primary healthcare (PHC) centers with a particular focus on nurses within the Malaysian healthcare system. Healthcare systems and healthcare organizations in various countries, including Malaysia, face a number of challenges such as shortage of health professionals, low productivity and high turnover rates, especially among nurses. Previous studies on the working environment in various industries, including healthcare, have shown that it is crucial for QWL to tackle these challenges (Gifford, Zammuto, & Goodman, 2002; HSU & Kernohan, 2006; Huang, Lawler, & Lei, 2007; Lees & Kearns, 2005). A significant portion of QWL research on healthcare organizations comes from hospitals in developing countries. However, previous studies have not addressed QWL in PHC centers in spite of their importance to basic healthcare service in many health systems worldwide, including the Malaysian system. A review of the literature suggests that there is a significant increase in the rate of nurse organizational turnover accompanied by minimal increase in nursing supply (Mayo, 2004; Miller, 2007, 2008). Turnover action is critical to health organizations since it consumes a large portion of resources that could otherwise be used to improve services (Jones, 2004). For instance, replacing one nurse in the United States of America (USA) has been found to cost an organization up to USD 46,000 (Strachota et al, 2003). According to Brooks (2001), which has been used as a basis for current studies focusing on QWL among nurses (Brooks, 2001; Brooks & Anderson, 2004,2005; Brooks et al, 2007). Brooks explained the quality of nursing work life as the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organizations' goals (p.9). The researcher believes this definition considers the needs of RNs as well as the goals of their organizations.

Siew, Chitpakdee and Chontawan (2011) and Mohamed and Mohamad (2012) stated that the shortage of nursing staff is a major problem in the healthcare service throughout the world and it is the major factor of high turnover rate in the healthcare industry. This issue can negatively impact the organization's capability to meet the patients need. According to a study by Bolton (as cited in Chan, McBey, Basset, O'Donnell & Winter, 2004), it is apparent that nursing work has been greatly affected by management and also by the government led initiatives to deliver service to patients at low cost. Hunt's study (as cited in Choong, Lau, Kuek & Lee,2012) clearly shows that turnover intention will reduce the quality of patient care and lead to the increase in contingent staffing costs, staff costs, absenteeism rates, nurse turnover, and loss of patients.

The World Health Organization (WHO) recommend a nurse-to-patient ratio of 1:200 however the statistic of Ministry of Health (2012) shows that Malaysian nurse-to-patient ratio is 1:410 (Intan, Nurazree & Hanafiah, 2011; Mohamed et al., 2012; Choong,Lau, Kuek & Lee, 2012) (Karahocaa, et al, 2010). This study aims to serve as the foundation for future studies in the Malaysian as well as international context as it offers previously unavailable yet valuable data. The findings of this study are expected to be beneficial in solving nursing staff shortage and turnover rates as PHC enters continue to strive to provide quality patient care in a competitive environment.

Research questions

This research attempts to answer the following questions:

1. What is PHC nurses' view on QWL?
2. What is PHC nurses' opinion on turnover intention?
3. What are the main factors that influence QWL towards turnover intention among PHC nurses?

METHODOLOGY

Inclusion criteria for the sample

In this study, respondents and organizations were selected based on a number of criteria. These criteria are categorized under organizational and respondent criteria.

Organizational Criteria

The healthcare facility must a PHC center. The facility must also be located in Selangor and characterized according to the following categories:

- i. Urban area.
- ii. Sub-urban area.
- iii. Rural area.
- iv. Owned and operated by the Ministry of Health (MOH)

Respondent Criteria

The respondents must be RNs in the PHC centers of the MOH in Selangor. (RNs working in institutions other than PHC centers such as private or public hospitals and clinics are not the focus of the present study).

For the purpose of this study, PHC RNs must adhere to the following criteria:

- i. Gender – Male and Female
- ii. Age - 20 years – 60 years
- iii. Education level – Diploma, Post basics, Bachelor's Degree, Master's Degree and PhD.
- iv. Various cultural background
- v. Nationality – Malaysian
- vi. Tenure – a minimum of 6 months to 30 years of employment.

Ethical considerations

Ethics approval was obtained from the Medical Research Ethics Committees (MREC) of Ministry of Health (MOH)(NMRR-15-712-25525), Ethics Committee from Institute of Health Management (MOH)(IHM/25525) and permission was also obtained from the Director of Public Healthcare Centers in Selangor (No:25525/Q712-4/25) for the participants' involvement in this study.

Sampling Methods

Recruitment of participants for the semi-structured interviews occurred through purposive sampling techniques. In the final question of the survey, interested respondents were invited to provide their e-mail address so they could be contacted about a follow-up interview. The respondents was selected on the in 5 RN's are categorized into five main groups - matron, sister, staff nurse, community nurse and assistant nurses at PHC Selangor area. All respondents will be presents on R1,R2,R3,R4 and R5.

Data Collection

In this study, interview technique is used for data collection. Partially structured interview method is used because this technique is more flexible as it allows the respondents to further explain their answers.

In addition, with the use of this method, the researchers are also able to look at the aspects of behavioral study. Interview techniques are also used to obtain detailed data on the evaluation focus of the study. In a study by Idris (2013), stated that methods such as interview method with questions and sentences as well as an arrangement that has been set in advance were used. The strength of this method is based on the researcher's ability to see the interaction between the participants of the study and appropriate attitudes and the actual experience based on respondents' review (Morgan and Spanish, 1984).

Five (5) open-ended questions were developed by the researcher to allow participants to identify any specific information that could be important to the study and not covered by the survey tools. These open-ended questions include the areas of QWL and turnover intention, the main variables in the present study.

Data Analysis

The researchers used Nvivo version 8 to store, organize and analyze open-ended questions. Qualitative data obtained from the responses to the open-ended questions were analyzed using NVivo. Each participant's responses to the five questions were recorded in individual filing system.

The interviews were audio recorded and transcribed. Techniques of thematic analysis, particularly coding for content, were used with the interview data. The process was both inductive and deductive in nature and involved careful preparation of a code book, consultations with committee members and recoding.

While initial coding was principally descriptive in nature and as the analysis process progressed, it shifted to thematic and explanatory-based coding. Coding was facilitated through the use of NVivo 8. The transcription symbol "/" was used to indicate phrase boundaries. Capital letters were used to mark an increase in the voice tone relative to previous talk. Respondents were coded as R1, R2, R3, R4, R5. Once the responses were entered into the NVivo software, all of

the data were then reviewed for content and possible categorization. A set of tree nodes were established for each question following the proposed framework of the present study.

These tree nodes refer to codes that are organized in a hierarchical structure starting with a general category at the top (the parent node) to more specific categories (child nodes) (QSR International, 2008). In the process of the analysis, the responses to each question were read and the relevant statements (word, sentence or paragraph) were identified and codified under the appropriate nodes. In addition, new factors (that were not covered in the scales) were also identified and merged into the four dimensions of QWL. In order to enhance the accuracy of the coding process, a text search query was applied to find all the occurrences of a statement and then these additional occurrences were coded at the relevant node (QSR International, 2008). Each statement was coded under only one node (Bandara, 2007), with an exception of statements that contained more than one factor. Any particular notes regarding the analysis process were captured in the NVivo memos to facilitate the analysis and the discussion process. For reliability purposes, a researcher colleague was asked to independently review the coded factors and based on the comments and recommendations, some minor changes were made to improve the present paper (Norrie, 2004).

RESULT

Based on the participants' responses, they are found to be dissatisfied with their work life. The major influencing factors that affect their dissatisfaction include ~~were~~ inappropriate working hours, lack of facilities for nurses, their inability to balance work with family needs, inadequate number of leave-days for nurses especially to spend quality time with their families, poor staffing, management and supervision practices, lack of professional development opportunities, and a working environment that is conducive in terms of the level of security, patient care supplies and equipment, and recreation facilities (break-area). Other essential factors include the community's view of nursing and an inadequate salary. On another positive note, a majority of these nurses were satisfied with their co-workers, satisfied with their profession and have a sense of belonging to their workplaces.

The area of evaluation used by the researchers to the respondents is based on the questioning carried out. The interview is intended for feedback related to the factors affecting turnover intention among nurses in PHC.

CODING CODE ANALYSIS

No	Question	Respondents					Factor
		R1	R2	R3	R4	R5	
1	Considering the current job, how do you perceive the quality of work life?	“Very bad work life. I work in a mountain area where are no networks, no safe roads ,etc.”	“I really enjoy my work. This is because I enjoy helping others.”	“Our work life is not good because of the heavy workload, long working hours, management and my family not happy with my work”	“I am responsible of the medical expenses of my daughter ...”	“Our work life is not satisfactory. There are not enough instruments or equipment to perform our duty at a high level. There also no facilities for nurses such as an area for our breaks.”	Worklife / home life
2	What are the factors that influence your satisfaction make you satisfied with your work life?	“Being in a noble profession and doing my job sincerely is making me satisfied with my work life.”	“This organization provides guidance for us in terms of nursing policies and procedures that direct our Performance.”	“Good communication with my colleagues.”	“I am proud and happy to serve and help people. It is my duty.”	“I really understand the importance of my work so I like it.”	Images of nursing profession
3	What are the factors make you dissatisfied with your work	“The location of this center is too far. I want to move to the area where my family	“Long duty for one work period and the two work periods strategy is not	“My friend and I have the same experience (number of years), but she gets a higher salary than	“People are always talking about nurses dealing with patients	“Why don't nurses receive additional payment for working in risky environments(financial support for risky jobs)?”	Nursing workload and location of PHC

	life?	lives”	suitable for us. It interrupts the working and personal life. The solution is to reduce the length of the duty to 7 hours per day”.	me”. “I want to leave within 5 years, because I have a lower salary which is not enough for my family's needs. I spend half of the salary in this country on food and other day-to-day living expenses.	; however , there is a need to teach patients how to deal with nurses, too.”		
4	Do you intend to leave your current job (in Primary Health Care) in the next 12 months? Please state your reason.	No, because working in the PHC is a form of comprehensive service to the community . I feel a sense of satisfaction when I serve the community and they are pleased with my	“Yes. If I get the chance to transfer to a hospital, I will not say no. I want to work within a team so we can share the work and the workload.”	“Yes. I plan to move to a hospital to get current knowledge and experience in nursing practice. There I will get the chance to see new cases, medications and modern	“Yes. I am not satisfied with work condition including lack of salary.”	“Yes. If I get another job with better amenities, I will leave. Currently, I work in a rural area with little support. I do not receive any rewards for working in a rural area. I was not provided with accommodation, like other expatriate nurses.”	Job satisfaction and financial

		performan ce.”		equipment.			
5	Do you intend to leave your current job (in Primary Health Care) in the next five years? Please state your reason.	“No I don’t have the intention to leave within the next 5 years. I have spent many years in this center and if I leave, it will be just for retirement.”	“Yes. I will leave this center as soon as I possibly can due to the long working hours which are not suitable with my family life especially for a wife and mother like myself. I would like to spend more time with my husband and kids.”	“I have the intention to leave for educational purposes. I want to further my studies at a bachelor’s degree and a Master’s degree levels.”	“During the next 5 years, I will try to get a job closer to my house and family. I am planning to look for another center or hospital.”	“No because I have the responsibility to support my daughter’s medical expenses and I still love my work here.”	Demographic factors and career pathway

DISCUSSION

Q1 Considering the current job, how do you perceive the quality of work life?

The respondents were asked about their perception of QWL as PHC nurses. The response rate to this question is as follows: three respondents reported negative statements, indicating that they were dissatisfied with their work life. Moreover, respondents with children were more satisfied with their QWL than those who have no children and they also have lesser tendency to leave. This could be attributed to the role of parent-nurses ‘as the breadwinner’ of their family.

Q2 What are the factors that influence your satisfaction with your work life?

Only three respondents addressed this question. Based on the responses, the common factors are categorised as demographics or under the four dimensions of QWL, namely work life/home life, work design, work context, and work world. These factors include family and family needs, working hours, nature of work, level of job satisfaction, management and supervision, co-workers, patient and community, job security, salary, nurses' personal belief towards nursing, location of the PHC, and finally the distance from home to work.

Q3 What are the factors make you dissatisfied with your work life?

All respondents attempted this question. Such positive response show that these the PHC nurses are facing some challenges at work that impact their QWL. The objective of the question is to identify the most influential factors that affect PHC nurses' satisfaction towards their QWL; family and family needs, working hours, facilities for nurses, social and cultural aspects, lack of PHC workforce (poor staffing), heavy workload, non-nursing tasks, nature of work, management and supervision, co-workers, lack of development opportunities, work environment, patient and community, poor image of the nursing profession, job insecurity, salary, location of PHC and the distance from home to work.

These common factors are then categorized as demographics or under the four dimensions of QWL.

Q4 Do you intend to leave your current job (in Primary Health Care) in the next 12 months?

Please state your reason.

Five respondents attempted this question. Four respondents claimed that they have the intention to leave their current positions within the next 12 months, and one respondent stated that she will remain in her position with no intention to leave. The findings revealed a number of influencing factors for respondents with no intention to leave: family and family needs, job satisfaction, nature of the work, co-workers, patients and the community, location of PHC and distance from home to work. On the other hand, influencing factors for respondents with intention to leave are family and family needs, working hours, workload, nature of the work, management and supervision, development opportunities, salary, location of PHC and distance from home to work. For both categories of respondents, these factors are divided into four main dimensions of QWL and demographics.

The qualitative data displays strong evidence of the impact of PHC location on respondents' turnover intention. Previous studies have found that voluntary turnover of nurses is higher in urban areas compared to rural locations (Bloom et al., 1992; Donoghue & Castle, 2007; Tai et al., 1998). Location of the PHC may influence voluntary turnover because of the different job market opportunities in urban areas compared to rural areas (Donoghue & Castle, 2007; Tai et al., 1998). Despite this argument, there are also other studies that found no relationship between workplace location and employees' satisfaction/turnover intention (Bodur, 2002).

It is suggested that new staff appointment in the PHC sector should be either in urban or suburban areas instead of rural areas. This is because they should be given the opportunity to work with at least the most basic communication facilities as well as other facilities related to

their work and such work condition is important because first impression are everlasting. Consequently, a working environment that is conducive will impact the nurses' perception of their jobs and in turn will also influence their turnover decisions.

Q5 Do you intend to leave your current job (in Primary Health Care) in the next five years? Please state your reason.

Three respondents claimed that they intend to leave the current PHC within the next five years, and two respondents stated that they are not planning to leave in the next five years. Factors for staying in their current positions include: family and family needs, job satisfaction, nature of the work, co-workers, patients and the community, tenure in PHC, location of the PHC and distance from home to work. While the factors for respondents who want to leave in the next five years are: family and family needs, working hours, job dissatisfaction, workload, nature of the work, management and supervision, development opportunities, payment, age, location of the PHC and distance from home to work. For both categories of respondents, these factors are divided into four main dimensions of QWL and demographics.

This finding is supported by the qualitative findings of the study whereby approximately 29.3% and 46% of the respondents to the open-ended questions stated that they intend to leave their current PHC in the next 12 months and the next five years, respectively. These findings are consistent with the literature (Al-Ahmadi, 2006; Chan et al., 2009; Saeed, 1995). The objectives of these 6 open-ended questions are to specifically examine the satisfaction of PHC nurses with their QWL and identify the influencing factors, to assess the respondents' turnover intention in the next 12 months and the next 5 years as well as to identify the major drivers for their final intention.

Even though almost half of the respondents claimed to be satisfied with their QWL, four respondents reported negative statements regarding their QWL, indicating that they are dissatisfied with their work life.

A number of factors were identified as affecting the PHC nurses' perception towards their QWL. Positive factors include family and family needs, working hours, nature of work, level of job satisfaction, management and supervision, co-workers, patient and community, job security, salary, nurses' personal belief towards nursing, the location of the PHC, and the distance to the workplace. The following common factors are associated with dissatisfaction with QWL: family and family needs, working hours, facilities for nurses, social and cultural aspects, lack of PHC workforce (poor staffing), heavy workloads, non-nursing tasks, nature of work, management and supervision, co-workers, lack of development opportunities, work environment, patient and community, poor image of nursing, job insecurity, salary, the location of the PHC, and the distance from home to work.

Based on the findings of the turnover intention open-ended questions, generally respondents claimed that they do not intend to leave their current PHC job within the next 12 months while another four respondents stated that they have turnover intention, and 1 respondent intend to

stay. For respondents who intend to stay, family and family needs, job satisfaction, nature of work, co-workers, patients and the community, and the location of the PHC center are the key influencing or 'pull' factors.

The main 'push' factors for respondents who stated their intention to leave are family and family needs, working hours, workload, nature of work, management and supervision, lack of development opportunities, low salary, and the location of the PHC. Next, three respondents stated that they intend to leave the current PHC job in the next five years while two respondents intend to stay. The influencing factors are similar to the responses for the 12-month period. However, three additional factors emerged for the 5-year period, namely tenure in the PHC as a retention factor, and job dissatisfaction as well as age.

The findings of the present study indicated that most PHC nurses are dissatisfied with their work life/home life. The nurses reported that they spend most of their time at work so they often exhausted after work. Qualitative findings of this study reaffirm the importance of family in the perception of the PHC nurses towards their QWL. It is important for nurses who are living with their families to be able to balance the work with their family needs. Moreover, having suitable working hours and receiving enough support from their family are also crucial in gaining satisfaction in their work life. On the other hand, these factors are also challenges to the majority of respondents. Nurses are not happy to work away from their families (Roussel & Williams, 2007).

Furthermore, another significant factor revealed by the qualitative data is the need for 'facilities for PHC nurses'. These facilities include childcare services, leave/vacation, hostel/accommodation, and transportation. Similar facilities like childcare services and leave/vacation for PHC nurses are also mentioned in the narrative data and this further supports their significance in the quantitative findings and in the literature (Brooks & Anderson, 2004; Cartledge, 2001; Khani et al., 2008; Lee, Lee, & Lum, 2008; Lu, While, & Louise Barriball, 2005; Rothausen, Gonzalez, Clarke, & O'Dell, 1998).

According to Siew PL (2012), lack of these facilities is one of the apparent causes of the nurses' shortage in Malaysia. In terms of hostels and accommodation, expatriate nurses are generally not happy with the location and general conditions as well as living with a group of nurses from different backgrounds at the same staff housing. Another important factor that emerged from the narrative data is the social life of expatriate PHC nurses. Expatriate nurses are isolated from the surrounding community. They cannot meet their friends from other organizations or enjoy their spare time.

As a result, the nurses face difficulties in balancing their work with their family life. The standard working hours for PHC health professional, including nurses, are 47.5 hours per week. Working hour is extended to 49 hours for the staff in PHC centers that work two periods per day.

CONCLUSION

Nurse turnover is a major challenge for many healthcare services and it is linked to employees' QWL. The PHC nurses' responses in this study indicated low satisfaction with their QWL and a high turnover intention. There are significant pushing factors between QWL and turnover intention of PHC nurses and this information is useful in developing appropriate strategies to improve QWL and to reduce the turnover rate among PHC nurses. Moreover, it is also crucial to sustain a healthy work life for PHC nurses to improve their QWL, increase retention, enhance performance as well as productivity and promote safe nursing care. Finally, it is recommended that future researches on this issue should include all SRN in private healthcare in Malaysia.

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