ISSN-E: 18735347-02779536

“Impact of Quality of Nursing Work Life on Nurses' Turnover Intention”

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ISSN-E: 18735347-02779536

Abstract

Background: The problem of high turnover rates among nurses in healthcare organizations has become a crucial concern, resulting in negative impacts on financial stability and the quality of patient care. The concept of quality nursing work life is critical in tackling this dilemma because it significantly influences nurses' turnover intentions.

Purpose: This study's purpose is to assess the impact of the quality of nursing work life on nurses' turnover intentions.

Methods: This study employs a quantitative and cross-sectional approach. The researcher used survey instruments that had high reliability to gather data from nurses regarding their demographic characteristics, responses to turnover, and assessments of the quality of nursing work-life dimensions.

Results: There are a significant number of nurses who expressed satisfaction with certain aspects of their work life, such as teamwork and career advancement opportunities. There were concerns regarding the heavy workload and inadequate financial compensation. Interestingly, the study revealed that there was no notable correlation between the quality of nurses' work lives and nursing turnover.

Conclusions: To enhance nurses' work life, it is essential to focus on fair pay, effective compensation, workload distribution, recognizing and valuing cultural diversity, and promoting a work-life balance.

Keywords: quality, work life, turnover, nurses, satisfaction.

الملخص:

الخلفية: أصبحت مشكلة ارتفاع معدلات دوران الممرضات في مؤسسات الرعاية الصحية مصدر قلق بالغ، مما أدى إلى آثار سلبية على الاستقرار المالي وجودة رعاية المرضى. يعد مفهوم جودة الحياة العملية التمريضية أمرًا بالغ الأهمية في معالجة هذه المعضلة لأنه يؤثر بشكل كبير على نوايا دوران الممرضات.

الغرض: الغرض من هذه الدراسة هو تقييم تأثير جودة حياة العمل التمريضي على نوايا دوران الممرضات.

الطرق: تستخدم هذه الدراسة منهجًا كميًا ومقطعيًا. استخدم الباحث أدوات المسح التي تتمتع بموثوقية عالية لجمع البيانات من الممرضات فيما يتعلق بخصائصهم الديموغرافية، والاستجابات لدورانهم، وتقييمات جودة أبعاد العمل والحياة التمريضية.

النتائج: هناك عدد كبير من الممرضين الذين أعربوا عن رضاهم عن جوانب معينة من حياتهم العملية، مثل العمل الجماعي وفرص التقدم الوظيفي. وكانت هناك مخاوف بشأن عبء العمل الثقيل وعدم كفاية التعويض المالي. ومن المثير للاهتمام أن الدراسة كشفت أنه لا يوجد ارتباط ملحوظ بين جودة حياة عمل الممرضات ومعدل دوران التمريض.

الاستنتاجات: لتعزيز الحياة العملية للممرضات، من الضروري التركيز على الأجر العادل، والتعويض الفعال، وتوزيع عبء العمل، والاعتراف بالتنوع الثقافي وتقييمه، وتعزيز التوازن بين العمل والحياة.

الكلمات المفتاحية: الجودة. الحياة المهنية، معدل دوران الممرضات، الرضا.

1. Introduction:

Healthcare organizations worldwide face challenges such as a shortage of healthcare professionals and an increase in staff turnover, especially among nurses. These issues have a significant impact on the performance, financial stability, and quality of patient care within organizations (Kaddourah, Abu-Shaheen, & Al-Tannir, 2018). Numerous studies have underscored the critical role of nurses in ensuring safe and effective patient care. Research indicates that a high nurse turnover rate can lead to negative outcomes, including disruptions in care, a reduction in team cohesiveness, and an increase in staff burden (Hinno et al., 2021; Cho & Mark, 2015). Nurses turnover refers "to the situation where an employee decides to leave their job", While intentions to leave their jobs reflect the level of belief a staff member holds regarding their voluntary exit from their current employment(Lazzari, Alvarez, & Ruggieri, 2022., Alshareef et al., 2020).

Akosa Antwi and Bowblis (2018) discovered that excessive nurse turnover significantly influences the United States healthcare delivery. Due to increased nurse turnover, healthcare organizations are struggling financially. Nurse turnover costs organizations $1.4 billion to $2.1 billion annually (Meyer et al., 2017). Yarbrough, Martin, Alfred, & McNeill (2017) estimate that replacing each nurse costs $44,380 to $63,400. While educating newly licensed nurses costs $60,000 to $96,000 (Friday et al., 2015). Nurse turnover appears to be the main cause of the nursing shortage (Peng et al., 2023). The nursing shortage, expected to reach 918,000 by 2030 (AKTAS, 2023).

The quality of nursing work life (QNWL) is an essential factor that affects nurses' turnover intentions (Mancuso, 2020). The quality of nursing work life (QNWL) is defined as "the extent to which registered nurses can meet significant personal needs as a result of their experiences in their workplace while achieving organizational objectives" (Boateng et al., 2022, Brooks & Anderson, 2005). QNWL encompasses a variety of factors that nurses encounter in their work environment, including organizational support, job satisfaction, compensation, workload, and work-life balance (Skela-Savi et al., 2023; Alzoubi et al., 2024). Nurses who lack organizational support or struggle with work-life balance are more likely to quit (Tolksdorf, Tischler, & Heinrichs, 2022). An organization's job dissatisfaction is a significant factor affects nurse turnover at US public hospitals (Mancuso, 2020). Alotaibi et al. (2016) demonstrated that work satisfaction strongly affects nurse retention and turnover. Gebregziabher et al. (2020) found a strong correlation between overall intention and work satisfaction, finding that 64.9% of respondents wanted to quit their institution. A study by Adams et al. (2018) found a strong negative relationship between job satisfaction and turnover intention among nurses. Another important aspect of QNWL is work-life balance, which refers to how individuals can effectively manage the demands of their work and personal lives. A study by Zhou et al. (2019) found that nurses who reported better work-life balance had lower turnover intentions than those who struggled to balance their professional and personal lives.

Nursing turnover in Saudi Arabia significantly impacts the healthcare system, leading to a shortage of professionals and negatively affecting the quality of care provided in hospitals. Most nurses in Saudi Arabia are foreign, and their reasons for leaving the country are not well-understood, contributing to a skills shortage (Falatah & Salem, 2018). High turnover rates reduce the quality of care and increase costs, yet there is limited research on the factors influencing nurses' decisions to leave and the quality of their work life (QNWL) (Mancuso, 2020). Improving QNWL is essential for reducing turnover and retaining skilled nurses. This involves creating supportive work environments, offering competitive pay, and providing professional development opportunities. This study aims to assess how QNWL impacts nurses' turnover intentions. Thus, this study aims to assess the impact of the quality of nursing work life on nurses' turnover intentions.

1.1 Objectives:

- To determine the relationship between the quality of nursing work life and nurses' turnover intention among nurses.
- To assess the quality of nursing work life.
- To identify the factors within the quality of nursing work life that have an impact on nurses' turnover intentions.

2. Methods

According to Kothari (2004), a research method is a systematic approach to solving a research problem.

2.1 Study Setting:

The study was conducted at the King Abdullah Medical Complex (KAMCJ), which prioritizes health research, training, and community involvement and has 424 beds. The research ran from January1 to June 30, 2024.

2.2 Study Design:

The current study is a quantitative and descriptive cross-sectional approach.

2.3 Sample Size Calculation:

The study included a convenience sample of nurses who provided informed consent. Using the Raosoft sample size calculator (2004), researchers determined that the required sample size was 324 nurses. With 790 nurses invited to participate, the study achieved a 50% response rate with a 5% margin of error.

2.3.1 Inclusion Criteria:

2.3.1.1 The sample includes all nurses who work in the nursing services field.
2.3.1.2 Nursing who provides bedside patient care.
2.3.1.3 Males and females will be included.
2.3.1.4 All nationalities are included.
2.3.1.5 Different clinical settings (medical, surgical, critical care).
2.3.1.6 Nurses working in maternity and pediatric hospitals.

2.3.2 Exclusion Criteria:
2.3.2.1 Other than a nursing specialty.
2.3.2.2 Primary health care nurses.
2.3.2.3 Nursing staff working out of the nursing services field.

2.4 Instruments:

The research includes two parts. In the first part, researcher ask questions about demographic characteristics and various aspects, such as gender, age, marital status, nationality, educational level, total years of nursing experience, current nursing position, total years working in the current position, monthly income and compensation, benefits, and work conditions. The second part includes two instruments to answer the study objectives: the Anticipated Turnover Scale (ATS) and the Quality of Nursing Work-Life Survey (QNWL) (Brooks & Anderson., 2004; Hinshaw & Atwood., 1985). The first instrument is the Anticipated Turnover Scale (ATS), created by Hinshaw and Atwood in 1985 to investigate nurses' intentions to leave their jobs. It consists of a 12-item self-administered instrument with a 7-point Likert scale ranging from 'agree strongly' to 'disagree strongly, it is considered one of the most common scales to assess nurses' intentions to leave the profession. The tool's Cronbach's α was 0.84 (Hinshaw & Atwood, 1985). Responses with means over 3.5 were considered to indicate turnover intention, indicating that this scale has two factors, either positive or negative. The second instrument is Brook's Quality of Nursing Work Life (BQNWL) scale. The BQNWL scale contains 42 items in four dimensions, including 7 items of home or work life, 10 items of work design, 20 items of work context, and 5 items of the work world (Brooks & Anderson, 2004). The researchers obtained permission from the instrument's developers. The researcher electronically disseminated questionnaires to every ward in the hospital, targeting all staff nurses via the official email and WhatsApp group, in collaboration with the head nurses. We sent four reminders at a weekly interval. The questionnaires did not include named individuals, nor did they target non-responders. The questionnaires included a consent form that provided a comprehensive explanation of the study's title, objectives, potential risks, and potential benefits for participants.

2.5 Ethical Considerations:

This study has been approved by the Research Ethics Committee at the Directorate of Health Affairs, Jeddah region. The researcher outlined the study objectives and requested the nurses' participation. Participants were required to provide electronic informed consent prior to answering the questions. If someone declines to participate in this survey without providing an explanation, their KAMCJ status will remain unaffected. The confidentiality of the subject's responses will be strictly maintained. The risks to individuals physical, emotional, social, professional, or financial health are extremely minimal.

3. Data analysis

3.1 Testing reliability and validity:

Tests for reliability and consistency throughout a measuring instrument's components are crucial. Hamid (2016) supports Cronbach's alpha coefficient's extensive use as an internal consistency measure. Cronbach's alpha ranges from 0 to 1. A number close to 1 indicates good internal consistency among survey instrument items. The researcher estimates reliability using

Subscales	No. of items	Cronbach's Alpha Coefficient
Home or work life	8	0.520
Work design	10	0.618
Work context	20	0.886
Work World	4	0.763
Quality of nurse working life	42	0.871
Nursing turnover	12	0.692
Overall Reliability	54	0.918

Cronbach's alpha coefficient, which measures internal consistency for all items. Table 3.1 results:

As shown in Table 3.1, the overall survey instrument reliability reached 0.918, indicating that the survey instrument is highly reliable, which confirms the survey instrument's consistency in collecting the primary data required to achieve the research objectives.

Section One: Demographic Characteristics and Various Aspects:

Table 3.2 Participants Demographic Analysis:

	Frequency	Percent %
Gender		
Male	22	6.8
Female	302	93.2
1. Age by years:		
21-to 30	160	49.4
31- to 40	146	45.1
41- to 50	18	5.2
2. Marital status:		
Married (first marriage)	155	47.8

married (not first marriage)	9	2.8
Widowed	3	.9
Divorced	12	3.7
Never Married	145	44.8
3. Nationality :		
Saudi Arabia	131	40.4
Filipino	48	14.8
Indian	130	40.1
Jordanian	2	.6
Others	13	4.0
5. Educational level:		
Associate degree	13	4.0
Diploma	27	8.3
BSN	258	79.6
Master's degree	24	7.4
Doctoral Degree	2	.6
6. Total years of nursing experience:		
1-5	155	47.8
6-10	89	27.5
11-15	59	18.2
>15	21	6.5
7. Current nursing position:		
Staff Nurse	270	79.9
Charge nurse	42	13.0
Head nurse	12	3.3
8. Total years working in the current position:		
= <5	198	61.1
>5	126	38.9
9. Monthly income:		
< 5000	90	27.8
5000-10000	163	50.3
11000-15000	60	18.5
>15000	11	3.4

Table 3.2 presents the demographic information of the study nurses. Men accounted for 6.8% of the total number of nurses, while women accounted for 93.2%. The data in Table 3.2 indicates that a significant portion of nurses fall within the age range of 21-30 years old, accounting for 49.4% of the total. Additionally, 45.1% of nurses are in the age range of 31-40. However, there are not many older nurses. Almost half of the nurses in the sample were married, with a percentage of 47.8%, while unmarried nurses accounted for 44.8%. There is a limited availability of other categories. The survey consisted of a diverse group of nurses from various nationalities, including Saudi, Indian, Filipino, Jordanian, and other nationalities. The distribution of nurses in the study consisted of a majority of BSN nurses at 79.6%, followed by diploma nurses at 8.3%, masters' nurses at 7.4%, and a smaller percentage of associate and PhD nurses. The distribution of the participants' total nursing experience is as follows: 47.8% have between 1 and 5 years of experience, 27.5% have between 6 and 10 years, 18.2% have between 11 and 15 years, and 6.5% have more than 15 years of experience. Most of the nursing personnel consists of nurses, with charge nurses and head nurses making up smaller percentages. Based on the duration of their current position, the majority of participants (61.1%) have less than 5 years of experience, while the remaining 38.9% have more than 5 years. According to the findings, a significant portion of nurses (50.3%) earn a monthly income ranging from 5,000 to 10,000. A smaller percentage (27.8%) have an income below 5,000, while 18.5% fall within the income bracket of 11,000 to 15,000. Only a small fraction (3.4%) of nurses have an income exceeding 15,000.

Table 3.3 Nurses' responses regarding various aspects of their compensation, benefits, and work conditions:

Responses	Frequency	Percent %
1. Nurses' response regarding having additional financial benefits (e.g. housing allowance):		
Yes	67	20.3
No	257	79.7
Total	324	100%
2. Nurses' perceptions regarding having family members living in Saudi Arabia:		
Yes	157	48.5
No	167	51.5
Total	324	100%
3. Nurses' perceptions regarding having children:		
Yes	139	42.9
No	185	57.1
Total	324	100%
4. Nurses' perceptions regarding receiving additional compensation for being the (charge nurse or at the managerial level):		
Yes	23	7.1
No	301	92.9
Total	324	100%
5. Nurses' perceptions regarding working rotating shifts:		
Yes	267	82.4
No	57	17.6
Total	324	100%
6. Nurses' perceptions regarding receiving additional compensation for rotating shifts:		
Yes	44	13.6
No	280	86.4
Total	324	100%
7. Nurses perceptions regarding if they certified in their specialty area:		
Yes	129	39.8
No	195	60.2
Total	324	100%
8. Nurses' perceptions regarding receiving compensation for being certified:		
Yes	36	11.1
No	288	88.9
Total	324	100%

According to the data in Table 3.3, a small percentage of participants (20.3%) reported receiving financial gains. Most participants did not receive any financial benefits. Table 3.3 reveals that 48.5% of the participants have family in Saudi Arabia, whereas the remaining 51.5% do not. According to the data in Table 3.3, a significant portion of the population, 42.9%, has children, while the remaining 57.1% do not. A mere 7.1% of individuals claimed to receive additional compensation in roles such as charge nurses or managers. However, most participants do not receive any additional compensation. A small percentage of participants do not work rotational shifts, while the majority do. It is worth noting that most participants (86.4%) did not receive additional compensation for working alternating shifts, while a small percentage (13.6%) did. Table 3.3 reveals that 39.8% of the participants held certifications in their respective fields, whereas 60.2% did not. The data in Table 3.3 shows that the majority of participants, 88.9%, did not receive any certification compensation. On the other hand, 11.1% of participants reported that they did receive compensation.

Section Two: Nurses' Response to Nursing Turnover:

Table 3.4 Nurses' responses regarding nursing turnover:

No	Nursing turnover	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Mean	SD	Ranking
1	I plan to stay in my position for a while.	35.5	41.0	10.2	8.3	4.9	3.93	1.11	1
2	I am quite sure I will leave my position in the foreseeable future.	22.8	41.4	19.1	11.4	5.2	3.65	1.11	5
3	Deciding to stay or leave my position is not a critical issue for me now.	25.3	39.2	14.8	12.7	8.0	3.61	1.22	7
54	I know whether or not I'll be leaving this agency in a short period	16.0	40.1	18.5	18.1	10.2	3.37	1.21	11
8	If I got another job offer tomorrow, I would strongly consider it.	26.2	33.3	17.3	14.5	8.6	3.54	1.26	8
6	I have no intention to leave my current position.	28.4	33.3	17.0	14.8	6.5	3.62	1.22	6
7	I have been in my position as long as I want to.	34.9	36.7	16.0	9.9	2.5	3.92	1.06	2
8	I am certain that I will be staying here for a while.	24.1	46.6	15.7	9.0	4.0	3.77	1.06	4
9	I do not have any specific idea how much longer I will stay.	25.3	47.2	13.9	9.9	3.7	3.81	1.04	3
10	I plan to hang on to this job for a while.	19.4	39.2	21.6	12.3	7.4	3.51	1.16	9
11	There are big doubts in my mind as to whether or not I will really stay in this agency.	16.4	41.7	20.7	13.9	7.4	3.46	1.14	10
12	I plan to leave this position shortly	10.8	27.8	25.3	16.0	20.1	2.93	1.29	12
	Overall mean value						3.59	0.55	

Table 3.4 presents the responses of the nurses in the current study based on turnover. The results reveal that the overall mean value of their responses is 3.59, with an SD of 0.55. The results show that among the most positive responses regarding nurses' turnover, almost all nurses confirmed that they planned to stay in their position for a while, with a mean value equal to 3.93 and an SD of 1.11. Moreover, almost all nurse participants in the study believed that almost all nurses have been in their positions as long as they want to. The mean value is equal to 3.92 with an SD of 1.06. Additionally, the results in Table 3.4 show one of the most positive attitudes regarding nursing turnover Almost all participants confirmed that they do not have any specific idea how much longer they will stay. The mean value supports that, reaching 3.81 with an SD of 1.04. Moreover, the results in Table 3.4 show that one of the most basic perceptions regarding nursing turnover is that they are certain that they will be staying here for a while. On the other hand, the nurses confirmed that they neither agree nor disagree that they know whether or not they will be leaving this hospital in a short period, with a mean value reaching 3.37 with an SD equal to 1.21. This mean value indicates that almost all participants are moderately aware of whether they will leave this hospital shortly or not. The twelfth statement, with a mean score of 2.93, indicates that participants have intentions of leaving their current positions shortly.

Section Three: Analysis of Quality of Work-Life Dimensions:

The main purpose of data analysis in this section is to assess the nurses' perceptions regarding their quality of work-life dimensions, which include the following dimensions:

Table 3.5 Nurses' responses regarding their home or work life:

No	Home or work life	Mean	SD	Ranking
1	I am able to balance work with my family's needs.	3.75	1.69	4
2	It is important for a hospital to offer employees on-site childcare services.	4.54	1.61	1
3	I have energy left after work.	2.97	1.67	7
4	My organization's policy for family leave time is adequate.	3.10	1.57	6
5	It is important for a hospital to offer employees on-site daycare for elderly parents.	4.31	1.52	2
7	Rotating schedules negatively affect my life.	3.76	1.70	3
8	I receive a sufficient amount of assistance from unlicensed support personnel (the dietary aides, housekeeping, patient care technicians, and nursing assistants).	3.37	1.63	5
	Overall mean value	3.79	0.93	

The study investigated the level of satisfaction among nurses regarding their work and home lives. The findings revealed that nurses, on average, reported a satisfaction value of 3.79 with a standard deviation of 0.93. This indicates a generally positive level of satisfaction among nurses. It was found that nurses highly valued the provision of on-site ill childcare services (item 2) and daycare for elderly parents (item 5). The majority of participants expressed the importance of these services, with mean values indicating their significance (4.31 with an SD of 1.52). Participants reported that rotating schedules had a noticeable negative effect (item 7), but they also expressed a moderate level of confidence in their ability to handle work and family responsibilities (item 1) and mentioned receiving help from unlicensed support professionals (item 8). The study indicated that the organization's family leave policy may be seen as inadequate (item 4), and participants expressed having energy remaining after work (item 3).

Table 3.6 Nurses' responses regarding their work design:

No	Work design	Mean	SD	Ranking
1	I am satisfied with my job.	4.08	1.50	5
2	My workload is too heavy.	4.13	1.50	3
3	I have the autonomy to make patient care decisions.	3.94	1.46	6
4	I perform many non-nursing tasks.	4.10	1.62	4
5	I experience many interruptions in my daily work routine.	3.89	1.48	8
6	I have enough time to do my job well.	3.94	1.46	7
7	There are enough registrar nurses in my work setting.	3.67	1.69	9
8	I can provide good-quality patient care.	4.71	1.43	1
9	I receive quality assistance from unlicensed support personnel (dietary aides, housekeeping, patient care technicians, and nursing assistants).	3.55	1.54	10
10	I can communicate well with my nurse manager/supervisor.	4.47	1.47	2
	Overall mean value	4.05	0.83	

Table 3.6 shows that their mean response is 4.05 with an SD of 0.83. The mean value shows that nurses generally like designing their work. Additionally, Table 3.6 shows that almost all nurses believed they could provide good-quality patient care, which is the most important indicator of work design perceptions. The ten items also show that most nurses in the study said they could communicate well with their nurse manager or supervisor. Nearly all nurses thought their workload was too heavy, the second item showing their assessment of the work design. Additionally, most participants believe they perform many non-nursing tasks. For item 1, nurses' job satisfaction is mostly good but could be better. Moderate autonomy scores in Item 3 indicate a need to empower decision-making. Item 7: Most nurses said their workplace had enough registered nurses. Nurses believe item 5 has significant interruptions that can affect workflow efficiency and focus. Finally, nurses say, "I receive quality assistance from unlicensed support personnel (the dietary aides, housekeeping, patient care technicians, and nursing assistants)."Nurses thought unlicensed support staff provided good care, as the mean value was 3.55 and the SD was 1.54. According to the previous analysis, nurses like their work design. Almost all nurses said they could provide good patient care and communicate well with my nurse manager or supervisor, which is crucial to work design.

Table 3.7 Nurses' perceptions regarding work context:

No	Work Context	Mean	SD	Ranking
1	I have adequate patient care supplies and equipment.	3.61	1.70	20
2	My nurse manager/supervisor provides adequate supervision.	4.42	1.46	9
3	Friendships with my co-workers are important to me.	4.80	1.38	3
4	My work setting provides career advancement opportunities.	4.21	1.45	15
5	There is teamwork in my work setting.	4.59	1.42	6

6	I feel a sense of belonging in my workplace.	4.19	1.40	16
7	I can communicate with the other therapists (physical, respiratory, etc.).	4.44	1.39	8
8	I receive feedback on my performance from my nurse manager/supervisor.	4.31	1.46	12
9	I can participate in decisions made by my nurse manager/supervisor.	4.01	1.49	19
10	I feel respected by physicians in my work setting.	4.40	1.44	11
11	It is important to have a designated, private break area for the nursing staff.	4.91	1.40	1
12	It is important to me to have nursing degree-granting programs available at my hospital.	4.86	1.25	2
13	I receive support to attend services and continuing education programs.	4.55	1.37	7
14	I communicate well with the physicians in my work setting.	4.64	1.31	4
15	I am recognized for my accomplishments by my nurse manager/supervisor	4.26	1.41	13
16	Nursing policies and procedures facilitate my work.	4.59	1.36	5
17	The security department provides a secure environment.	4.41	1.39	10
18	I feel safe from personal harm (physical, emotional, or verbal) at work	4.24	1.45	14
19	Upper-level management has respect for nursing.	4.02	1.52	18
20	In general, society has an accurate image of nurses.	4.04	1.44	17
	Overall mean value	4.38	1.04	

Table 3.7 displays that nurses generally have a positive outlook towards their work context, with a mean value of 4.38 and a standard deviation of 1.04. Important factors for understanding the work environment include a specific, secluded area for breaks and access to nursing degree programs, with average scores of 4.91 (SD 1.40) and 4.86 (SD 1.25), respectively. Healthcare professionals expressed satisfaction with their nurse manager or supervisor, noting positive communication (mean value 4.64, SD 1.31). They also found that nursing policies and procedures helped facilitate their work (mean value 4.59, SD 1.36). They highly valued teamwork in the work setting, as evidenced by a positive mean value of 4.59 (SD 1.54).

When it comes to decision-making, the majority of nurses have the opportunity to be involved in the decisions made by their manager or supervisor (mean value: 4.01, SD: 1.49). Researchers found that nurses had generally positive perceptions about patient care supplies and equipment, with a mean value of 3.61 and SD of 1.70.

Table 3.8 Nurses' answers regarding the work world:

No	Work World	Mean	SD	Ranking
1	My salary is adequate for my job given the current job market conditions.	2.86	1.64	4
2	I would be able to find the same job in another organization with about the same salary and benefits.	3.79	1.74	3
3	I believe my job is secure.	4.22	1.37	2
4	My work impacts the lives of patients/families.	4.48	1.43	1
	Overall mean value	3.64	1.03	

Section Four: A: Examining the relationship between quality of nurse life and turnover:

Table 3.9 The relationship between the quality of nurse working life and nursing turnover:

	Nursing turnover	
Quality of nurse working life	**Spearman correlation**	**P-value**
	0.011	**0.84**

To measure the correlation relationship between nursing turnover, and the quality of nursing working life, the results in Table 3.9 reveal that, Spearman's correlation is reaching 0.011 at a P-value greater than the significant level (0.05). Thus, we conclude that there is no statistically significant relationship between the quality of nurse working life (independent factor) and the nursing turnover. This means the quality of a nurse's work life does not influence nursing turnover.

Section four: B: Examine significant differences:

The aim of examining significant variations in this section is to verify that, there is a significant relationship between nurses' profile and their quality of work life. The ANOVA test and T-test were used in this analysis. The T-test demonstrates that the quality of nurses' working lives does not vary by gender or years of experience. While the ANOVA study showed that marital status, nationality, nursing position, and salary affect nurses' quality of working life.

Regarding the nursing turnover the T-test showed no significant variations in nursing turnover by gender or years of service. The analysis of variances (ANOVA) shows that nurses' perceptions of nursing turnover are not statistically significant by age, marital status, education level, monthly income, current nursing position, or total years of nursing experience. Nationality is correlated with nurse turnover.

4.Discussion

The current study reveals significant variation in the quality of working life among nurses, attributed to factors such as marital status, nationality, and current nursing position. Marital status, nationality, current nursing position, and monthly income significantly impact nursing's work-life balance. However, there are studies have concluded that there is no statistically significant correlation between marital status and quality of work life (QWL) (Kadourah et al.,2018; Dargahi et al., 2012; Nayeri et al., 2011).

The study's findings highlight a concerning trend in the healthcare system. Specifically, around 80% of healthcare professionals do not receive additional financial benefits, and a striking 93% do not receive extra compensation for serving as charge nurses or at the managerial level. The absence of proper financial acknowledgment for individuals in crucial positions like charge nurses and managers prompts significant inquiries regarding equity and fairness in compensation practices within healthcare organizations.

Based on a study conducted by Smith et al. (2020), it was found that a significant number of healthcare professionals surveyed expressed that they do not receive any additional financial benefits, despite the demanding nature of their roles. The discrepancy in pay can have significant consequences for employee satisfaction, turnover rates, and ultimately the quality of care provided to patients in healthcare settings.

In addition, the study conducted by Alahiane et al. (2023) highlights the connection between insufficient financial recognition for charge nurses and managerial staff and the resulting decrease in motivation and job satisfaction. The study indicates that the lack of extra compensation for these positions may result in a feeling of being undervalued and could potentially impact job performance. Given these findings, healthcare organizations must reevaluate their compensation structures to guarantee equitable pay for nurses and managers, acknowledging the valuable contributions they bring to the table. Through the implementation of transparent salary policies, performance-based incentives, and recognition programs, organizations can showcase their dedication to appreciating and empowering their workforce. The study's findings emphasize the importance of healthcare organizations giving priority to implementing fair and equitable compensation practices for charge nurses and managerial staff. Understanding the important contribution these individuals make in providing excellent patient care, organizations can create a supportive work environment that encourages employee involvement and ultimately improves overall organizational performance.

The study's findings revealed that a significant majority of participants (86.4%) expressed dissatisfaction with the compensation they received for their rotating shifts. On the other hand, a smaller percentage of individuals (13.6%) believed that they did receive additional compensation. A notable number of participants (60.2%) expressed that they did not possess certification in their field, while 39.8% had successfully acquired credentials. The majority of participants (88.9%) reported receiving compensation for their certification, whereas a small group (11.1%) expressed no compensation. Through this study, an important finding regarding nursing turnover has surfaced, suggesting that nurses express a strong commitment to staying at their current hospital for a significant duration.

This discovery implies a feeling of stability and dedication among nurses toward their current workplace, which could impact their likelihood to stay and the overall continuity of the organization. When comparing this result with findings from another study the perceptions of turnover intentions among nurses could indicate a heightened sense of uncertainty or a strong aspiration for career advancement and better opportunities beyond their current hospital. This differing perspective may suggest different factors that impact nurses' choices to remain or depart from their current workplace (Douglas& Judd, 2017). On the contrary to the data from the present study, it appears that a considerable number of nurses in the sample are contemplating leaving their positions shortly. More than 64% of them either strongly agree or agree with this statement. This finding is quite concerning, as high turnover rates can have a detrimental effect on patient care and the overall operations of a hospital. This aligns with prior studies that have emphasized the widespread occurrence of high turnover rates in the nursing field. Laschinger et al. (2012) conducted a study that estimates the turnover rate for registered nurses in the United States to range between 17.2% and 19.1%. It is worth noting that a considerable proportion of nurses tend to resign from their positions within the initial year of employment.

The findings of this study reveal that nurses experience a high level of satisfaction in both their home and work lives. When nurses express their opinions on the matter, the findings reveal that the majority of participants strongly believe that a hospital must provide on-site ill childcare services for employees. In addition, nurses expressed their opinion on the importance of hospitals providing on-site daycare for elderly parents. The findings of this study are consistent with previous research that emphasizes the significance of childcare and daycare services for healthcare professionals. Research has shown that implementing on-site childcare and daycare services can lead to increased job satisfaction, commitment, and improved patient care (Koller & Scholz, 2021; Blake, 1993). Almalki et al. (2012) conducted a study in Saudi Arabia that revealed a significant number of participants expressing dissatisfaction with their work lives. Approximately 40% of the nurses expressed a strong inclination to leave their current positions. Contrary to the findings of this study, the overall results suggest that nurses tend to have favorable attitudes toward their home or work lives. In addition, a significant number of participants in the study emphasized the importance of hospitals offering on-site childcare services for their employees and taking care of their elderly parents.

5.Recommendations

Based on the findings of this study, the following recommendations are proposed:

1.Provide additional financial incentives and benefits to further improve nurses' satisfaction and retention.

2.Offer on-site sick childcare services and on-site daycare for elderly parents to support nurses' work-life balance.

3.Utilizing the Anticipated Turnover Scale and Quality of Nursing Work-Life Survey which are validated instruments for

assessing work-life quality and intention to leave among nurses outside the profession, will greatly improve future research on nurse attrition.

4.Additional research is necessary to investigate how demographic factors, such as marital status and nationality, influence nurses' intentions to stay or leave their positions. This will help improve nursing retention strategies.

6.Limitation:

This cross-sectional study cannot prove a cause-and-effect link because it only shows a population at one moment. Longitudinal and interventional research on nurse turnover might be useful. Convenience sampling might induce biases and limit generalizability to a wider population.

7. Conclusions:

This study emphasizes that nurses' work life can be impacted by a range of factors, including demographics and occupation. Nevertheless, it is crucial to acknowledge that these variables may not have a direct influence on their choice to leave. To improve nurses' work experience, it is necessary to provide equitable compensation, efficient distribution of tasks, and the promotion of a harmonious work-life equilibrium. Understanding and acknowledging the diverse backgrounds and cultural differences is crucial in developing methods to enhance the work environment. Attaining equilibrium between professional and personal lives is crucial for achieving success. Additional research is required to examine the variables and implement strategies to decrease nurse turnover intentions, as the current data do not demonstrate a significant correlation between work-life quality and the intention to quit. Taking these elements into account can greatly improve nurse satisfaction and retention in the hospital.

Acknowledgment

We would like to express our sincere appreciation to the nurses whose invaluable contribution made this research possible. Their dedication to furthering knowledge in the field, along with their openness to sharing their experiences and insights, have greatly enhanced this study.

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