Effect of Work Values and Quality of Work Life on Intention to Stay among Head Nurses working at Oncology Center

Awatef Hassan Kassem[(1)], Maysa Fekry Ahmed[(2)]

(1, 2) Assist prof. and Lecturer in Nursing Administration Department
Faculty of Nursing, Mansoura University -Egypt

Abstract

Work values play a crucial role in any health care organization as these values form as well as shape the nature of job-related behaviors, can predict outcomes and influencing nurse's attitudes and responses in the workplace. Health organizations are looking for methods to improve nurse's intention to stay at work through understanding their work values and improving quality of their work life. **Aim:** The current study aims to detect the effect of work values and quality of work life on intention to stay among head nurses working at Oncology Center. **Methods:** The study was conducted at all inpatient units at Oncology Center (OC). The total sample was 110 head nurses. Three tools utilized in this study were Work Values Inventory, Quality of Work Life Questionnaire, and Intent to Stay Scale. **Results:** Major results of the present study indicated that there was highly statistically significant positive relation between head nurses' intention to stay at work with both work values and quality of their work life. **Recommendations:** To improve head nurses' intention to stay at work, it is necessary for organization to give more attention and consideration to their work values. Find ways to improve their incentives. Holding regular meetings with the head nurses to listen to and understand the most important work values to them. Supervisor should understand the importance of their support to head nurses, improving their relationship with them and helping them in difficulties to improve quality of work life.

Keywords: Head nurses, Intention to stay**,** Work values, Quality of wok life

Introduction

Organizational labor places as well as practices are facing fast alterations in reaction to altering social norms, financial growths, grouped modifications, in addition to technological application all over the world. Each nurse has unique values that affect his or her behavior which ultimately affects the achievement of organizational objective **(Al-Marri, et al., 2019).** Values are defined as ordered groups of overall beliefs, thoughts, as well as attitudes about what is desirable, correct, or simply respectable in life. Values form nurses' wants, wishes as well as objectives according to their comparative significance and imports **(Sung, et al., 2019)**.

Work values are defined as what a nurse needs out of labor in overall besides also what constituents of an occupation are significant to his or her **(Bilgin, 2015)**. Work values characterize individuals' hope in job and are a person's normative predisposition in work environment. Nurses utilize the concept work values to describe the overall as well as comparatively steady objectives that they attempt to achieve during the labor **(Kantek & Kaya, 2017)**.

Work values are complex construct because work conditions are multifaceted, and nurses can be involved in numerous features of the working condition. Work values are one of the subsets of overall human values and performing as general values that are continuously being discussed concerning to the nurse's growth as well as accomplishment in their work **(Ali & Panatik, 2015)**. Nurses' work values detect what they anticipate accomplishing from the job practice and, as such, decide their selection of vocation as well as response to occupation conditions. They are a useful indicator of an individual's decisions and actions **(Poorchangizi, et al., 2019).**

Work values are classified into intrinsic and extrinsic. Intrinsic work values refer to the

grade to which nurses evaluate irrelevant features of their occupations that permit for self-expression as significant and focus on the process of work **(Rani & Samuel, 2016)**. Intrinsic work values comprised of three domains, which are self-growth, self-realization, and self-esteem **(Saito, et al., 2018)**. Extrinsic work values focus on the consequences or outcomes of work. It refers to the grade to which nurses evaluate material or instrumental labor features and includes the tangible rewards external to the individual. The extrinsic work values consisted of four domains, which are social interaction, security and economic, stability and freedom from anxiety and recreation, health, and transport **(Lin, et al., 2015)**.

Work values not only reflect the individual wants, occupation type selections, or environmental favorites of nurses, but also direct labor actions and can dictate occupation objectives **(Chen, et al., 2016)**. Work values are a type of ideals, purposes, or goals that nurses seek to attain through availability of quality of work life that grasps nurses into the greatest significant source in the institution as they are dependable, accountable as well as able to creating valued participation as well as treated with respect and dignity **(Wright, et al., 2020)**.

Quality work life (QWL) is a method by which an association reacts to nurse wants by emerging mechanisms to permit his or her to participate completely in creating the decisions that plan their lives at labor". In other words, it refers to the relation between a nurse and his or her surroundings, that can be divided into varied scopes as the societal, practical, as well as financial, in which the labor is usually observed and planned **(Komagata, et al., 2020)**. It is also defined as the grade to which nurses are capable of satisfying significant individual wants throughout their practices in their labor institution during accomplishing the institution's objectives **(Angin, et al., 2020)**.

QWL is a multidimensional variable which displays a nurse's sensation about several scopes in respects to his/her occupation. These include the work satisfaction, work circumstances, sufficient as well as equitable compensation, work advancement chances, responsibility assumption, participation in decision-making procedures, work protection, job-related strain, organizational safety in occupation as well as personal relationships, in addition to job life constancy **(Gurdogan & Uslusoy, 2019)**. Quality of work life is taking into consideration the wants of the nurse and maintaining obedience among these wants and the job surroundings, organizing the job environs in a way that makes the effective process of the nurses feasible **(Agus & Selvaraj, 2020).**

QWL is an important construct that includes gaining, training, growing, encouraging as well as evaluating nurses to get their greatest actions, in agreement with the institution's goals **(Leitão, et al., 2019)**. Enhancing QWL rise the happiness and gratification of nurses and causes numerous benefits for both nurses as well as organization. It is the foundation of nurse well-being and influence a variety of their performance results as job satisfaction, job performance, rising the quality of care, organizational identification, enhancing the output of nurses and their intention to stay at their jobs **(Permarupan, et al., 2020)**.

Intention to stay at work is worldwide significant concept that attract the attention of nurse managers all over the world. Intention to stay is defined as nurses' intention to stay with the current organization on long period base and their willingness to remain in the employer as well as their desire to perform for the institution in their rest of lives **(Karlsson, et al., 2019)**. Also, it is defined as the intention of nurses to remain in their current occupations through the rest of their jobs **(Al Zamel, et al., 2020)**.

Intention to stay at work is a mental antecedent to the real behavior performance. This means that nurse's intent to do or not to do a behavior action come first and effects the real implementation of the action. So, if a nurse indicates an intent to leave, the institution stands a danger of losing him or her **(Eltaybani, et al., 2018)**. Conversely if a nurse articulates an intent to stay, the structural asset of resources in retaining as well as appointment of such this nurse is justified. Thus, intention to stay can be utilized to detect whether nursing

specialists will stay at their present work (**Loft & Jensen, 2020**).

Intent to stay can be seen as the nurse's anticipation of staying in the present job for the foreseeable future. Intention to stay comprises not only conduct before leaving the place but also mental propensity as well as rising the level of ITS in nurses was proved to enhance the retaining of nurses in addition to decrease turnover (**Park & Lee, 2018**). Nurses' intention to stay is an important predictor of retention which is very significant to improve quality of care and decrease expenses. It causes constancy of the nursing system which improve the balance of the hospital, and this will make the quality of health care extra steady. So, it affects positively patient safety as well as quality of care (**Gizaw, et al., 2018**).

Nurses' intention to stay is influenced by many factors mainly quality of their work life, decision making styles, structural philosophy, alteration, self-scheduling, work gratification, team unity, training as well as growth, advancement, communication as well as suitable staff operation in addition to assistance services as well as work-life equilibrium, feeling of independence, personal relations, job-related commitment, performance and recompenses (**Basit & Duygulu, 2018**).

Significance of the study

Work values play a crucial role in any health care organization as these values form as well as shape the nature of job-related behaviors, can predict outcomes and influencing nurses' attitudes and responses in the workplace. So, it is very important for any health care organization aiming to achieve its goals to understand these work values of its nurses. Nurses are attracted to institutions because of the values of the institution, and select the institution on the basis of feeling of value similarity, as well as will quit an institution if they realize that their values do not congruence with the institution's values (**Chen, et al., 2016**).

It has become a priority and a major challenge to keep and attract qualified and talented nurses as they are considered the most vital and valuable resource of any health organization and play a critical role in its success and effectiveness. So, health institutions are search for approaches to improve nurses intent to stay at work through improving quality of their work life, understanding their work values that affect their emotions, feelings and attitudes and strive to meet their needs and expectations as well as achieving organizational objectives. So, the present study aims to detect the effect of work values and quality of work life on intention to stay among head nurses working at Oncology Center.

Aim of study:

To detect the effect of work values and quality of work life on intention to stay among head nurses working at Oncology Center

Hypothesis: Work value and quality of work life has positive effect on head nurse's intention to stay at Oncology Center.

Methodology

Design: Descriptive correlational design was used

Setting: This study was carried out at all inpatients units at Oncology Center. Capacity of beds 500 and the hospital represents Ministry of Higher education and found in Mansoura city followed Mansoura University Hospitals, Dakahelia governorate and provide different health care services at Delta Region.

Subjects:

Convenience sample will be utilized which includes all head nurses (n=110) working in the previous mention units, who fulfills the criteria of having a minimum of one-year experience, and available at time of data collection includes in the study to express their opinion about study variables.

Data collection tools:

Three tools were utilized for data gathering in this study, namely; Work Values Inventory, Quality of Work Life Questionnaire, and Intent to Stay Scale.

Tool I: Work Values Inventory (WVI): It was developed by **Wu et al (1996)**.

It is consists of two parts:

First part: Personnel characteristics. It was utilized to recognizing personnel characteristics of head nurses as age, marital status and years of experience.

The second part: It was used to assess head nurses work values. It consists of forty eight items (48) categorized under 7 dimensions. It is classified into intrinsic and extrinsic values. As regards to intrinsic work values comprised three dimensions, which are self-growth (6 items), self-realization (7 items) and self-esteem (7 items). Extrinsic work values that consist of four dimensions, which are social interaction (7 items), security and economic (7 items), stability and freedom from anxiety (7 items) and recreation, health and transport (7 items).

Scoring system: Responses were measured on a five-point rating scale ranged from 1 to 5 (1= least important; 5= most important). A higher score reflects a higher placing importance on values of work. (<50%) low level of work values, (50-75%) moderate work values and (> 75%) high level of work values based on cut of point 50%.

Tool II: Quality of Work Life (QWL) Questionnaire:

This tool was aimed to measure the head nurses QWL at workplace. The development of the tool was guided by the National Institute for Occupational Safety and Health (**NIOSH, 2002)**. This tool consists of 36 items classified into 6 domains. The first domain was concerned with psychological work environment and includes 6 statements such as mutual trust among all staff members, felling with freedom at work. The second domain was concerned with job characteristics. It includes 6 statements such as job assignments are important, having the skills necessary to perform job. The third domain was concerned with salaries and incentives. It includes 6 statements such as feeling happy with job revenues, salary depends on efforts at work. The fourth domain was concerned with teamwork and includes 6 statements such as team member express their emotions freely, team member share in decision of importance to them. The fifth domain was concerned with

supervisor leadership style and includes six statements such as supervisor encourages sharing in decisions, supervisor has good planning skills. The sixth domain was concerned with participation in decision making. It includes 6 statements such as having the chance to influence decisions related to my work, getting enough information about my work objectives.**.**

Scoring system

According to Likert scale, the answers for the items were on 5 point ranging from strongly agree to strongly disagree. These were scored respectively from 5 to 1. (<50%) low level of quality of work life, (50-75%) moderate quality of work life and (> 75%) high level of quality of work life based on cut of point 50%.

Tool III: Intent to Stay Scale: It was developed by (**McCloskey & McCain 1987)**.

It was utilized to assess head nurses' intention to stay at their jobs. It consists of five items which are nurses plan to keep this job for at least two or three years; Even if this job does not meet all their expectations, nurses will not quit; Nurses will probably spend the rest of their career in this job; Nurses plan to work at their present job as long as possible; And finally, under no circumstances would nurses leave their present job.

Scoring system:-

Responses were measured on a five-point rating scale ranged from 1 to 5 (1, strongly disagree; 2, disagree; 3, neutral; 4, agree and 5, strongly agree). (<50%) low level of intention to stay, (50-75%) moderate intention to stay and (> 75%) high level of intention to stay based on cut of point 50%.

Ethical Consideration:

Before beginning the study, ethical approval was granted from the research ethics committee in which the study occur. The researchers make sure that the accurate processes were carried out regarding informed consent autonomy, anonymity as well as keeping of the participants privacy. A formal permission to carry out the study was attained from the hospital supervisor.

Tools of data collection were translated into Arabic, as well as tested for its content validity and relevance by a (5) jury and consequently the required modification was done. The

reliability for the tools was done utilizing alpha coefficient to assess the internal consistency reliability of the tools.

A pilot study was carried out on (10%) of head nurses from different units at Oncology Center, to appraise the clearness as well as applicability of the tools and necessary modifications were completed based on their reactions and excluded from the total sample.

An informed consent for sharing in the study was secured from the whole study sample. Sharing in the study is voluntary. Every contributor can select to end carrying out the study and take away at any time without consequence.

Data analysis:

The gathered data were arranged, tabulated, and statistically analyzed utilizing SPSS software (Statistical Package for the Social Sciences, version 16, SPSS Inc. Chicago, IL, USA). For quantitative data, the range, mean as well as standard deviation were calculated. For qualitative data, comparison between two groups and further was done utilizing Chi-square test for comparison between more than two means of parametric data, F value of ANOVA test was calculated. Correlation between variables was appraised using Pearson's correlation coefficient (r). Significance was adopted at $p<0.05$ for interpretation of results of tests of significance **(Dawson& Trapp 2001)**.

Results

Table (1): Personal Characteristics of the Head nurses (n=110).

Characteristics	No	%
Age:		
▪ 20-30	42	38.2
▪ 31-40	61	55.5
▪ >40	7	6.4
Mean±SD	30.93±6.13	
Marital status :		
▪ Single	17	15.5
▪ Married	93	84.5
Experience years:		
▪ 1-5	15	3.6
▪ 6-10	38	34.5
▪ >10	57	51.8
Mean±SD	12.14±6.63	

This table illustrated personal characteristics of the head nurses. Regarding age about half of head nurses were ranged from 31-40 years old**.** While the majority of head nurses were married (84.5%). Finally, half of head nurses were above ten year experienced at work in oncology center.

Table (2): Mean Scores of the Head Nurses related Work Value (n= 110)

Work value	No of items	Min- max	Mean ±SD
1. Self-growth	6	11.0 -30.0	**22.97±5.16**
2. Self-realization	7	9.0 - 35.0	25.07±7.26
3. Self-esteem	7	15.0 - 35.0	**27.85±5.74**
4. Social interaction	7	13.0 - 35.0	27.03±6.01
5. Security and economic	7	7.0 - 35.0	24.02±6.66
6. Stability and freedom from anxiety	7	11.0 - 35.0	26.07±6.61
7. Recreation, health and transport	7	7.0 - 35.0	25.51±6.79
Total work value	48	86.0 - 238.0	**178.50±38.83**

This table illustrated mean scores of the head nurses related work value .Mean score of work value was (178.50±38.83) among head nurses working at Oncology Center .

Table (3): Mean Scores of the Head Nurses related Quality of Work life, and Intention to Stay (n= 110)

Quality of Work life	No of items	Min- max	Mean ±SD
1.Psychological work environment	6	9.0 – 30.0	**23.23±5.23**
2.Job characteristics	6	9.0 – 30.0	23.00±4.97
3.Salaries and incentives	6	6.0 - 30.0	**19.18±6.53**
4.Team work	6	10.0 – 30.0	22.77±5.26
5.Supervisor leadership style	6	8.0 – 30.0	21.74±5.96
6.Participation in decision making	6	9.0 – 30.0	22.15±5.38
Total quality of work life	36	59.0 – 178.0	**132.10±29.76**
Intent to stay	**5**	8.0 – 25.0	19.70±4.31

This table illustrated mean scores of the head nurses related quality of work life, and intention to stay working at Oncology Center .Mean score of quality of work life was (132.10±29.76) and intent to stay at work was (19.70±4.31).

Table (4): Levels of the head nurses' Quality of Work life, and Intention to Stay at Work (n= 110)

Variables	Low (<50%)		Moderate (50-75%)		High (>75%)	
	No	%	No	%	No	%
1. Work value	9	8.2	45	40.9	56	50.9
2. Quality of work life	8	7.3	47	42.7	55	50.0
3. Intention to stay	8	7.3	27	24.5	75	68.2

This table illustrated levels of the head nurses' work value, quality of work life, and intention to stay at work. Levels of work value, quality of work life and intention to stay at work were high (50.9%, 50.0%, 68.2,) respectively.
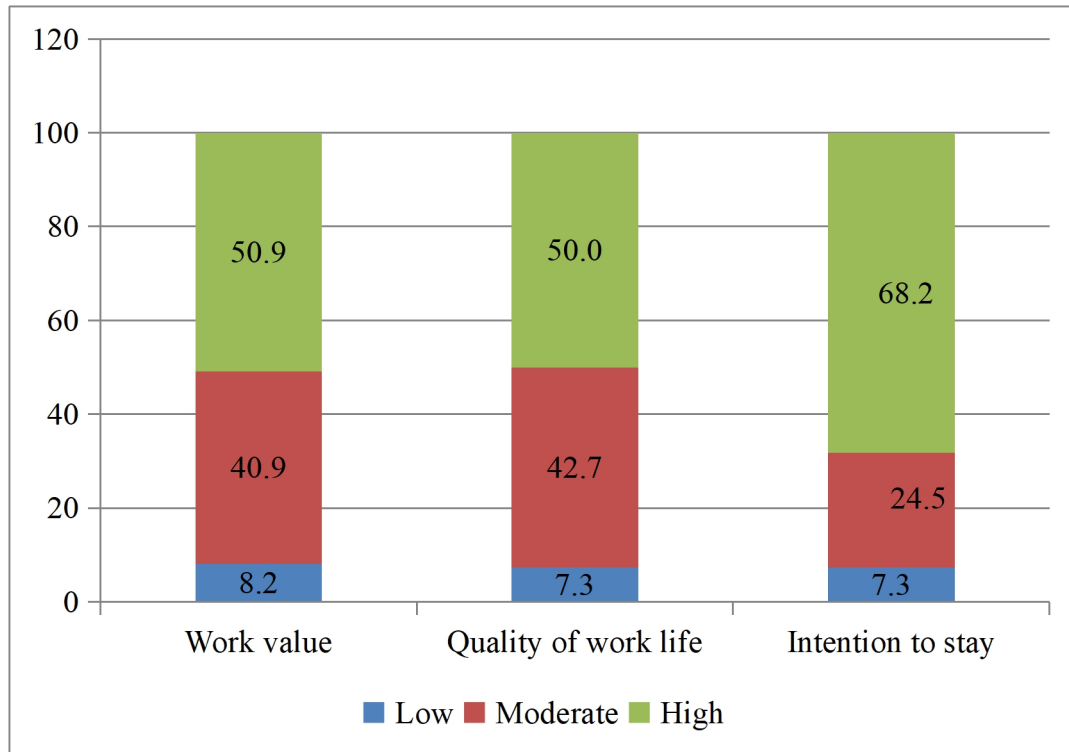

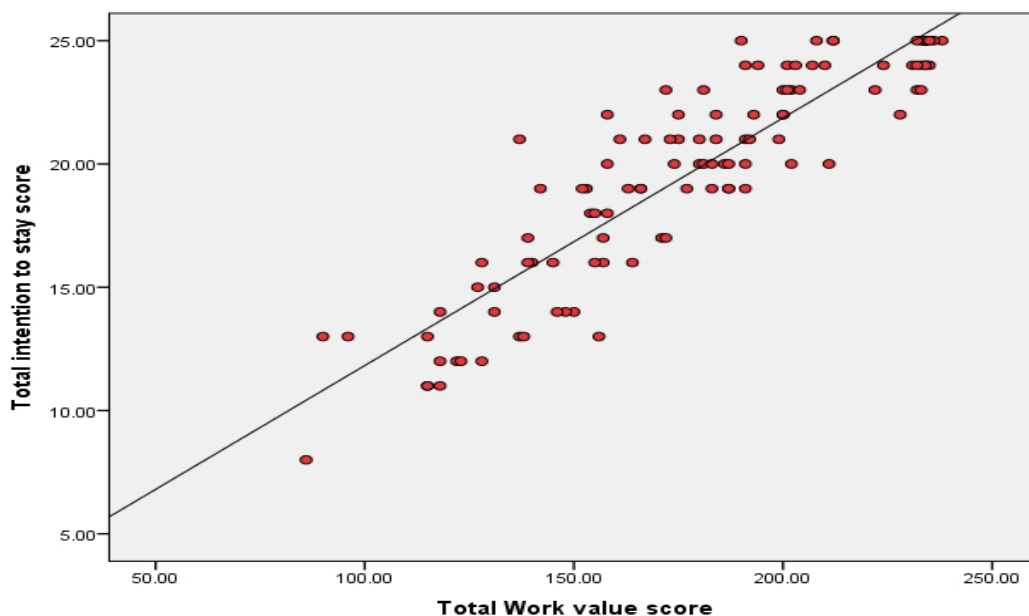**Figure (1):** Levels of the Head nurses' Work Value, Quality of Work life, and Intention to Stay (n= 110)

This figure illustrated levels of the head nurses' work value, quality of work life, and intention to stay at work. Levels of work value, quality of work life and intention to stay at work were high (50.9% , 50.0% , 68.2,) respectively.

Table (5): Relationship between levels of the head nurses' work value, quality of work life, and intention to stay (n= 110)

Levels of variables		Intention to stay						p
		Low (<50%)		Moderate (50-75%)		High (>75%)		
		No	%	No	%	No	%	
work value	Low (<50%)	5	55.6	4	44.4	0	0.0	
	Moderate (50-75%)	3	6.7	23	51.1	19	42.2	0.000**
	High (>75%)	0	0.0	0	0.0	56	100.0	
Quality of work life	Low (<50%)	4	50.0	4	50.0	0	0.0	
	Moderate (50-75%)	4	8.5	22	46.8	21	44.7	0.000**
	High (>75%)	0	0.0	1	1.8	54	98.2	

** Highly statistically significant (P ≤0.01)

This table illustrated relationship between levels of the head nurses' work value, quality of work life, and intention to stay. There is highly statistically significance relationship between levels of work value, quality of work life and level of intention to stay at work (p= **0.000****).
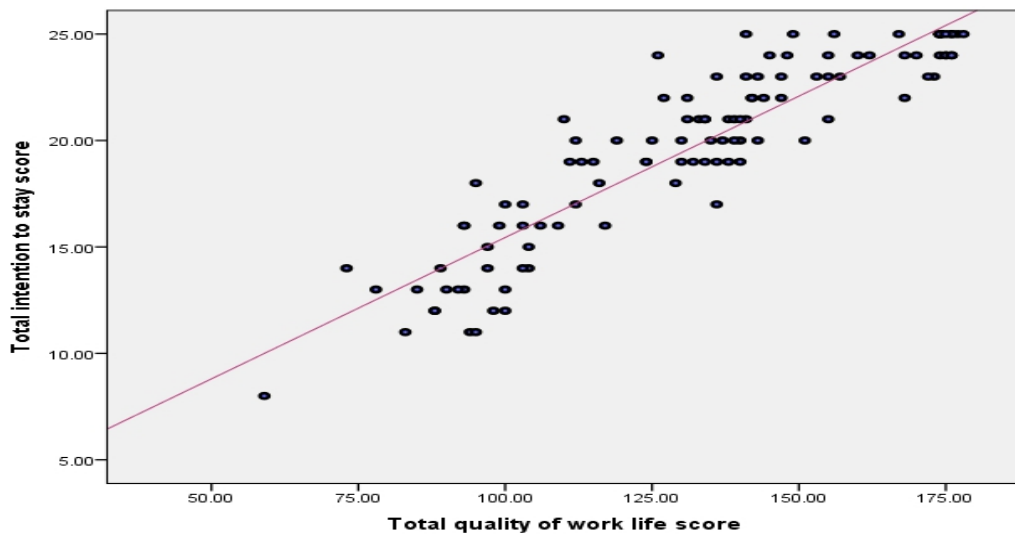

r=0.90   P=0.000**
** Highly statistically significant (P ≤0.01)

Figure (2): Relationship between head nurses' work value, and intention to stay (n= 110)

This figure showed relationship between head nurses' work value and intention to stay at work. There is highly statistically significance relationship between work value and intention to stay at work (P ≤0.01)

r=0.91   P=0.000**
** Highly statistically significant (P ≤0.01)

Figure (3): Relationship between head nurses' quality of work life, and intention to stay (n= 110)

This figure showed relationship between staff nurses' quality of work life and intention to stay at work. There is highly statistically significance relationship between work value and intention to stay at work (P ≤0.01)

Discussion:

Improving head nurses' intention to stay at work is very significant for any health care organization to overcome high shortage in nursing personnel. So, understanding their work values and the improvement of quality of their work life is very essential to enhance their intention to stay at work **(Gizaw , et al 2018)**

The findings of the current study indicated that the head nurses' total work values were at the high level. This may be due to high value of self-esteem, social interaction among them as they work honestly and sincerely with each other, taking care of each other and the supervisor being considerate of them, as well as stability and freedom from anxiety, all of them are very important values to head nurses. This was in the similar line with **Wang, et al (2019)** who stated that nurses scored their total work values as high, confirming that work values have a positive influence on occupation satisfaction.

This was confirmed by **Seibert, et al (2020)** who reported that every elements of work values are observed as significant, and mentioned that optimistic work value is a main

element in generating a constructive patient safety culture attitude. Furthermore, **Saito, et al (2018)** stated that nurses reported their work values at moderate level, and adding that nurse supervisors should emphasis on nurturing and enforcing the work value of nurses to assist them stay positive.

Regarding to findings of the present study indicated that head nurses' self -esteem as one dimension of work value was the highest mean scores of work values dimensions. This may be due to the head nurses most important values is to be respected, recognized, responsible for specific tasks, feelings of achievement while working, acquiring self-confirmation and self-confidence during job and obtaining other person's affirmation. This was in the same line with **Gabriel, et al (2020)** who stated that participants reported high levels of self-esteem. Confirming that self-esteem is a significant element donating to one's sensation of worth as a professional as well as play a crucial, transformative role in the improvement of professional values in addition to personality.

In agreement of the present study, **Kupcewicz & Jozwik (2020)** found that nurses had higher grades in whole self-esteem and

mentioned that high self-esteem is linked with welfare as well as pleasure and help them to estimate their individual observed success or failure in attaining their objectives. This was supported by **Fawzy, et al (2020)** who stated that staff nurses' recording higher self-esteem, recommending that self-esteem may perform as a source that hinder the negative influences during work events and predict well-being. Additionally, **Rani & Samuel (2016)** reported that nearly half of the participants appraised their self-esteem at an average level, adding that, nurses with higher self-esteem have greater cooperation with coworkers as well as patients.

Findings of the present study revealed that head nurses' self- growth was the lowest mean scores of work values dimensions. This may be due to that encouraging head nurses to analyze and study things in depth during working, offering them with the opportunity of attempting novel operational ways at work and allowing them to fully create one's own work career were least important than the others dimensions of work values. This is supported by **Dik, et al (2019)** who found that the work value that was documented as the lowest importance by the study was self-growth. In the same line **Komagata, et al (2020)** who mentioned that nurses scores their self-growth value at average level. In this respect, **Wright, et al (2020)** said that a number of working individuals might believe that financial recompenses are the greatest significant values of work but other might put emphasis on intrinsic recompenses such as self-growth as the most important rather than monetary or extrinsic rewards.

Regarding head nurses' total quality of work life, the finding of the current study revealed that head nurses' total quality of work life was at the high level. This may due to that head nurses perceive high psychological work environment, job characteristics, team work, participation in decision making and supervisor leadership style. This is consistent with the results of **Mohammadi & Karupiah, (2020)** who found that staff nurses demonstrated high level of quality of work life, confirming that it has an optimistic influence on all outcomes for both staff nurse and organization. In agreement of the present study, **Sinval, et al (2020)** stated

that individuals rated their quality of work life at high level which improve their job satisfaction.

Furthermore, **Angin, et al (2020)** reported that the majority of staff nurses rated their quality of work life as positive, which make them sense filled with energy during work, as well as have a tendency to dedicate wholly their time at labor and improve their engagement and performance. Additionally, **Bhende, et al. (2020)** stated that nurses identified their quality of work life as good, On the contrast, **Alharbi, et al (2019)** reported that the quality of work life of respondents was low and they were not pleased and they had very little energy after work.

Regarding quality of work life dimensions, The findings of the current study indicated that psychological work environment was the highest mean scores of quality of work life dimensions. This may be due to the head nurses working in atmosphere of mutual trust, enjoying with freedom at work, feeling respect from others and feeling satisfaction about their achievement. This was in congruent with **Teo, et al (2020)** who found that psychosocial work environment is the highest dimension among staff nurses, confirming that it plays an important role in determining a variety of patient and organizational outcome. In the same line **Akter, et al (2019)** stated that nurses perceived their psychological work environment as moderate, and mentioned that confidence as well as societal support among coworkers besides feeling of justice through the work provides a healthier basis for successful collaboration in addition works as a defense against displeasure as well as strain.

Findings of the current study revealed that salaries and incentives dimension was the least mean score of job resources dimensions. This may due to that head nurses think that their organization not pays good salaries, not receiving additional paid for additional work, salaries distribution unfair and they can't live comfortably on their salaries. This was supported by **Gurdogan & Uslusoy (2019)** who reported that the majority of contributing nurses showed that they we're not pleased with items in the dimension of pays and wages. This was in agreement with **Permarupan, et al**

(2020) who stated that over half of nurses reported that their payment was not enough and not suitable to the nature of roles that they perform. Additionally, **Davoodi, et al (2020)** mentioned that further than three quarters of head nurses supposed that their pays and salaries within the institution as well as amongst similar institutions were not equitable and there was unfairness in payments.

Regarding head nurses' intention to stay, the finding of the present study revealed that head nurses' intention to stay was at the high level. This may be due to that head nurses design to work at their current occupation as long as probable, design to continue this occupation for at least two or three years and maybe spend the rest of their profession in this work. This is consistent with the findings of **Gizaw et al. (2018)** who indicated that the most of staff nurses are planning to stay in their present work. This was in the similar line with **Li, et al (2020)** who stated that the majority of participants showed that they intended to remain for at least five years and more. Furthermore, **Al Zamel, et al (2020)** mentioned that intent to stay in the occupation was greater amongst nurses who working as a senior and satisfied with their working condition.

The findings of the present study revealed that work values and quality of work life were positively correlated with head nurses' intention to stay at work. This is constant with the results of **Chen, et al (2016)** who found a significant positive correlations between intent to stay and work values. In the same respect, **Al-Marri, et al (2019)** stated that work values are a significant reflection in the work because they predict selections as well as activities, affecting behavior, as well as influence a number of organization consequences, as judgment in addition to decision-making, pleasure and commitment which encourage nurses to intent to stay at their job. In the same line, **Eltaybani, et al (2018)** reported that respondents who had a higher level of intention to stay were significantly more predictable showed positive work values.

Additionally, **Agus & Selvaraj, (2020)** stated that improving quality of work life of the nurses is a main element affecting the intention to stay in the work. This finding supported by **Komagata, et al (2020)** who reported that factors that influence intent to stay in the work environment are typically described as job satisfiers that caused by high quality of work life as fair wages, benefits, contribution in decision making, leadership support, autonomy, sense of power and working as a team. This was in agreement with **Loft & Jensen (2020)** who found QWL is observed to influence a series of performance consequences as occupation comfort, job motivation, job involvement, positive attitudes and intention to stay, concluding that quality of work life had a positive and important effect on occupation pleasure and intention to stay.

Conclusion

More than half of head nurses showed high level of work value, half of them showed high level of quality of work life and more than two thirds of them showed high level of intention to stay at their work. There was statistical significant positive relation between head nurses' intention to stay at their work and both work value and quality of work life. So, from the above we can conclude that head nurses' intention to stay at work increase when the organization give more attention and consideration to their work values and improving their quality of work life.

Recommendations:

- To improve head nurses' intention to stay at work, it is necessary for organization to give more attention and consideration to their work values.

- Holding regular meetings with the head nurses to listen to and understand the most important work values to them.

- It is necessary for managers to acknowledge and reward head nurses' good performance to somewhat find ways to improve their incentives.

- Managers should encourage head nurses for personal growth, giving them opportunity to learn new things and allowing them variety at work.

- Supervisor should understand the importance of their support to head nurses,

improving their relationship with them and helping them in difficulties.

- Administrators should provide flexibility of scheduling and balance between head nurses' family life and the requirement of their work, to decrease work life conflict and promote stability and freedom from anxiety.

- Additional research must be conducted about intention to stay among nursing personnel.

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