Relation between Quality of Nursing Work Life and Nurses' commitment At Edfina Central Hospital

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Abstract

Background: The quality of nursing work life (QNWL) was defined as "the degree to which nurses are able to satisfy important personal needs through their experiences in their work organization, while Organizational commitment was defined as a strong desire to remain a member of a particular organization, a willingness to exert high levels of effort on behalf of the organization. **Aim:** Identify the relation between Quality of Nursing Work Life and nurses' commitment at Edfina Central Hospital. **Methods**: A descriptive, correlation research design. **Setting**: at all Edfina Central Hospital units (n=5). **Subject** all staff nurses (113 nurses). **Tools**: two tools were used, **Tool (I):** The quality of nursing work life questionnaire and **Tool (II)**: Three-component Model of Organizational Commitment Questionnaire. **Conclusion**: the present study revealed that there was a highly statistically significant relation between total quality of nursing work life and total organizational commitment. **Recommendations**: Nursing managers need to improve nurses' working conditions especially newly recruited nurses to increase their commitment level and consider the family aspect of their staff nurses.

Keywords: Quality of Nursing Work Life, Nurses, organizational commitment.

Introduction:

Nurses are a group of health care personnel that are working under complicated, dynamic, and stressful conditions which are vital to patient care **(Ahmed, Abdelwahab, & Elguindy, 2017).** Today, health care organizations are seeking the ways for increasing the Quality of Work Life (QWL) of nurses in order to retain the best of them, attract the most talented staff and to preserve skilled personnel in order to survive in a competitive environment shaped by emerging forces of globalization, privatization, advanced knowledge, and technological revolution**. (Almarshad, 2015)(Shawky, Wahab, Bassiouni, & Eldin, 2019).**

QWL is defined by **(Nazari, Tojari, & Esmaeili, 2014)** as" a multidimensional construct that includes concepts such as welfare and health care, incentive programs, job fit, job security, job design, importance of individual role in organization, providing growth and advancement opportunities, participation in decision makings, reducing professional conflicts and ambiguities, training and reward systems.

Quality of nursing work life (QNWL) is a complex, multidimensional concept that has been defined in different ways. QNWL was defined by **(Brooks & Anderson, 2005)** as "a degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization's goals , to make meaningful contributions to their organization".

QNWL enables staff to create an organizational identity and reveal good job performance, increases their job satisfaction and vocational initiatives and decreases their absenteeism, intention to quit and level of burnout **(Seligman, 2011)**. Also Improving **QNWL** serves the aim of improving the efficiency of nurses performance and their commitment to the work place, thus improving the efficiency, profit and savings of the organization **(Wessam A. Elsayed, 2012).**

QNWL is influenced by some factors that can be categorized into four dimensions: work life / home life, work design, work context and work world. Work life/ home life dimension describes the nurses life experience at work and home or the degree to which staff nurse is engaged in and satisfied with, in equal measure, the work and non-work **(Akter, Akkadechanunt, Chontawan, & Klunklin, 2018).** Work design dimension describes

the real work the staff nurses do. Also, work context dimension describes the effect of workplace on staff nurses and patients, while work world dimension describes vast social impacts as well as the effects of changes on the functioning of nursing profession **(Golden, 2012)**.

Clarke & Brooks, 2010 pointed out the most important physical and psychological resources that should be available to nurses in order to ensure that they are more committed to their jobs and organizations **(Clarke & Brooks, 2010)**.

Meyer & Parfyonova, 2010, defined commitment as a stabilizing force that acts to maintain behavioral direction when expectancy/equity conditions are not met and do not function **(Meyer & Parfyonova, 2010)**. Organizational commitment (OC) is an issue of prime value, especially to the management and staff of the organizations. **(Farahani, Taghadosi, & Behboudi, 2011)** described OC as "the psychological likings and loyalty that nurses have to their organization". Also **(Wadhwa & Verghese, 2015)** defined OC as the degree to which an member of staff develops a feeling of belongingness to his or her organization.

Certainly, nurses' organizational commitment is very important for health care institutions. Nurses who are committed to their organization are more likely to be more motivated and performing at highest levels of performance than the less committed nurses as they utilize more effort on behalf of the organization towards its success and strive to achieve its goals and missions **(Jafri & Lhamo, 2013)**.

Meyer & Maltin, 2010, constructed a Three-Component Model (TCM) of commitment, which measures three forms of organizational commitment: affective commitment, normative commitment and continuance commitment. Affective commitment refers to the employee's emotional attachment to, identification with, and involvement in the organization **(Meyer & Maltin, 2010)**. Continuance commitment describes an individual's need to remain with the organization resulting from her/his recognition of the costs **(Scrima, Di Stefano, Guarnaccia, & Lorito, 2015)**. Normative commitment reflects an individual's feeling of obligation to maintain organizational membership **(McCallum, Forret, & Wolff, 2014)**.

Significance of the study:

Nurse quality of work life and their commitment is an essential component of accomplishing strategic and organizational goals and ensure quality of care. QNWL is important for the organizations to continue to attract and retain staff nurse. It has a significant effect on the nurses' behavioral responses, as job satisfaction, job performance, commitment, and turnover which directly affects nurses' performance and retention.

The aim of the study:

Identify the relation between quality nursing work life and nurses 'commitment at Edfina Central Hospital.

Research question

What is the relation between quality of nursing work life and nurses' commitment at Edfina Central Hospital?

Subjects and Method

Research design:

A descriptive correlation research design was used in this study.

Setting:

This study was conducted at Edfina Central Hospital units (N=5 units), namely: outpatient units, medical and surgical inpatient units, neonatal intensive care unit, reception and emergency room, and operation room.

Subjects:

The study was conducted at all staff nurses, who were available at the time of data collections, in the previously mentioned settings was included (N=113), with at least one year of experience.

Tools of the study

The study utilized two tools for data collection which was:

Tool I: The quality of nursing work life questionnaire sheet:

This tool will be composed of two parts:

Part (1): Demographic characteristics of the study participants:

A demographic data of the study participants including questions about gender, age, educational qualifications, working unit, nursing experience, unit experience, and marital status.

Part (2): The quality of nursing work life questionnaire:

The questionnaire was established by **Brooks, 2001**, and adopted by the researcher to measure the quality of nursing work life and it contains 42 items divided into four subscales: work life-home life (7 items), work design (10 items), work context (20 items), work world (5 items).

Responses were measured on a 6-point Likert scale ranging from (1) strongly disagree to (6) strongly agree. 60% and more indicates the presence of quality of nursing work life **(Sirin, 2015).**

Tool II: Three-component Model of Organizational Commitment Questionnaire:

It was developed by **Meyer and Allen 2004**, and adopted by the researcher to measure nurses' commitment. It includes 18 items grouped into three main dimensions: (1) affective (6 items); (2) continuance (6 items); and (3) normative (6 items). Responses were measured on a 6-point Likert rating scale ranging from (1) disagree very much to (6) agree very much. The overall score ranges from (18 to 108). Reverse scoring for negatively worded responses was applied. 60% and more indicates the presence of nurses' organizational commitment **(Meyer & Maltin, 2010)**.

Methods:

1.An official written permission was obtained from the Vice- Dean for graduate and research affairs of Faculty of Nursing, Damanhour University, and the responsible authorities of the study settings after an explanation of the purpose of the study.

2.The two tools were translated into Arabic, and distributed to five experts in the field of the study, and tested for their content validity. The necessary modifications were done based on their comments. (Appendix)

3.The reliability of the two tools was tested statistically using Cronbach's Alpha Coefficient test to measure the internal consistency of the items composing each dimension of the tools. The results of Cronbach's Alpha Coefficient test proved to be strongly reliable (0.768) for quality of nursing work life scale and (0.827) for organizational commitment scale.

Ethical Considerations:

● The research approval was obtained from the ethical committee at the faculty of Nursing-Damanhur University, prior to the start of the study.

● An informed written consent was obtained from the study subject after an explanation of the aim of the study.

● Privacy and the right to refuse to participate or withdraw from the study were assured during the study.

● Confidentiality and anonymity regarding data collected was maintained.

4.A pilot study was carried out on 10% of the total sample size of staff nurses (n=11), who were not included in the study subjects in order to check and ensure the clarity and feasibility of the tools and to identify obstacles and problems that may be encountered during data collection and any necessary modifications were done.

5.Data was collected from the identified subjects, by the researcher through a hand-delivered questionnaire at their working setting after explaining of the aim of the study and the needed instruction was provided to them. The data collection took about two months from 1-7-2019 to 30-8-2019.

6.Data obtained was analyzed using the appropriate statistical tests.

Statistical analysis:

1.The collected data was coded and entered in a special format to be suitable for computer feeding. Following data entry, checking and verification process were carried out in order to avoid any errors.

2.Data was analyzed using the statistical package for social science SPSS (version 20).

Results

Table (1): Showed that the majority of the studied nurses were females' equal 87.6% and the rest were males' equal 12.4. In relation to nurses ' age: the nurses who aged from 20 years to less than 30 years constituted 39.8% of the total subject. Regarding their educational qualifications, 45.1% of them had technical nursing institute diploma. With respect to the working department, 31.0% of the nurses were working in outpatient clinics. Moreover, 36.3% of the total subjects had less than 5 years of experience in the current working units. Additionally, 79.6% of the nurses were married.

Table (2): showed the work life/ home life, so 64.6%of the nurses had absence of this domain. Concerning work design, 68.1% of the nurses had absence of quality. With respect to work context 54.9% of the nurses had absence of quality compared to more than two fifths 45.1% of them who had presence of quality. Furthermore, 77.0% of the nurses had absence of quality in work world domain. Additionally, 65.5% of the nurses had absence of total quality of nursing work life.

Table (3): showed that more than half of the nurses had absence of affective and continuance commitment 58.4% and 61.9% respectively, while 67.3% of them had absence of normative commitment. Furthermore 68.1 % of them had absence of total organizational commitment.

Table (4): shows that 93.9% of staff nurses in the age group 50 to less than 60 years had low level of quality of work life compared to those aged 30 to less than 40 years 48.4% had presence of quality of work life with a statistically significant relation between age and quality of work life with $x^2 =9. 172$ and p= 0,027.

On the other hand the majority (85.7%) of the male nurses had absence of quality of work life compared to 37.4% of the female nurses had presence of quality of work life. It was found that 72.7% of nurses working in surgical departments had presence of work life quality compared to half 50.0% of nurses working in pediatric intensive care units had absence of work life quality.

Table (5): shows that 45.2 % of nurses aged 30 years to less than 40 had presence of commitment in comparison to 77.8% of those aged 20 years to less than 30 years. Moreover, 34.3 % of female nurses had presence of commitment compared to 85.7% of male nurses., 41.9% of Technical Secondary School had presence of organizational commitment compared to technical Institute Diploma 72.5%. Also, 62.5% of the nurses who had 10 years to less than 15 years of experience had organizational commitment compared to 77.8% of the nurse with 5 years to less than 10 years of experience.

Table (6): showed that nurses with absence work life/ home and work context had absence of organizational commitment while, 79.5% and 87.1% with a highly statistically significant relation between them and x^2=12.153and p=0.000, x2=22.736and p=0.000 respectively.

 Furthermore, 72.7% of the nurses with absence work design had absence of organizational commitment, with a highly statistically significant relation between them with x^2= 13.703and p=0.000. Additionally 82.4% of the nurses with absence of total quality of work life had absence of organization commitment with a highly statistically significant relation between them x^2 =20.171and p = 0.000.

Table (7): showed that a highly significant relation was found between work life/ home, work design, work context and work world with p= 0.000, p= 0.000 and p= 0.000 respectively. It was found that a highly significant relation was found between work life/ home, work design, work context and work world with total quality of work life with p= 0.000, p= 0.000, p= 0.000 and p= 0.000.

Table (8): showed that 75.8% of the staff nurses with absent affective commitment had absent of quality of work life, with a statistically significant relation between them as x^2 = 7.406 and with p= 0.006. The same was noticed in continuance commitment, as 71.4% of the nurses with absent continuance Commitment had absent of quality of work life. Furthermore, 77.6% of those with absent level of normative commitment had absent of quality of work life with a highly statistically significant relation between them as x^2= 15.147, p= 0.000. Additionally 79.2% of the nurses with absent total organizational commitment had absent of quality of work life with a highly statistically significance relation between total organizational commitment and quality of work life as x^2 =20.171and p=0.000.

Table (9): showed that with concerning affective domain, a highly statistically significant correlations were found between affective domain and both continuance and normative domains(r= 0.271and p=0.000, r= 0.572 and p= 0.0008 respectively). Also a highly statistically significant relation was noticed between continuance and normative commitment (r= 0.445and p=0.000). Moreover there is a highly statistically significant relation was noticed between affective, continuance and normative commitment with total organizational commitment as r= 0.790and p= 0.000, r= 0.707and p= 0.000, r= 0.863and p= 0.000 respectively).

Table (10): shows that a highly statistically significant correlations were found between total commitment and work life /home, work design, work context and work world with r=0.387, r= 0.468, r=0.645 and, r= 0.461with p=0.000 respectively. Concerning total quality of work life, a highly statistically significant correlations were found between it and affective, continuance and normative commitment with r=o.428, r= 0.508and r=0.624 with p= 0.000 respectively. Lastly, a highly statistically significant relation was noticed between total commitment and total quality of nursing work life as r=0.660and p= 0.000.

Table (1): Demographic characteristics of the nurses working at   Edfina Central Hospital

Nurses ' demographic characteristics			Nurses at Edfina Central Hospital (n=113)	
			NO	%
Age (years)				
20-			45	39.8
30-			31	27.4
40-			21	18.6
50-<60			16	14.2
	Min – Max	21 – 59	Mean ± SD	34.94±10.321
Gender				
Male			14	12.4
Female			99	87.6
Educational qualifications				
Technical Nursing Secondary School Diploma			31	27.45
Technical Nursing Institute Diploma			51	45.1
Bachelor of Nursing			31	27.45
Working department				
Operating room			17	15.0
Medical departments			12	10.6
Surgical departments			11	9.7
Emergency room			24	21.3
Outpatient clinic			35	31.0
Pediatric Intensive care units/ incubators			14	12.4
Years of experience since graduation				
< 5			21	18.5
5-			27	23.9
10-			16	14.2
15-			16	14.2
20+			33	29.2
	Min – Max	1– 35	Mean ± SD	14.03±9.657
Years of experience in the working units				
< 5			41	36.2
5-			28	24.8
10-			16	14.2
15-			9	8.0
20+			19	16.8
	Min – Max	1– 34	Mean ± SD	9.73±8.267
Marital status				
Single			12	10.6
Married			90	79.7
Divorced			5	4.4
Widowed			6	5.3

Table (2): Quality of nursing work life dimensions of the nurses (n=113):

Quality of Nursing Work life dimensions	Quality Of Nursing Work Life			
	absence		present	
	No	%	No	%
Work life / home life	73	64.6	40	35.4
Work design	77	68.1	36	31.9
Work context	62	54.9	51	45.1
Work world	87	77.0	26	23.0
Total Quality Of Nursing Work Life	74	65.5	39	34.5

Cut off points for the present & absence = 60% of the maximum score

Table (3): Organizational commitment of nurses (n=113):

Nurses 'organizational commitment	Organizational Commitment			
	Absence		Presence	
	No	%	No	%
Affective commitment	66	58.4	47	41.6
Continuance commitment	70	61.9	43	38.1
Normative commitment	76	67.3	37	32.7
Total Organizational Commitment Levels	77	68.1	36	31.9

Cut off points for the present & absence = 60% of the maximum score

Table (4): The relation between nurses' quality of work life and their demographic characteristics

Demographic characteristics	Levels of quality of work life				Total N=113		X^2	P
	Absence (N=74)		Present (N=39)					
	No	%	No	%	No	%		
20-	31	68.9	14	31.1	45	39.8		
30-	16	51.6	15	48.4	31	27.4	9.172	0.027*
40-	12	57.1	9	42.9	21	18.6		
50-<60	15	93.8	1	6.2	16	14.2		
Male	12	85.7	2	14.3	14	12.4	2.893	0.089
Female	62	62.6	37	37.4	99	87.6		
nal qualifications								
Technical Secondary School	21	67.7	10	32.3	31	27.45	0.343	0.843
Technical Institute Diploma	34	66.7	17	33.3	51	45.1		
Bachelor of Nursing	19	61.3	12	38.7	31	27.45		
unit								
Operating room	10	58.8	7	41.2	17	15.0		
Medical departments	8	66.7	4	33.3	12	10.6		
Surgical departments	8	72.7	3	27.3	11	9.7	2.533	0.772
Emergency room	17	70.8	7	29.2	24	21.3		
Outpatient clinic	24	68.6	11	31.4	35	31.0		
Pediatric Intensive care units	7	50.0	7	50.0	14	12.4		
experience since graduation								
< 5								
5-	12	57.1	9	42.9	21	18.5	10.286	0.036*
10-	22	81.5	5	18.5	27	23.9		
15-	7	43.8	9	56.2	16	14.2		
20+	8	50.0	8	50.0	16	14.2		
	25	75.8	8	24.2	33	29.2		
Years of experience in working unit								
< 5								
5-	25	61.0	16	39.0	41	36.3	3.671	0.452
10-	20	71.4	8	28.6	28	24.7		
15-	8	50.0	8	50.0	16	14.2		
20+	7	77.8	2	22.2	9	8.0		
	14	73.7	5	26.3	19	16.8		
tatus								
Single	6	50.0	6	50.0	12	10.6		
Married	62	68.9	28	31.1	90	79.7	7.157	0.067
Divorced	1	20.0	4	80.0	5	4.4		
Widowed	5	83.3	1	16.7	6	5.3		

X^2 Chi Square Test   * statistically significant at p ≤0.05 ** highly statistically significant at p ≤0.001

Table (5): The relation between the nurses' organizational commitment levels and their demographic characteristics:

demographic characteristics	Levels of organizational commitment				Total N=113		X²	P
	Absence (N=77)		Presence (N=36)					
	No	%	No	%	No	%		
Age								
20-	35	77.8	10	22.2	45	39.8		
30-	17	54.8	14	45.2	31	27.4	6.889	0.076
40-	12	57.1	9	42.9	21	18.6		
50-<60	13	81.2	3	18.8	16	14.2		
Gender								
Male	12	85.7	2	14.3	14	12.4	2.273	0.132
Female	65	65.7	34	34.3	99	87.6		
Educational qualifications								
Technical Secondary School	18	58.1	13	41.9	31	27.45		
Technical Institute Diploma	37	72.5	14	27.5	51	45.1	2.021	0.364
Bachelor of Nursing	22	71.0	9	29.0	31	27.45		
Working unit								
Operating room	10	58.8	7	41.2	17	15.1		
Medical departments	9	75.0	3	25.0	12	10.6		
Surgical departments	6	54.5	5	45.5	11	9.7	6.171	0.290
Emergency room	15	62.5	9	37.5	24	21.2		
Outpatient clinic	24	68.6	11	31.4	35	31.0		
Pediatric Intensive care units	13	92.9	1	7.1	14	12.4		
Years of experience since graduation								
< 5	16	76.2	5	23.8	21	18.5		
5-	21	77.8	6	22.2	27	23.9	8.741	0.068
10-	6	37.5	10	62.5	16	14.2		
15-	11	68.8	5	31.2	16	14.2		
20+	23	69.7	10	30.3	33	29.2		
Years of experience in working unit								
< 5	30	73.2	11	26.8	41	36.3		
5-	17	60.7	11	39.3	28	24.7		
10-	11	68.7	5	31.2	16	14.2	1.202	0.878
15-	6	66.7	3	33.3	9	8.0		
20+	13	68.4	6	31.6	19	16.8		
Marital status								
Single	11	91.7	1	8.3	12	10.6		
Married	60	66.7	30	33.3	90	79.7	4.979	0.173
Divorced	2	40.0	3	60.0	5	4.4		
Widowed	4	66.7	2	33.3	6	5.3		

* Statistically significant at p $\leq$0.0   ****** highly statistically significant at p $\leq$0.001   X² Chi Square Test

Table (6): The relation between the nurses' quality of work life dimensions and their organizational commitment:

Quality of work life dimensions	levels	organizational commitment				Total N=113		X^2	P
		Absence (N=77)		Presence (N=36)					
		No	%	No	%	No	%		
Work life home	Absence	58	79.5	15	20.5	73	64.6	12.153	0.000**
	Presence	19	47.5	21	52.5	40	35.4		
Work design	Absence	56	72.7	21	27.3	77	68.1	2.341	0.126
	Presence	21	58.3	15	41.7	36	31.9		
Work context	Absence	54	87.1	8	12.9	62	54.9	22.736	0.000**
	Presence	23	45.1	28	54.9	51	45.1		
Work world	Absence	67	77.0	20	23.0	87	77.0	13.703	0.000**
	Presence	10	38.5	16	61.5	26	23.0		
Total quality of work life	Absence	61	82.4	13	17.6	74	65.5	20.171	0.000**
	Presence	16	41.0	23	59.0	39	34.5		

Cut off points for the levels high & low = 60% of the maximum score

Table (7): Correlation Matrix between the dimensions of quality of nursing work life:

		Quality of Work Life Dimensions				
		Work life home	Work design	Work context	Work world	Total quality of work life
Quality of Work Life Dimensions	Work life home	r				
		P				
	Work design	r 0.500				
		P 0.000**				
	Work context	r 0.397	0.626			
		P 0.000**	0.000**			
	Work world	r 0.345	0.506	0.531		
		P 0.000**	0.000**	0.000**		
	Total quality of work life	r 0.624	0.813	0.923	0.673	
		p 0.000**	0.000**	0.000**	0.000**	

r = Pearson correlation   * Significant p at ≤0.05   ** highly Significant p at ≤0.001

r ≥0.9 very high correlation   r 0.7-<0.9 high correlation   r 0.5-<0.7 moderate correlation   r < 0.5 low correlation

Table (8): The relationship between the nurses' organizational commitment dimensions and their quality of work life:

Nurses 'organizational commitment	levels	Quality of nursing work life				Total N=113		X^2	P
		Absent (N=74)		Presence (N=39)					
		No	%	No	%	No	%		
Affective commitment									
	Absent	50	75.8	16	24.2	66	58.4	7.406	0.006*
	Presence	24	51.1	23	48.9	47	41.6		
Continuance commitment									
	Absent	50	71.4	20	28.6	70	61.9	2.874	0.090
	Presence	24	55.8	19	44.2	43	38.1		
Normative commitment									
	Absent	59	77.6	17	22.4	76	67.3	15.147	0.000**
	Presence	15	40.5	22	59.5	37	32.7		
Total organizational commitment									
	Absent	61	79.2	16	20.8	77	68.1	20.171	0.000**
	Presence	13	36.1	23	63.9	36	31.9		

X^2 Chi Square Test   * statistically significant at ≤0.05   ** highly statistically significant at ≤0.001

Table (9): Correlation Matrix between the dimensions of organizational commitment (n=113):

			Organizational Commitment Dimensions			
			Affective	Continuance	Normative	Total commitment
Organizational Commitment Dimensions	Affective	r				
		P				
	Continuance	r	0.271			
		P	0.000**			
	Normative	r	0.572	0.445		
		P	0.0008**	0.000**		
	Total commitment	r	0.790	0.707	0.863	
		p	0.000**	0.000**	0.000**	

r = Pearson correlation   * Significant p at ≤0.05   ** highly Significant p at ≤0.001
r ≥0.9 very high correlation   r 0.7-<0.9 high correlation   r 0.5-<0.7 moderate correlation   r < 0.5 low correlation

Table (10): Correlation Matrix between the dimensions of organizational commitment and quality of nursing work life dimensions:

			Organizational Commitment Dimensions			
			Affective	Continuance	Normative	Total commitment
Quality of nursing Work Life Dimensions	Work life home	r	0.281	0.348	0.291	0.387
		P	0.003*	0.000**	0.002*	0.000**
	Work design	r	0.277	0.430	0.407	0.468
		P	0.003*	0.000**	0.000**	0.000**
	Work context	r	0.437	0.428	0.654	0.645
		P	0.000**	0.000**	0.000**	0.000**
	Work world	r	0.229	0.445	0.424	0.461
		P	0.015*	0.000**	0.000**	0.000**
	Total quality of nursing work life	r	0.428	0.508	0.624	0.660
		P	0.000**	0.000**	0.000**	0.000**

r = Pearson correlation   * Significant p at ≤0.05   ** highly Significant p at ≤0.001

r ≥0.9 very high correlation   r 0.7-<0.9 high correlation   r 0.5-<0.7 moderate correlation   r < 0.5 low correlation

Discussion

Quality of nursing work life is a major issue for staff nurses and health care organizations which focus on the nurses' importance as the largest work group and the main organizational human resource in health care services **(Nayeri, Salehi, & Noghabi, 2011)**. Creating healthy work life that empower staff nurses and provide freedom to act according to their expectations as professionals may be a successful strategy for nurse managers and administrators to retain nurses who currently work

and promote their commitment to the organization **(Elnahas, Abed Ali Osman, & Elsayed Elsayad, 2020)** QNWL as a culture creates a high level of mutual commitment between staff and the organization where staff is committed to organizational goals and its development, while the organization can meet the needs of staff and their development **(Diraviam, 2016)** So, the current study sought to find the relation between quality of nursing work life and nurses' commitment at Edfina Central Hospital.

Total quality of nursing work life

The present study showed that about two thirds of the nurses in the study sample perceived absence of total QNWL. This is may be related to inability of the staff nurse to balance between their personal needs and organizational goals related to increase nursing workload, lack of communication between upper management and staff nurses, improper feedback mechanisms, absence code of ethics in the organization and many nurses were dissatisfied Also, nurses are incapable to balance between the work and home lives, lack of recognition with respect and lack of solving problems of nurses effectively.

The findings of the present study is consistent with **(El-sayed & El-fattah, 2018)** who showed that the majority of the nurses had low quality of work life. While, This study is inconsistent with **(Kamel, Mahfouz, & Aref, 2019)** who founded that more than three quarters of staff nurses had high perception level regarding the quality of their nursing work-life.

Quality of nursing work life dimensions.

The dimensions were ranked as follows: work context, work life/ home life, work design and work world. Regarding to work context, the result of the study showed that more than half of the staff nurses had absence of agreement in relation to work context. This result may be attributed to lack of good communication, absence of opportunities for self-development and advancement in career, absence feedback on staff performance from their managers and inadequate patient care supplies.

This finding is supported by **(Khamisa, Oldenburg, Peltzer, & Ilic, 2015)**,who mentioned that the inadequacy of patient care supplies and equipment has been related to dissatisfaction among staff nurses. Also, **(Almalki, FitzGerald, & Clark, 2012a)**founded that staff nurses were dissatisfied by the relation with their coworkers,

especially physicians, and had poor communication and interaction with them and this negatively influenced their job satisfaction and QWNL. They also indicated that nurses work settings did not provide career advancement opportunities, and skill mix was often inadequate. While, these results were inconsistent with **(Suresh, 2013) and (Suleiman, Hijazi, Al Kalaldeh, & Abu Sharour, 2019)** who revealed that about half of the nurses were able to communicate with nurse manager, receive feedback on their performance from nurse manager, work within a team and belong to the workplace.

In relation to work life/home life, the present study revealed that less than two thirds of the staff nurses had absence and dissatisfaction with the work life/home life. This result may be attributed to unsuitable working hours, lack of facilities for nurses, having no energy after the work, inability to balance work with family needs, inadequacy of vacations time for nurses and their families and inflexibility of rotating schedules.

The present study findings are in the same line with **(Almalki, FitzGerald, & Clark, 2012b)** who clarified that the majority of nurses perceived dissatisfaction with the work life/home life factors including family needs, working hours and energy left after work.

Regarding work design dimension, more than two thirds of the staff nurses had absence of satisfaction with the items of this domain. This result may be due to low staffing levels with poor patient welfare and longer patient stay which lead to heavy workload and lack of autonomy. This result is consistent with **(Suleiman et al., 2019)** who indicated that the majority of nurses found that their workload was heavy; felt that there were inadequate nurses in the work setting. Furthermore, nurses were not satisfied with their job and they did not provide good quality patient care.

Concerning work world, more than three quarters of the staff nurses had absence of quality in work world domain. This result may be due to salary being unsuitable to job and feeling of the staff nurses that their work doesn't influence patients' lives and their families. Also, factors as the salary and the image of nursing were reported sources of dissatisfaction for nurses. This finding is consistent with **(Wu, Low, Tan, López, & Liaw, 2015)** who mentioned that nursing is not ranked as highly as other medical jobs, such as medicine and pharmacy, and the public does not appreciate the role of nurses in providing health care. Also,

(Almalki et al., 2012a) reported that many participant nurses felt that people do not have an accurate image of the nursing profession.

Total organizational commitment

This study results founded that more than two thirds of staff nurses perceived absence of total OC. This may be attributed to lack of nurses' feelings of obligation, loyalty and emotional attachment and being as a part of the organization.

The finding of this study is congruent with **(Andersen, Elklit, & Pihl-Thingvad, 2021)** who mentioned that there is lower levels of organizational commitment among health care providers. Also, a study was done by **(Elsayed:, 2019)** who stated that professional nurses got moderate level of organizational commitment.

Organizational commitment dimensions

The dimensions were ranked as follows: affective commitment, continuance commitment and normative commitment. Regarding to the first dimension; affective commitment, this study indicated that more than half of the staff nurses had absence of affective commitment. This result may be attributed to that staff nurse don't feel an emotional attachment to the organization as they do not receive treatment that they associate as being fair, respectful, and supportive.

This result is consistent with **(Alrowwad, Almajali, Masa'Deh, Obeidat, & Aqqad, 2019)** who found that the affective commitment is the most important component, he believe that nurses with high affective commitment will identify with the organization's goals and vision. In other words, they are committed to the organization because they want to. While, this result is inconsistent with **(Atef Khalaf & Saiad Adam, 2018)**who indicated that less than three fifth of staff nurse had high level of affective commitment.

Regarding to the second dimension; continuance commitment, about two third of the study participants had absence of continuance commitment. This finding may be attributed to lack of nurses perceptions of the costs associated with leaving the organization. This result is supported **(Rae, 2013)** who founded that continuance commitment indicates that a respondent has a sense of needing to continue in their current employment due to feeling that it is too difficult to find similar work elsewhere.. On the contrary, the study done by**(Namasivayam & Zhao, 2007),** found that continuance commitment had no effect.

Furthermore, the present study showed that more than two thirds of staff nurses had absence of the third dimension; normative commitment. This may be attributed to lack sense of staff obligation in the organization. Once a person finds a job in a governmental organization he usually remains in that job for life because of its benefits, such as job security, leaves, and some financial benefits, especially those after retirement. This result is compatible with a study was done by **(Rady Mubarak Ahmed, Eglal Ahmed Abdelwahab, 2017)** who stated that nurses had a low level of normative commitment. This result is inconsistent with **(Atef Khalaf & Saiad Adam, 2018)** who stated that the majority of study subjects were committed to normative domain items.

Relation between QNWL and OC

The study result indicated that there is a highly statistically significant relation between all quality of nursing work life dimensions and all organizational commitment dimensions. This may be due to that the feeling, desire, happiness at work, belonging and independence of occupational status affected the quality of work life. Also when nurses are able to satisfying personal needs while achieving organizational goals this will lead to job satisfaction, increase productivity and enhance their fooling of commitment toward organization.

This result is supported by a study was done by by **(Varma, Aparna J., Kotresh Patil, 2018)** and **(Aminizadeh, Saberinia, Salahi, & Sarhadi, 2021)** who stated that there was a positive and significant relationship between quality of work life and organizational commitment. While, this result is inconsistent with **(Aristi, Wahyuni, & Huriani, 2018)** who showed that there was no correlation between the quality of work life and organizational commitment.

Relation between QNWL dimensions and OC

The present study indicated that there is a highly statistically significant relation between all quality of nursing work life dimensions except work design and organizational commitment. In relation to home/work life dimension, this study indicated that there is a highly statistically significant relation between work/home life and organizational commitment. This finding may be

attributed to that the majority of the nursing workforce is female with children and they find difficult to work long hours away from their families and do not have enough time to look after them and care for their parents.

This study result is supported by **(Chontawan, 2019)** who showed that since the most of nurses are female with children, they may not have enough time to balance between work and family life as result of a rotating work shift for nurses is compulsory for a full-time job which lead to reduce social contacts and decrease involvement in the work setting which may affect their commitment and QNWL. Similarly, a study was conducted **(Karaaslan & Aslan, 2019)** who founded that there is a significantly positive relationship between home/work life and organizational commitment.

Concerning work context dimension, the present study revealed that there is a highly statistically significant relation between work context and organizational commitment. This result may be due to that when nurses perceive good communication with coworkers and supervisors, have adequate patient care supplies and equipment, participate in patients care decisions, and have opportunity of career advancement it will contribute in enhancing nurses' feeling of belonging and attachment to the work family and increase level of organizational commitment.

This study finding is consistent with **(Nevine H. Abd el Aal, 2013)** who stated that when nurse managers support nurses' autonomy in encouraging them to communicate openly

with health care team members, received sufficient feedback, felt respected and safe, and had opportunities to further their education reported being highly committed to organization.

Also, this study revealed that there a highly statistically significant relation between work world and organizational commitment. This result may be related to insufficient payment, incorrect society image toward nursing profession and job insecurity may have an effect on nurses' role in the work setting which leads to decrease loyalty and emotional relation between staffs and the organization and thus decrease organizational commitment. This result is supported by a study was done **(Yaldez K Zein ElDin & Rahman, 2013)** who revealed that there is a positive significant correlation between pay equity and total commitment level. Moreover, **(Aminizadeh et al.,**

2021) indicated that there is a significant relation between job security and the salaries with organizational commitment.

Relation between QNWL and its dimensions

This study indicated that there is a highly significant relation between total QNWL and all its dimensions. This may be related to that when nurses were satisfied with their job, having adequate salaries, proper communication between them and upper management, appropriate feedback mechanisms, no intention to leave and able to balance between work and family life which have effect on total QNWL. This study result is supported by **(Yusoff, Rimi, & Meng, 2015) and (Els, Brouwers, & Lodewyk, 2021)** who mentioned that staff with presence of quality of nursing work life will be able to satisfy their personal and working need while working in the organization and have no intention to leave the organization .

Relation between OC dimensions and QNWL

The present study founded that there is a highly statistically significant relation between all organizational commitment dimensions except continuous commitment and the nurses' quality of work life. In relation to affective commitment, this study indicated that there is a highly statistically significant relation between affective commitment and quality of nursing work life. This result may be attributed to that when nurses feel more psychologically attached and have a strong sense of belonging to organization it will lead to improvement of the quality of nursing work life and adapt themselves to hospitals and enjoy membership.

This finding is supported by **(Suaib, Syahrul, & Tahir, 2019)** who namely the high quality of work life felt by nurses will increase work attachment and their affective commitment and thus reduce their intention to leave their work.

Regarding normative commitment, there is a highly statistically significant relation between normative commitment and quality of nursing work life. This result may be attributed to that when nurses have good perceptions about their quality of work life could affect their feeling of obligation and loyalty to their organization. Also, this result is supported by a study done by **(Farid, Izadi, Ismail, & Alipour, 2015) and (Hashempour,**

Hosseinpour Ghahremanlou, Etemadi, & Poursadeghiyan, 2018) who stated that there is high and positive relation was found between normative commitment and quality of nursing work life.

Relation between OC and its dimensions

The finding of this study indicated that there is a highly significant relation between total OC and all its dimensions. This may be attributed to that when nurses have lack of feelings of obligation, loyalty and emotional attachment and being as a part of the organization, which may effect on nurses participation in decision making, lack of opportunities to deal with supervisor directly. This result is supported by **(Adikoeswanto et al., 2020)** who stated that staff development, Participation, compensation and the work environment has significant effect on organizational commitment.

Relation between demographic characteristics and QNWL

The study results indicated that there is a statistically significant relation between demographic characteristics of the study subject and quality of nursing work life in term of age and years of experiences. This result may be due to that, older nurses with more experience have a sense of stability and security due to prolonged years of experience in their job that helps them cope with and manage emergencies and difficult work situations.

This finding is consistent **with (Shazly & Fakhry, 2014)** who illustrated that nurses' perception of QNWL was higher with increasing age and experience years.. While , this study result is inconsistent with **(Hashempour et al., 2018)** who mentioned that there is no significant relation between age and quality of work life.

Relation between demographic characteristics and OC

The result of this study indicated that there are no statistically significant relations between all demographic characteristics and organizational commitment of the respondents including age, gender, educational qualification, department, years of experiences and marital status. This study result is in the line with **(Alrowwad et al., 2019)** who founded that neither age, nor gender, nor work experience predicted organizational commitment. While, this study result is inconsistent with

(Aminizadeh et al., 2021) who showed that there is a positive significant correlation between demographic characteristics of participants and organizational commitment included gender and level of education.

Conclusion

Conclusions of the study include:

The majority of staff nurses in the study setting have generally absence of quality of nursing work life and organizational commitment. Also, it revealed that, there was a highly statistically significant relation between quality of nursing work life and organizational commitment.

Recommendation

In the light of the results of the current study, the following recommendations can be suggested:

Health care organizations and nurse managers should:

1.Improve nurses' working conditions through fair distribution of the current nursing workforce, enough time to achieving their work and, providing them with sufficient materials and equipment.

2.Provide opportunities for growth and development of staff abilities, through attaining training programs for communication skills and teamwork abilities.

3.Consider the family aspect of staff nurses through establishing convenient working hours and sufficient vacations, to balance between work and family needs.

4.Empower and Motivate staff nurses through increasing financial benefits, rewards and, recognition of their work.

5.Future/ Further studies should be conducted as:

● Developing strategies to improve QNWL and organizational commitment.

● Identify obstacles that have an effect on nurses' QWL.

● Determine factors that have an effect on nurses' perception toward organizational commitment.

● Further research could be conducted using variables which affect the quality of nursing work life and their commitment such as: nurses' workload, intention to leave and, job involvement.

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