

2nd Cyprus International Conference on Educational Research, (CY-ICER 2013)

Defining the Quality of Life Levels of the Nurses: A Study in Pamukkale University

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Abstract

Quality of life (QOL) is a multidimensional conception is affected by culture, value judgements, persons' positions, purposes, beliefs, experiences, expectations and perceptions. QOL perceptions can show a change in time. It involves person's physical, mental and social relations in family and out of family, environmental actions as well. Nowadays medicine develops increasingly, not only putting diseases away but also increasing persons' quality of lives are aimed. Lifelong learning is an eternity process, voluntary and self-motivated pursuit of knowledge for not only personal but professional reasons as well. This activity is creative and constructive process to healthcare professionals for developing QOL. The aim of this study is to determine the QOL of the nurses working in Pamukkale University Research Hospital. The study was realized on 87 nurses the research was done by using random sample method. Using questionnaire short form SF-36 scale developed by Ware. The findings from surveying was analyzed Mann-Whitney U test and Kruskal- Wallis test using SPSS collected data.

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Selection and/or peer-review under responsibility of Prof. Dr. Huseyin Uzunboylu, Near East University, Faculty of Education, Cyprus

Keywords: Quality of Life, Lifelong Learning, Working Life, Hospital, Nurses;

1. Introduction

As an interdisciplinary concept, QOL has gained significant importance as a research issue in health care and management as well as in several other disciplines. It is a vague and broad concept that is studied by many different scientific areas including economics such as political science, psychology, sociology, education sciences, management, environmental sciences and health related sciences. Every discipline reveals different definitions with respect to their study areas.

2. Quality of Life

QOL is a very broad term and complex concept is new, but its content is not new; the good life has been the aim of human beings. QOL questions regarding the essential quality the good life have occupied the minds of the

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greatest thinkers across time and cultures. In the past the terms happiness and welfare were more commonly used. According other descriptions individuals were called on to realize their full potentialities in order to achieve a “good life”. This purpose, QOL is used for being, well-being and belonging, and sometimes the word health (Diener & Suh, 1997; Bowling et al., 2001; Çakıroğlu, 2007; Kaya, 2006; Veenhoven, 2006; Aslan, 2010). QOL is objective and subjective dimensions (Constantinescu, 2012; Işık & Meriç, 2010). The reason behind peoples’ perception of QOL experiences for organizations is an important goal, to satisfy the various needs of the employees and in return eliciting favorable job-related responses (Sinha, 2012).

QOL factors are varied and extensive and cover the wide range of life domains. These include, for example, material comforts, health conditions, recreational opportunities, social interaction, learning or education status, creative expression and diversity, cultural values, work environment, compensation and finance, Professional development, leisure activities, safety, housing, and freedom of expression (Young, 2008).

World Health Organization described QOL since 1970. As an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, personal beliefs, expectations, social relationships, standards and concerns. the concept of quality of life has three main characteristics: first, it reflects the individuals’ life situations and their perceptions rather than a country’s quality of life; secondly, it is a multidimensional concept, covering multiple life domains such as housing conditions, education, employment, work-life balance, Access to institutions and public services and their interplay, and finally, it brings together objective information on living conditions with subjective views and attitudes to provide a Picture of overall well-being in society (Shucksmith, M., Cameron, S., Merridew, T., Pichler, F., 2009; cited in Keleş, 2012).

As we know one of the major challenges of our age and of our “knowledge society”. Globalization and the growth of the fast-changing knowledge economy mean that people require upgrading their skills throughout their adult lives to cope with modern life, both in their work and in their private lives. Nowadays, there is an increasingly important basic skill in ever-changing technological universe: ability to learn and adapt to the needed new skills and training (OECD, 2007).

Valuing learning is a key element in the creation of a culture of learning and realising of lifelong learning. Lifelong learning dwelled on by the European Commission (<http://www.esae.org/articles/2007>). This approach is important for development of individual quality of life. Modern aspirations towards a better QOL for human beings – all of these are features of our contemporary situation that make lifelong learning a requirement- indeed, a necessity (Halimi, Retrieved from: <http://www.col.org/SiteCollectionDocuments>). Enhancing the quality of working life, more active role in well-trained individuals is important to be ignored receivable (Kaymaz, 2003).

3. Methodology

Model of the research was a descriptive model. The aim of this study is to determine the QOL of the nurses working in Pamukkale University Research Hospital. The study was realized on 87 nurses who accepted to participate. They worked day and/or night shifts. Using random sample method did the research. Using questionnaire short form SF-36 scale developed by Ware collected data. The SF-36 have been summarized in 8 subscales with several items including: Physical Functioning subscale, Role-Physical subscale, Bodily Pain subscale, General Health subscale, Vitality subscale, Social Functioning subscale, Role-Emotional subscale and Mental Health subscale. Each dimension is a 0–100 scale, with the highest score representing the best outcome. (Retrieved from: <http://www.sf-36.org/tools/sf36.shtml>).

Research tools are demographic questionnaire and QOL questionnaire. To ensure items showed validity and internal consistency, a pilot test was conducted before the data collection phase on a smaller sample group. The data was gathered individually and at the workplace of participants. Measurement of the reliability coefficient was high (Cronbach’s alpha= 0.891). Whether there were differences in terms of demographic features or in point of QOL perceptions was analyzed. The findings from surveying were analyzed Mann-Whitney U test and Kruskal- Wallis test using SPSS.

3.1. Results of the Study

All participants were female, 20-27 years old are 32.2 %, 28-35 years old are 46.0% and 44 or more years old are 1.1%. The single nurses are the 33.3% of the whole and divorced 5.7%. According to the findings the 54.0 % of the nurses have children and the rest of the nurses, 46.0%, have no children. Number of family members 3 and 4 are 57.5%. The way workmost of the participants in the recent month are night and day time shifts 49.4%. According to findings the preferences of job are their own choices, percentage 72.4%. The highest total work experience (year) percentage 6-10 years are 33.3% and the lowest percentage 16-30-years are 16.1%. Internal medicine department staffs are 35.6%, intensive care unit and emergency unit are 12.6%. Condition apply what they have learned partially 71.3%. Transport to the workplace is easy 41.4%. The percent monthly number of 6-10 range turn of work is 18.4%. According to the findings, their income isn't sufficient 56.3%, and income is excess 8.0%.

Table 1. Status of Age and Quality of Life

Age Groups	Physical Functioning		
	Mean	±	Sd
20-27	28,07	±	3,04
28-35	26,22	±	3,23
36-43	24,38	±	3,79
Total	26,39	±	3,53
	KW=16,138		
	P=0,001		

According to above tablenurses age ranged 20-27 years old mean and (standard deviation) of QOL score only the physical functioning dimension is higher, than other dimensions.

Table 2. Marital Status of staffs and Quality of Life

Groups	Physical functioning			General health		
	X	±	Sd	X	±	Sd
Married	26,05	±	3,30	17,28	±	3,97
Single	27,58	±	3,60	18,57	±	4,29
Divorced	23,00	±	3,08	13,44	±	3,41
Total	26,39	±	3,53	17,49	±	4,17
	KW= 11,388			KW= 6,432		
	P= 0,003			P= 0,040		

As it is shown in table 2, the single nurses marital status of QOL scorethe physical functioning dimension and general health dimension are higher than other dimensions.

Table 3. Preferences of job their own choices and Quality of Life

Groups	Physical Health			Mental Health		
	X	±	Sd	X	±	Sd
Yes	21,03	±	3,13	17,94	±	4,07
No	13,29	±	3,23	16,30	±	4,29
Total	20,35	±	3,53	17,49	±	4,17
	M-U=448,000			M-U= 562,000		
	P> 0,05			P>0,05		

According to table3, the preferences of job their own choicesall dimensions QOLare high score.

According to findings, the nurses have children QOL score is higher all dimensions than except general health score. Number of family members 3 and 4 QOL score is highest all of dimensions. Condition to apply what they have learned partially QOL score is higher bodily pain subscale and general health subscale; apply what they have

learned totally is higher score than remain other dimensions. The way work in the recent month are day shift QOL score is higher general health than other dimensions. The percent monthly number of 1-5 range turn of work QOL is higher score all dimensions than 6 or more turn of work. If revenue and payment is equal, the findings income of QOL score is higher all dimensions than except general health.

4. Conclusion

This study corroborates findings in other research (Kaya, 2011; Zaman, 2007; Koltarla, 2008; Aba, 2009; Uzunkaya, 2010; Akansel et.al. 2010; Yılmaz, 2010; Silva et al. 2010). QOL is an important outcome in its own right, representing the ultimate goal of all initiatives. In recent years special attention has been paid to nurses' health and other healthcare professionals' health too. These providers are usually subject to different physical loads determined by psychosocial stressors such as complete attention, lack of understanding of the tasks, extensive task performance, repetitive and fragmented tasks, night work, low social support, lack of recognition and reward, high emotional demands. In accordance with approach lifelong learning in training of the health professional, to acknowledge education understanding based on the QOL awareness is a matter that should be dwelling on importantly in terms of the cost reduction of the health spending as well. Employees in the process of lifelong learning, personal, behavioral, cognitive and emotional benefits they provide. Consequently, for QOL, it is to improve to apply educational programs and sufficient staff in the departments. In service training, the social activity programs, rotation application, and by awarding policy can be applied to increase QOL for reducing occupational hazard and workload.

Lifelong learning is provided personal, behavioral, cognitive and emotional benefits for staff's QOL. Most of the studies appear that competitive survival in today's global economy may depend upon developing organizational cultures that stimulate innovative thinking and proactive behavior.

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