

## The Relationship Between Perceived Social Support and Quality of Nurse's Working Life at Neonatal Intensive Care Units in Selected Hospitals of Ahwaz University of Medical Sciences; 2016

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### Abstract

**Introduction:** Social support has a key role in improvement of quality of working life of nurses. The present study aimed at measuring the quality of nurse's working life and perceived social support and examine their relationship in neonatal intensive care unit nurses.

**Methods:** In the present descriptive-correlational study, the statistical population consisted of nurses working at neonatal intensive care units of selected hospitals affiliated to Ahwaz University of Medical Sciences, selected by census. Overall, 98 nurses were selected. Since the number of employed nurses was approximately the same, all nurses were selected by the census method and based on the inclusion criteria. Tools used included the "Demographic Questionnaire", "Multidimensional Scale of Perceived Social Support" and "Quality of Nurses' Work Life". Validity of the questionnaires was confirmed by 12 experts, and its reliability was confirmed by the Cronbach's alpha coefficient. Data were analyzed using the SPSS-20 software.

**Results:** The highest mean value in social support belonged to the "family" dimension ( $5.19 \pm 1.05$ ) and the lowest to "friends" ( $4.50 \pm 1.11$ ), and overall mean social support value was  $4.78 \pm 0.99$ . The quality of working life had the highest mean value in the "working life" dimension ( $3.67 \pm 0.72$ ) and the lowest in "personal life" ( $3.38 \pm 0.89$ ), and overall mean value of quality of working life was  $3.57 \pm 0.57$  in nurses. The obtained results showed a positive correlation between social support and the quality of working life in nurses ( $r=0.25$ ,  $P=0.02$ ).

**Conclusions:** The obtained results showed a significant and positive relationship between perceived social support and quality of nursing working life. However, the relationship between subscales of these two variables was mildly confirmed. Generally, the present study results are in accordance with the results of previous studies.

## INTRODUCTION

Quality of Working Life (QWL) is one of the main concepts that has engaged organizations', directors', researchers', and management consultants' minds in the recent decades. It could be claimed that people are widely aware of the importance and the effect of QWL on improving organizational performance and productivity. Quality of Working Life is defined as employees' mental image, perception and understanding of physical and psychological desirability of their

work environment; it is a term that encapsulates all components and dimensions of individual's life [1]. Improving quality of working life will raise employee's productivity [2], since QWL is indicative of a state of organization's social status that affects organizational performance, as well as employees' physical health and their stress in life [3]. Khaghanizadeh et al. in their study showed that 81% of nurses had average quality of working life. On the other hand, one of the most im-

portant sources of stress in every person's life is their job [4]. Job stress is the result of interactions between the individual and their work environment and causes burnout. Although job stress is present in all occupations, it is more important in occupations that are concerned with human health, such as nursing [5]. The tension from job stress should be well controlled and appropriate adaptations should be considered. One of the ways to cope with occupational stress and burnout is by support provided by reliable members among colleagues, families, or social groups [6]. Social support refers to attention, kindness, and assistance an individual enjoys through family members, friends, and significant others [7]. By obviating adverse effects of environmental and social stresses, this kind of support could prevent negative effects of stressful events on individual's well-being [8]. In a study conducted on 200 nurses, it was concluded that nurses that receive little support from colleagues, experience greater occupational stress and burnout. Perceived social support appears to act as a protective layer against stress, and prevents incidence of mental pressures, or moderates severity of psychological signs [9]. Support from head nurses and colleagues, and team work is effective in enhancing nurses' quality of life (Boyar et al., 2014). The results of other studies also show a significant relationship between quality of life of nurses and its implications for patients at intensive care units and improvement in variables associated with nurses, which protect patients against poor outcomes [10]. Depression, anxiety, and occupational burnout are greater in people with stressful jobs [11]. Nurses working at Neonatal Intensive Care Units (NICU) are more exposed to occupational stresses than other nurses, since advanced technology, conflicts in human relations, especially when dealing with parents of neonates, ethical issues, disagreement with nursing managers, witnessing neonatal deaths, inadequate information, occupational pressures, and failure to achieve occupational ideals, are considered as essentially stressful factors at NICUs. Thus, enduring pressures on NICU nurses imposes greater psychological pressures and increased stressors on these nurses compared to nurses working at other wards. Hence, providing nursing care at these wards is highly stressful, and job stress is associated with emotional exhaustion, depersonalization, less personal successes, and poorer quality of life, and in contrast, social support entails a sense of worth and opportunity for development, less emotional exhaustion, and higher levels of personal success [12]. Improving quality of working life in nurses could lead to better and more comprehensive care to newborns, who are highly vulnerable due to premature birth or various diseases and require careful and accurate care. Considering the importance of quality of working life and social support in nurses, particularly nurses who work at NICU, this study evaluated these two concepts and examined their relationship.

## METHODS

In the present descriptive-correlational study, the statistical population consisted of nurses working at NICUs of selected hospitals affiliated to Ahwaz University of Medical Sciences. The hospitals included Abuzar, Allameh Karami, Sina, and Imam Khomeini hospitals. Code of ethics was taken from the Research Council of the School of Nursing and Midwifery from Shahid Beheshti University of Medical Sciences. Writ-

ten consent was obtained from all participants. Inclusion criteria were working full-time in nursing and at least one year of work experience at the NICU. Exclusion criteria were failure to complete a questionnaire and job termination during the investigation. After calculating the sample size [2], 98 nurses were selected as the sample of the study. On the other hand, considering that the number of nurses, who worked at the neonatal intensive care unit in the mentioned hospitals were almost the same, all nurses were selected by the census method and based on the inclusion criteria. In this research, research tools were distributed by the researcher among nurses. Nurses were asked to complete these tools, fill in the questionnaire during their work shift or at home. After a few days, the researcher visited the department and collected the research tools. The nurses were asked to answer the questions carefully, honestly, independently and without consulting with each other, and not to worry about time constraints. Research samples were assured that the information would remain confidential. The time taken to respond was about 10 minutes. Tools used in this study included a "Demographic Questionnaire", which contained information on nurses' age, gender, marital status, education, work shift, work at other hospitals, and work experience in other businesses. This research also employed the "Multidimensional Scale of Perceived Social Support", which has 12 phrases, and measures perceived social support provided by the "family", "friends", and "significant others", according to a 6-point Likert scale from totally disagree to totally agree (minimum and maximum score was 12 to 72) [13]. Furthermore, the "Quality of Nurses' Work Life (QNWL)" was also used, which measures quality of "work life/home life", "work design", "work context", and "work world" dimensions according to a 6-point Likert scale from totally disagree to totally agree (the minimum and maximum score was 42 to 252) [14]. Validity and reliability of the "Multidimensional Scale of Perceived Social Support" and "QNWL" were reported favorable by their designers [13, 14]. Both tools were translated to Persian. The internal consistency of the Persian version of "Multidimensional Scale of Perceived Social Support" was also calculated. The Cronbach's alpha for each sub scale was reported between 76% and 89% [15]. The QNWL, s content validity was calculated as 81%. The internal consistency was also reported as 83% [2]. In the present study, the translated version of both tools was used. Qualitative content validity and face validity of both scales were confirmed by 12 experts and Faculty members of the school of Nursing and Midwifery of Shahid Beheshti University of Medical Sciences and 10 qualified nurses. Internal consistency was determined by the Cronbach's alpha coefficient and was reported as 0.93 for "Multidimensional Scale of Perceived Social Support" and 0.89 for "QNWL". These values were considered acceptable [16]. Data were analyzed using the SPSS-20 software.

## RESULTS

In this study, most of the nurses belonged to the 20-30-year-old age group, were female and their work experience was between 0 and 5 years. Also, the results showed that perceived social support in the "Family" dimension was the highest ( $5.19 \pm 1.05$ ). In other words, the greatest amount of perceived social support in nurses was provided by their family members. Also, "Work Context" was more important than the other di-

mensions in the quality of nurses' work life. Statistical indices related to perceived social support, QNWL, and their dimensions are shown in Table 1.

**Table 1:** Statistical Indices Related to "Perceived Social Support" and "Quality of Nurses' Work Life" and their Dimensions

Dimension	Mean	Standard deviation
<b>Perceived Social Support</b>		
<b>Family</b>	5.19	1.05
<b>Friends</b>	4.51	1.11
<b>Significant Others</b>	4.66	1.28
<b>QNWL</b>		
<b>Work Life/Home Life</b>	3.45	0.80
<b>Work Design</b>	3.54	0.51
<b>Work Context</b>	3.67	0.73
<b>Work World</b>	3.38	0.89

In overall and individual dimensions of social support, the highest frequency was related to the "High social support group". Furthermore, 93% of nurses received high levels of social support from their "Family", 86% from "Friends" and 84% from "Significant Others". In individual dimensions of QNWL, more nurses claimed that they enjoyed a high quality of working life. Furthermore, 48% of nurses had a high quality of working life in the "Work Life/Home Life" dimension, 51% of them in the "Work Design", 68% of them in the "Work Context", and 46% in the "Work World" dimension. There was a significant relationship between "Perceived Social Support" and its dimensions with "quality of nurses' work life" and its dimensions. Table 2 and 3 show these relationships.

**Table 2:** Relationships of "Perceived Social Support" and its Dimensions with "Quality of Nurses' Work Life"

QNWL	Pearson correlation coefficient (r)	P value
<b>Family</b>	0.12	0.256
<b>Friends</b>	0.19	0.056
<b>Significant Others</b>	0.32*	0.001

\* Significant Relationship

**Table 3:** Relationships of "Quality of Nurses' Work Life" and its Dimensions with "Perceived Social Support"

Perceived Social Support	Pearson correlation coefficient (r)	P value
<b>Work Life/Home Life</b>	0.321	0.001
<b>Work Design</b>	0.221	0.027
<b>Work Context</b>	0.044	0.667
<b>Work World</b>	0.275*	0.006

\* Significant Relationship

## DISCUSSION

The present study aimed at measuring QNWL, perceived social support, and their relationship in NICU nurses. The results showed that mean quality of work life was 3.57 ( $\pm 0.55$ ) in nurses, and that 57% of nurses had high quality work life. In other words, more than half of the nurses had favorable quality of work life. The results of a study that assessed quality of work life of psychiatric nurses showed that 11% of nurses reported this as excellent, 67% as good, and 21% as moderate [17]. Accordingly, relatively high levels of quality of work life in nurses could positively affect the services they provide, resulting in improvement of community health. In the present study, the majority of nurses perceived high levels of social support, and the overwhelming majority of nurses had favorable perceived social support, mostly provided by family members. Supports provided by friends or family members were associated with a sense of worth and opportunity for development, less emotional exhaustion, and higher levels of personal success [12]. In other words, significant others, such as family and bosses, had a major role in perceived social support of nurses. Rodolph showed that there was a positive relationship between social and organizational support and support from head nurses. Also, there was a negative relationship between organizational support and work-life conflict, and also between head nurses' support and work-life conflict [18]. Family, friends, and significant others had a key role in nurses, perceived social support. These supports could have a key role in psychological and other aspects of support in improving quality of nurses' work life, such as reduced occupational stresses, increased job satisfaction, and enhanced social status.

Results of this study showed a significant and positive relationship between dimensions of perceived social support and quality of nurses' work life. For example, "Significant Others" had a significant and positive relationship with QNWL and perceived social support had a positive relationship with "work life/home life" and "work context" dimensions of QNWL at 0.05 and 0.01 confidence levels, respectively. Heidarzadeh et al. showed a direct and significant relationship between social support and quality of life. Therefore, various physical and psychological problems could be obviated by increasing social support [19]. The results of other studies also showed that there was a significant relationship between social support and satisfaction with life and quality of working life [20]. Supports from organizations, supervisors, and colleagues significantly and positively influenced motivation needed to improve quality of working life and learning in employees [21]. Generally, the present study results revealed a positive and significant relationship between QNWL and social perceived support in nurses. By identifying the concept and dimensions of quality of work life, as well as recognizing the social support dimensions of nurses at the neonatal intensive care unit, nursing managers could help increase the quality of work life in nurses. Improving the quality of nursing work life leads to better care, and promotes neonatal health and thus results in improvement of community health. Promoting community health is one of the goals of nursing.

Nurses' stress while working with critically ill newborns may affect the responsiveness of the questionnaire items that could be considered as a limitation of this study. The high



level of perceived social support and quality of nurses' work life as well as the relationship between these two variables are considered positive points of this study that health care providers could use to improve the health of the community.

## SUGGESTIONS FOR FURTHER STUDIES

Regarding the present study's results, it is recommended to investigate the relationship between perceived social support and QNWL in adults' intensive care units and other wards. Moreover, strategies for improving each of these concepts should also be investigated.

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## CONFLICT OF INTEREST

The authors declare that there was no conflict of interest regarding this paper.

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## ETHICAL CONSIDERATION

The present study was the result of an M.Sc. thesis in neonatal intensive care nursing and research approved by the Research Council of Nursing and Midwifery School, Shahid Beheshti University of Medical Sciences (IR.SBMU.PHN.M.1395.440). All nurses were informed of the aim of the study and signed a written consent form to participate in the study.

## AUTHORS' CONTRIBUTIONS

Study Design: Mahnousheh Ghouligaleh, and Azam Shirinabadi Farahani; Statistical Analysis: Mahnousheh Ghouligaleh, and Mohamad Amin Pourhoseingholi; Revision of the Manuscript: Azam Shirinabadi Farahani, and Fatemeh Alaei karahroudy; Technical & Material Support: Azam Shirinabadi Farahani, Fatemeh Alaei karahroudy, and Leila khanali Mojen.

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