

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **2.1 Concept of Quality Nursing Work Life**

##### **2.1.1 Definition of Quality Nursing Work Life**

Quality of Nursing Work Life or QNWL is a measure of satisfaction and quality of work life experienced by nurses in their work environment, including the balance between job demands, personal needs, and the ability to provide quality nursing services. According to (Anderson & Brooks, 2004). QNWL is a form of evaluation by nurses regarding all dimensions that impact the quality of their work life, the balance between individual needs and job demands, and organizational support for nurses in performing their duties effectively. This focuses on the influence of the work environment on nurses' mental and physical well-being, as well as their performance within healthcare organizations.

##### **2.1.2 Factors Affecting Quality Nursing Work Life**

The two factors that influence quality nursing work life are internal and external factors (Anderson & Brooks, 2004).

###### **A. Internal Factors**

###### **1) Individual Factors**

Individual factors are personal characteristics inherent to nurses that influence how they respond to work pressure, balance personal life with

work, and assess the quality of their work life. According to (Anderson & Brooks, 2004), individual factors include age, educational level, marital status, number of children, length of service, and income. Each of these factors has the potential to significantly influence perceptions of job satisfaction and work-life balance.

a. Age

Age is related to experience, physical endurance, and adaptation to work stress. Younger nurses tend to have higher energy levels but may not yet have fully developed coping skills. Older nurses tend to be more experienced in handling work-related stress but may experience physical fatigue that impacts their work performance and quality of work life.

b. Education

Education influences analytical skills, communication, and clinical responsibility. Nurses with higher education (Bachelor of Nursing, Master's degree, or Specialist) typically have more complex roles but also have greater opportunities for decision-making and career development, which can enhance QNWL.

c. Marital Status

Marital status affects nurses' social responsibilities and psychological burdens. Married nurses often face challenges in balancing their roles as professionals and family members, especially in shift work systems. Conversely, unmarried nurses may have more flexibility in their work

schedules but may experience social isolation in the workplace, which can affect QNWL.

d. Number of Children

The number of children is related to household responsibilities. The more children there are, the greater the need for energy and time divided between home and work. This can reduce QNWL if there is no social support and flexible work systems.

e. Length of Service

Work experience reflects clinical expertise and the ability to handle work-related stress. Nurses with 1–5 years of experience may still be adapting and learning stress management, making them more vulnerable to stress or burnout. Meanwhile, nurses with over 10 years of experience may exhibit better emotional resilience but also face an increased risk of burnout if there is no career development. This can reduce QNWL.

f. Income

Income is one form of direct compensation for nurses' work. Adequate or above-average income provides job satisfaction and motivation to remain in the profession. Low pay, especially when not commensurate with the workload in the ICU, can lead to dissatisfaction, stress, and intentions to leave the profession, thereby affecting QNWL.

2) Social and Contextual Environmental Factors

Social factors are one of the important elements in determining the quality of nurses' working lives. In this context, social factors refer to

interpersonal interactions, work team dynamics, and professional relationships between health workers in the work environment. Social factors greatly influence nurses' psychological comfort, sense of appreciation, and job satisfaction, especially in high-pressure work units such as the Intensive Care Unit (ICU). According (Anderson & Brooks, 2004), social and contextual environmental factors that influence QNWL include:

a. Communication

Communication is the process of conveying information, instructions, and feedback between nurses and their colleagues, superiors, and other professionals. Effective communication is characterized by clear information, two-way feedback, polite and professional language, and trust among team members. Poor communication leads to misunderstandings, interpersonal conflicts, and frustration, ultimately reducing QNWL.

b. Leadership

Leadership is defined as the ability of a supervisor (usually the head nurse) to influence, motivate, and support nursing staff to achieve shared goals. Effective leadership fosters teamwork, provides direction, and enhances staff engagement.

c. Inter-Nurse Relationships

Inter-nurse relationships are social interactions between nurses within the same unit or across units that create a collaborative work environment. Positive relationships among nurses foster emotional support during work-

related stress, effective collaboration in patient care, and a sense of belonging within the team. Conversely, poor relationships can lead to conflicts among peers, unhealthy competition, and social isolation.

d. Inter-Professional Relationships

Interprofessional relationships involve collaboration between nurses and other professions such as doctors, physical therapists, dietitians, and pharmacists. Healthy collaboration is marked by mutual respect among professions, nurse involvement in clinical decision-making, and recognition of nurses roles and competence. Unbalanced relationships, where nurses are undervalued by other professions, can lead to reduced motivation and negative perceptions of the nursing profession.

e. Interdepartmental Relationships

This refers to the cooperation between the ICU and other hospital departments such as the laboratory, pharmacy, administration, and management. Effective interdepartmental relations are characterized by timely referrals and consultations, administrative support in logistics, human resources, and reporting, as well as alignment between organizational goals and nursing services. Disharmony or communication barriers among departments may result in service delays, conflicts of interest, and decreased job satisfaction among nurses.

3) Operational Factors

Operational factors include staffing, work schedules, monitoring supervisor, and competition for nurses.

a. Staffing

Staffing concerns the number and adequacy of nursing staff available to handle the workload. Adequate staffing is essential to prevent fatigue and stress caused by work overload and to maintain a high quality of care.

b. Schedule

Scheduling involves the organization of working hours, shifts, and rotations. A well-structured schedule should allow nurses to balance work responsibilities with personal life. Rigid or overly demanding schedules may lead to work-life imbalance and decreased QNWL.

c. Monitoring Supervisor

Effective supervision and support from immediate superiors significantly influence nurses' motivation and job satisfaction. Good supervision enables nurses to feel valued and receive the necessary guidance and feedback to perform their duties efficiently.

d. Competition

A competitive work environment can have positive or negative effects depending on how competition is managed. Healthy competition can improve performance, but excessive competition can lead to stress and interpersonal conflict.

#### 4) Administrative Factors

Administrative factors include organizational policies on safety and health, promotion and career development, salary and remuneration, and benefits received.

##### a. Career Development

Opportunities for nurses to obtain training, continuing education, promotion, and competency development greatly influence job satisfaction and motivation. A well-defined career pathway helps nurses feel appreciated and driven to make greater contributions to the organization..

##### b. Salary

Fair salaries, allowances, and incentives are important factors that influence nurses' well-being. Adequate compensation not only meets economic needs but also enhances organizational loyalty and commitment.

#### B. External Factors

##### 1) Patient Demand on System

Patient demand on system includes the number, severity, and complexity of patient needs that nurses must deal with in the health care system.

##### 2) Health Care Policy

Health care policy or policies formulated by governments, health organizations, or hospitals that have an impact on the work environment, welfare, and efficiency on the work of nurses.

### 3) Labor Market

Labor market refers to labor market dynamics that affect the recruitment, retention, and distribution of nursing personnel in the health system to reduce work pressure.

#### **2.1.3 Quality Nursing Work Life Dimensions**

There are four dimensions that make up the quality of nurses work life, namely::

##### 1. *Work Life-Home Life Dimension*

This dimension refers to the space connecting professional work and home life for nurses. It includes aspects such as commitment to work and institutional policies regarding time off or leave schedules. Meanwhile, the home life component considers the nurse's roles within the household, such as being a parent, child, or spouse (fulfilling family needs, managing available energy). Well-organized scheduling is related to nurses' satisfaction in their work, thus having an impact on nurses' tendency to shift to work (Suaib, 2020).

##### 2. *Work Design Dimension*

Work Design Dimension is a job design that includes the workload and responsibilities actually carried out by nurses. Items that determine the work environment of nurses include workload, staffing, and autonomy. Staffing arrangements that burden nurses can cause dissatisfaction at work. This dissatisfaction can have an impact on nurses' intention to leave their jobs (Suaib, 2020).

### 3. *Work Context Dimension*

The Work Context Dimension refers to the setting in which nurses work and how the work environment affects nurses. The work context dimension has a broader scope than the job design dimension. Includes collaborators between medical teams and labor provisions such as tools and materials to carry out work, work methods, development obtained, and support at work (Suaib, 2020).

### 4. *Work World Dimension*

Work World Dimension is a work world dimension which is defined as the impact of social impacts and modifications in nursing practice. The dimensions of the world of work include the image of the profession, economic issues, security guarantees, and concerns from nurses as professionals who are very at risk of experiencing burnout syndrome(Suaib, 2020).

## **2.2 Concept of Intensive Care Unit (ICU)**

### **2.2.1 Definition of Intensive Care Unit**

The Intensive Care Unit or ICU is part of the category of critical care services in hospitals. ICU is a unit of the hospital that has independence with specialized staff and equipment. This room is intended for patients who need immediate medical action, continuous observation and management of organ system functions in an organized manner by the intensive care team. These actions are carried out so that patients are protected from physiological

decompensation and supervision and provision of appropriate titration therapy constantly and continuously (Anik Rustini et al., 2023).

### **2.2.2 Structural Intensive Care Unit**

According to (Parreira et al., 2021) the inpatient organizational structure consists of several parts, including:

1. Head of the Room

A professional nurse who has the authority to assign tasks both verbally and in writing to staff and to oversee the provision of nursing care within the inpatient unit (Sopacua et al., 2020).

2. Team Leader

A professional nurse who acts as the team leader and is responsible to the head nurse. The team leader assigns tasks to implementing nurses either verbally or in writing during the provision of nursing care (Astuti & Lopak, 2021).

3. Implementing Nurse

An implementing nurse is a professional nurse who coordinates with the team leader to deliver nursing care services within the inpatient unit. (Astuti & Lopak, 2021).

### **2.2.3 Role of Intensive Care Unit**

The role of ICU nurses has an important role in critical care nursing, which is one of the specialties in nursing science. ICU nurses face problems in detail and are responsible for life-threatening conditions, so it needs to be

carried out by a team that is trained and experienced in intensive care units. Critical nursing services are intended to provide care to patients suffering from serious illnesses, requiring intensive therapy and having the potential to recover, as well as to patients suffering from serious illnesses that require continuous close observation or care in order to determine changes that occur in conditions that require immediate action (Anik Rustini et al., 2023).

1. Role as Provider of Nursing Care

Nurses carry out this role by addressing patients' fundamental human needs through nursing services that utilize the nursing process. Nurses are expected to deliver care optimally, equitably, and without discrimination based on patients social, cultural, ethnic, racial, or religious backgrounds (Ayu A & Hutahaeon, 2021).

2. Role as Patient Advocate

Advocacy is a core professional function of nurses, involving protection and representation of patients' interests. Nurses fulfill this role by providing information, acting as mediators, and defending patients' rights and safety. (Ayu A & Hutahaeon, 2021).

3. Role as Educator

This role involves educating patients and their families about disease prevention, recovery, and health maintenance. Nurses develop health education programs and provide accurate health information at every stage of care and level of prevention (Ayu A & Hutahaeon, 2021).

#### 4. Role as Coordinator

Nurses coordinate care by directing, planning, and organizing nursing services in collaboration with the healthcare team. This ensures that healthcare delivery is patient-centered, effective, and efficient. The nurse coordinator is responsible for planning, organizing, leading, and supervising nursing care (Ayu A & Hutahaeen, 2021).

#### 5. Role as Collaborator

Collaboration involves working in a healthcare team that may include doctors, physiotherapists, nutritionists, and others. Nurses identify care needs and engage in dialogue to determine the next steps in patient care (Ayu A & Hutahaeen, 2021).

#### 6. Role as Consultant

In this role, nurses serve as a resource for patients and their families to discuss appropriate nursing interventions. The aim is to clarify care goals and assist in solving problems faced by patients (Ayu A & Hutahaeen, 2021).

#### 7. Role as Innovator

Nurses act as agents of change for individuals, families, and communities by promoting healthier behaviors and lifestyles. This role includes planning, collaborating, and implementing systematic, goal-oriented changes aligned with nursing service methods (Ayu A & Hutahaeen, 2021).

### 2.3 Research Gap

Table 2. 1 Research Gap

No.	Title and Research	Methods Research	Result Research
1.	The Relationship between the Quality of Nursing Work Life and the Quality of Care for Patients among Inpatients Ward at Regional Hospitals in Jember (Ardiana et al., 2020)	<b>D:</b> Cross sectional <b>S:</b> Total sampling 53 nurse respondent dan Purposive sampling 53 patient respondent <b>V:</b> Quantitative <b>I:</b> Questionnaire <b>A:</b> Bivariate, frequency distribution and chi-square test	The results of the analysis show that there is a significant relationship between the quality of nurses' work life and the quality of nurses' care from the client's perception, it is found that the quality of nurses' work life that is not good has an impact on providing poor quality of care. While nurses with good quality of work life provide good quality of care as well.
2.	Model of Work Environment, Quality Of Nursing Work Life And Self-Concept Toward Nurses' Caring Behaviors In Nursing Care In Hospitals (Hamim, 2020)	<b>D:</b> Descriptive, cross sectional <b>S:</b> Purposive sampling 166 respondents <b>V:</b> Quantitative <b>I:</b> Questionnaire <b>A:</b> Bivariate, logistic regression test	The results of the analysis show that there is a significant relationship between the nurse's work environment and the quality of the nurse's work life. The better the nurse's work environment, the better the condition of the nurse's quality of work life.
3.	Analysis of Factors Associated With Quality Of Nursing Work Life In Nurses At Muhammadiyah Lamongan Hospital (Faizin, 2020)	<b>D:</b> Descriptive, cross sectional <b>S:</b> Purposive sampling 166 respondents <b>V:</b> Quantitative <b>I:</b> Questionnaire <b>A:</b> Bivariat, uji logistic regression test	The results of the analysis show that there is a significant relationship between age, gender, education, dependent load, child ownership, position in nursing, tenure, work experience, and motivation, with quality nursing work life.
4.	The Perception of Quality Nursing Work Environment among Hospital Nurses	<b>D:</b> Descriptive, cross-sectional, correlation <b>S:</b> Probability sampling 334 respondents	The results of the analysis showed that nurses who work in intensive care units and have three or more years of experience have a lower quality of work

No.	Title and Research	Methods Research	Result Research
	(Vranada et al., 2021)	<b>V:</b> Quantitative` <b>I:</b> Questionnaire <b>A:</b> Univariate, deskriptive statistics, ANOVA, t-test	environment compared to others.
5.	A Comparative Study of Quality of Nursing Work Life in Indonesia (Wahyoe Puspita et al., 2021)	<b>D:</b> Research design <b>S:</b> Total sampling 286 respondents <b>V:</b> Quantitative <b>I:</b> Questionnaire <b>A:</b> Univariate, descriptive and statistical inference	The results of the analysis showed that nurses in Indonesia had an overall quality nursing work life score and quality nursing work life dimensions in the good category. QNWL levels Health facilities in Indonesia from the highest are: 1) health centers, 2) public hospitals and 3) private hospitals.
6.	Quality of work-life and associated factors among nurses working in Wollega zones public hospitals, West 4.Ethiopia: A cross-se5.ctional study (Mosisa et al., 2022)	<b>D:</b> Cross sectional <b>S:</b> Random sampling 212 respondents <b>V:</b> Quantitative <b>I:</b> Questionnaire <b>A:</b> Bivariate, EPI-data version 3.1 and SPSS version 22	The results of bivariate analysis of marital status, work experience, income, and family showed a significant relationship with quality of nursing work life with the incidence of burnout in nurses at Wollega Zones Public Hospital West Ethiopia.
7.	Quality of nursing work life, job satisfaction, and intent to leave among Jordanian nurses: A descriptive study (Salahat & Al-Hamdan, 2022)	<b>D:</b> Cross sectional <b>S:</b> Random sampling 200 respondents <b>V:</b> Quantitative <b>I:</b> Questionnaire <b>A:</b> Bivariate, SPSS version 25	The results of bivariate analysis of sociodemographic and work-related variables (hospital type, gender, education level, and salary) showed significant differences and correlation with quality nursing work life.
8.	Relationship between Organizational Culture and Quality	<b>D:</b> Descriptive, cross sectional	The results of chi-square analysis showed a significant relationship between organizational

No.	Title and Research	Methods Research	Result Research
	Of Nursing Worklife in Inpatient Nurses at RSUD X Jakarta (Afriyani et al., 2024a)	<b>S:</b> Purposive sampling 128 respondents <b>V:</b> Quantitative <b>I:</b> Questionnaire <b>A:</b> Bivariate, chi-square statistical test	culture and quality of nursing worklife. The higher the organizational culture that nurses have, the better the quality of work life in nurses.
9.	Effects of individual, institutional and nursing work environment variables on nurses' quality of work life (Torlak & Göktepe, 2024)	<b>D:</b> Descriptive, cross sectional <b>S:</b> Total sampling 330 respondents <b>V:</b> Quantitative <b>I:</b> Questionnaire <b>A:</b> Bivariate, statistical test	The results of the analysis show that there are significant results between a healthy nursing work environment and individual and institutional factors affecting the quality work life of nurses.
10.	Factor Affecting the Quality of Work Life Among Nurses: A Systematic Review (Sibuea et al., 2024)	<b>D:</b> Systematic review <b>S:</b> 20 articles <b>V:</b> Quantitative <b>I:</b> Questionnaire <b>A:</b> Bivariate, literature review	The results of the literature review analysis show that the quality of nurses' work life is influenced by three main factors: personal (socio-demographic), occupational, and psychological. These factors have a significant relationship with nurses' quality of work life.

## 2.4 Conceptual Framework

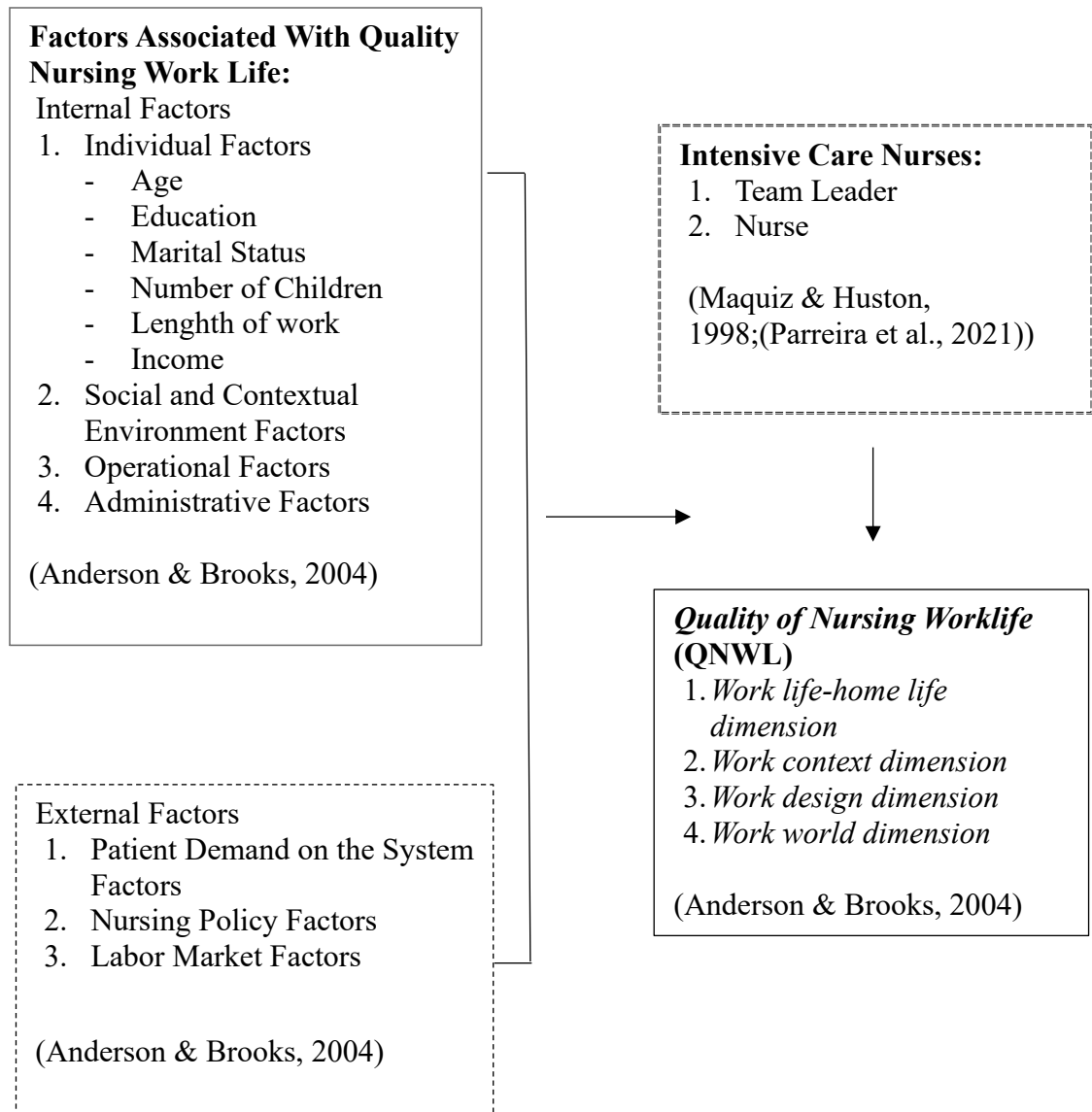


Figure 2. 1 Conceptual Framework Analysis of Factors Associated With Quality Nursing Work Life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City

## 2.5 Conceptual Framework Explanation

The organizational structure of intensive care nurses consists of the team leader, and executive nurses. The subjects studied in this study were all intensive care nurses. Quality Nursing Work Life or QNWL is a crucial aspect for the nursing profession that will affect the quality of nursing care services. QNWL consists of a concept that has many dimensions that include several work life-home life dimensions, work design dimensions, work context dimensions, work world dimensions (Anderson & Brooks, 2004).

Quality nursing work life is influenced by several factors, namely internal factors and external factors. The factors to be studied are internal factors to analyze various internal factors that are thought to influence QNWL, including individual factors: age, education, marital status, number of children, length of service, income, social and contextual environments factors, operational factors, and administrative factors (Anderson & Brooks, 2004).

## 2.6 Research Hypothesis

A hypothesis is a temporary conjecture from the formulation of a problem or research question. The hypotheses in this study are:

1. H1 there is a significant relationship between individual factors (age) With Quality Nursing Work Life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City.
2. H2 there is a significant relationship between individual factors (education) With Quality Nursing Work Life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City.

3. H3 there is a significant relationship between individual factors (marital status) with quality nursing work life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City.
4. H4 there is a significant relationship between individual factors (number of children) with quality nursing work life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City.
5. H5 there is a significant relationship between individual factors (length of work) with quality nursing work life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City.
6. H6 there is a significant relationship between individual factors (income) with quality nursing work life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City.
7. H7 there is a significant relationship between social factors and contextual environment with quality nursing work life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City.
8. H8 there is a significant relationship between operational factors with quality nursing work life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City.
9. H9 there is a significant relationship between administrative factors with quality nursing work life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City.

10. H10 there is a dominant factor that has a significant relationship with quality nursing work life in Intensive Care in RSUD Haji East Java Province Hospital Surabaya City.

