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Life quality review of operating rooms personnel working in educational hospitals of Zahedan University of Medical Sciences in 2016

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ABSTRACT

Quality of life is one of the most important components of health that is affected by different factors. Since the quality of working life is one of the most effective ways to motivate and help designing and enriching employees job; therefore the present study has been done in order to assess the quality of life among the operating rooms personnel working in educational hospitals of Zahedan Medical Sciences University. This is a descriptive - analytical study conducted on 112 subjects who were selected through census. To collect data a questionnaire consisting of two parts was used. The first part was associated with demographic characteristics and the second part was related to the life quality standard questionnaire (SF-36). Finally, after collecting the questionnaires, the data was analyzed using SPSS 19 software and descriptive statistics, Pearson correlation, variance analysis and independent t-test. The results showed that subjects' mean age was 30.95 ± 7.76 . Also, 41 subjects were single and 88 subjects were women. In addition, 60 subjects had a 1-5 year work experience, 22 employees had a 5-10 year work experience, 18 subjects had a 10-15 year experience and 12 employees had more than 15 years working experience. Totally, the average score of life quality among employees was 36.58 ± 17.28 indicating the personnel weaknesses at their own life quality. The relationship between marital status, age and work experience with quality of life was not statistically significant ($P > 0.05$). Due to the fact that nurses' life quality may affect their performance quality and the way they take care for patients; thus, medical- health centers officials must identify factors that result in reducing nurses' life quality and through the implementation of programs such as holding training courses improve their quality of life.

Key words: quality of life, operating room, Zahedan

INTRODUCTION

In some businesses like medical careers mental and physical health threatening factors are more than others. Nurses constitute one of the largest group working in medical professions (1) and nursing is named as one of the most hazardous and stressful occupations so that it is cited as one of the first four stressful professions over the world (2). Quality of life is one of the most important components of health. The concept of life quality has been defined in

many ways and can be interpreted in three ways. The first definition focuses on welfare and peace aspects of life, the second definition consider the economic, social and physical abilities and the third one concentrate on areas such as symptoms of certain diseases or disabilities (3). Several factors affect the quality of people's lives of which anxiety and stressful situations can be mentioned(4,5). Factors such as shift work, heavy workload, dealing with the pain and suffering of patients and their death, contacting with infectious agents and chemotherapeutics as well as events such as needle stick are some stressors in nurses' workplace. Not to present at work or to take too much sick leave, to try committing suicide, to tend to tranquilizers, sleeping disorders, lack of job satisfaction, depression, anxiety, aggression and physical illnesses are adverse consequences of nurses dealing with the stressors which are reported in other studies (6,2).

The term working life quality has become popular in recent years, but there is little agreement on the meaning of this term (7). Working life quality is reflected on employees' job satisfaction and their mental health (8). In medical sciences the quality of applied life is known as the health-related quality that means an individual's subjective evaluation of the current health status, health care, health promotion activities which allows the individual to pursue worthy goals (9, 10). Quality of work life is a multifaceted and relative concept that is affected by the time, place and personal and social values and at the individual level depends on a person's worldview and his attitude toward life (11).

The concept of work life quality has become an important social issue around the world (12) and because of its role in individuals' mental health has been increasingly important in recent years. The World Health Organization has defined quality of life as an individual's beliefs of their life circumstances with respect to the culture and the value system in which he lives as well as the relationship between these beliefs and goals, expectations, standards and the individual's concerned priorities (13). Drucker believed that human resources maintenance system has many dimensions and in addition to the tangible aspects involves emotional and intangible features that are manifested in any organization in any way; hence, to identify organizations maintenance dimensions is difficult. Factors of maintaining more staff are mostly related to health, safety and health measures, physical education, insurance and health care (14). The importance of quality of life due to the increasing complexity of societies and the labor market makes it necessary to pay more attention to human resources (15).

Therefore, since success and progress of a hospital as an organization depend on its staff if it is not capable to attract and retain qualified and motivated human resources, the health- care organization will face difficulties for performing vital responsibilities and duties and thus the efficiency of the organization will be reduced. Due to the fact that working life quality improvement is one of the most effective methods to motivate and help designing and enriching employees' job, the present study has been done to evaluate the quality of life among operating rooms personnel working in training hospitals of Zahedan medical sciences.

MATERIALS AND METHODS

This is an analytical - descriptive study examining the life quality of operating rooms nurses working for training hospitals of Zahedan Medical Sciences University in 2016. The study was conducted on 112 subjects selected through census. Confounding factors of life quality such as individuals who themselves or their families' have experienced chronic cardiovascular diseases, diabetes, cancer, kidney disease on hemodialysis, respiratory failure, multiple sclerosis musculoskeletal disorders and drug addiction as well as divorced individuals were excluded. To collect data a questionnaire consisting of two parts was used. The first part was associated with demographic characteristics (age, gender, marital status and work experience) and the second part was related to the life quality standard questionnaire (SF-36) that measures 8 dimensions of the life quality. These dimensions are: physical function (10 questions), role performance limits due to physical problems (4 questions), role performance limits due to emotional problems (3 items), vitality (4 items), mental health (5 questions), social functioning (2 questions), bodily pain (2 questions) and general health (5 questions), with the exception of a question that individually examines changes of one's health status over a one year period. Physical functioning aspects data, role limitations due to physical problems, bodily pain and general health in the form overall physical health as well as dimensions of role limitations due to emotional problems, vitality, mental health and social functioning in the form of overall mental health were collected. Subjects in the questionnaire were assessed in terms of both mental and physical functions. The total score of this tool is determined by using the questionnaire which indicates subjects' life quality score. All dimensions and mean scores range between (100-0) so that a higher score shows a higher quality of life (16, 17). Moreover, the validity and reliability of the questionnaire has been evaluated in Iran (18).

To collect data, after the ethical approval of the research project by the Research Council of Zahedan Medical Sciences University as well as receiving an introduction letter and coordinating with hospitals (3 hospitals) the researcher referred to each hospital. At first, he explained individuals the project purpose and after obtaining subjects' verbal consent the questionnaire was distributed among them to the required number in each hospital. Then, after subjects completed the questionnaire it was gathered and reviewed by the researcher and in the case of incompleteness it was returned to the respondent and s/he was asked to complete the related section. Finally, after collecting the questionnaires, the data was analyzed using SPSS 19 software and descriptive statistics, Pearson correlation, variance analysis and independent t-test.

Findings:

The results showed that subjects' mean age was 30.95 ± 7.76 . Also, 41 subjects were single and 88 subjects were women. In addition, 60 subjects had a 1-5 year work experience, 22 employees had a 5-10 year work experience, 18 subjects had a 10-15 year experience and 12 employees had more than 15 years working experience. Totally, the average score of life quality among employees was 36.58 ± 17.28 indicating the personnel weaknesses at their own life quality.

The relationship between marital status, age and work experience with quality of life was not statistically significant ($P > 0.05$).

The relationship of marital status, age and work experience with quality of life was not statistically significant ($P > 0.05$) and subjects' quality of life has increased by increasing their work experience.

The relationship between gender and the overall life quality and all areas are listed in Table 1.

Table 1: Gender relationship with the overall life quality and each of the areas

Dimensions	Gender	Mean	Std. Deviation	P Value
General health	Woman	36.5057	16.84524	0.005
	Man	27.2727	11.90566	
Social Performance	Woman	50.8523	22.80567	0.06
	Man	38.0682	28.73247	
Physical pain	Woman	37.6420	22.26202	0.004
	Man	21.2500	21.77742	
Mental problems	Woman	52.6515	45.12551	0.13
	Man	27.2727	39.35507	
Physical problems	Woman	48.2955	38.05536	<0.001
	Man	15.9091	29.42449	
Physical performance	Woman	35.1705	28.33958	<0.001
	Man	10.9091	14.52718	
Mental health	Woman	37.0000	16.55642	0.005
	Man	27.8182	11.93489	
Vitality	Woman	43.6932	20.05014	0.002
	Man	28.6364	18.07272	
Total score of the life quality	Woman	40.5177	16.57964	<0.001
	Man	21.9571	11.69269	

DISCUSSION

Results of the present study revealed that the life quality level of operating rooms personnel is low. This is in line with a research conducted on nurses in Bangladesh (19). However, the life quality level was average in a study carried out by Yazdimoghadam and Khaghanizadeh (20,21). The lowest score mean is associated with the physical function scope. Hagir et al and YazdiMoghaddam et al reported that the studied nurses' life quality score in mental aspect is lower than the physical dimension (20,22). This implies that unlike other nurses, operating room nurses mostly suffer from physical damages. According to these results, it seems that the authorities should take effective measures to improve their quality of life. Measures such as reducing the workload and providing advisory services in hospitals can increase quality of life among nurses. Furthermore, as studies show, regular and continuous physical activity impacts on the health and life quality improvement so that while maintaining physical and mental performance in old age the life expectancy increases and the risk of many chronic diseases decreases. Moreover, increased self-efficiency, self-confidence and confusion improvement are some psychological mechanisms of

exercising beneficial effects on the quality of life (24,25). In addition, to promote the quality of life with respect to aspects of mental health and the subsequent improvements in mental health due to the exercise lead to an individual's optimum mental performance that impacts on daily activities and eliminates the person's dependence on others in daily routines (26).

Proponents of working life quality theory are searching for new systems and programs to help employees in order that they can make a balance between the working and personal lives (27). The program for improving the working life quality involves any improvement in organizational culture which leads to the growth and development of the organization's employees. A program for the working life quality means a process by which all members of an organization contribute somehow in decisions that specifically impact on their job and generally impact on their working context through an open and an appropriate communication channel that is made for this. As a result of this contribution, employees' job satisfaction will be increased and the stress caused by the job will be decreased (29).

Results of the present research showed that there is no significant relationship between work experience and working life quality contrasting with the results of Darghani et al (15). In addition, Fitzgerald et al stated that as the work experience becomes more, the satisfaction and working life quality of the staff will be more (30). Moreover, any significant relationship between gender and the quality of working life was not revealed. No relationship between individuals' gender and working life quality was found out by Sundberg et al (31) and Kintner (32), too. No difference of life quality in both gender groups suggests that working conditions are the same for both groups. However, it was expected that women due to a conflict between more job and family responsibilities are exposed to stress more than men and this will decrease the quality of their lives.

The results of this study indicate that there is no statistically significant relationship between age and the quality of working life among the studied subjects (7) that is consistent with the results found out by Abdollahpoor et al (33). However, this finding is inconsistent with results of the study done by Karlous et al (34) showing that with increasing age, quality of working life is reduced. The increased prevalence of chronic diseases and physical pains with increasing the age is a factor that could explain the drop in nurses' life quality with increasing age and work experience.

CONCLUSION

Due to the fact that nurses' life quality may affect their performance quality and the way they take care for patients; thus, medical- health centers officials must identify factors that result in reducing nurses' life quality and through the implementation of programs such as holding training courses improve their quality of life.

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