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Quality of Work Life Among Public Hospital Nurses in Sarawak

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ABSTRACT

Globally, the quality of work-life (QoWL) of nurses is significantly affected. They are the largest health care groups and the leading front liners in the clinical settings. When the nurse's quality of work life is compromised, the work environment's dynamic changes will also be affected. At current, the focus issues in nursing include excessive workload and poor work conditions. This study aimed to determine the prevalence of quality of work-life among public hospital nurses in Sarawak General Hospital (SGH), Kuching, Malaysia. Methods: Descriptive study with a purposive sampling technique was used in recruiting 461 nurses working at SGH. A composite scale was used for the assessment of QoWL in nurses. Data were collected using adapted questionnaires that focused on nine different areas. The questionnaires were distributed to the nurses via an online survey. This study revealed that 52.9% of the respondents were not satisfied with their QoWL, while 47.1% were satisfied. Three areas were identified to record a higher percentage of unsatisfactory QoWL: relation and cooperation, autonomy of work, and resources adequacy. There are significant differences between the nurses' quality of work-life and socio-

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demographic characteristics (p-value≤0.01). Female nurses; those involved in clinical; working and staying at the same hospital for a long time; and those working shifts, having satisfactory QoWL. In sum, the nurse's quality of work-life is at a moderate level. This research further indicates that the socio-demographic features of nurses and QoWL are substantially linked. Result-driven research is also needed to examine the effectiveness, efficacy, and cost benefits of specific strategies to improve quality of life. The health care authorities should implement policies to strengthen nurses' working standards and their QoWL to provide excellent and effective care for their clients.

Keywords: *Quality of Work Life (QoWL); public hospital; nurses*

INTRODUCTION

Quality of Work Life (QoWL) is defined as the degree to which employees are satisfied with their personal and working needs while accomplishing the organization's goals. QoWL significantly affects employees' commitment and productivity, including in the health care organization. In the recent decade, the nursing profession has become the largest group in the health care system to provide healthcare services to all folks of life and the doctors and other healthcare alliances. The nursing profession is changing dynamically with the times. Nurses face many challenges while struggling with the latest technology, thus affecting the quality of work-life (QoWL) among them.

The quality of life and the nurses' own need have been ignored, although nurses have been trained to provide patient care and improve their patients' quality of life (Vagharseyyedin, Vanaki & Mohammadi, 2011). Many nurses have experienced conflicts between their role in family and job duty due to the effects of shift, workload, long working hours, inflexible or disordered working programs, and frequent over time. Nurses' obligations to shift work, including night shifts or weekends, can cause them the dilemma between work and family (Eren & Hisar, 2016). Previous studies indicated that most nurses felt inclined to quit the job and intention to the turnover of their current employment and also mentioned long working hours, poor work conditions and dissatisfaction with management, excessive workload, high work-related stress, shift work,

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inadequate educational and professional development opportunities and tasks other than nursing (Ugur & Abaan, 2008).

In Malaysia, the nursing profession is one of the most massive job opportunities. It is critical to evaluate the quality of work-life among nurses, allowing the organization and nurses to realize many challenges in providing better care. An improvement on the boundaries of work and quality of life among nurses must occur. Various issues related to nurses, affecting their work-life quality, are continuously debated, such as excessive workload and poor work conditions, especially in the current Covid-19 pandemic situation.

Nursing knowledge, experience, and advice have been crucial parts of the strategy to contain the pandemic. Nursing practice has been fundamental to the care and survival of patients, who have been most seriously affected by COVID-19 (Catton, 2020). In Sarawak, Malaysia, the nursing profession is one of the most demanding jobs. Sarawak is the largest state in Malaysia that has a population of 2.8 million. Healthcare services, especially nursing, are significantly required to cater to the needs of the local people. Despite the heavy workloads on nurses, they still persevere in executing their daily tasks. Thus, it is essential to evaluate the quality of work-life among the nurses. Many aspects of the work-life being accessed in this study had allowed the organization and nurses to realize their many challenges. To provide better care for the patients, an improvement on the boundaries of work and quality of life among nurses must take place.

LITERATURE REVIEW

The quality of work-life becomes an important issue. It influences nurses' productivity and commitment in the health organization, which also applies to other industries (Almalki et al., 2012). According to Brooks (2004), the two goals of the quality of work-life are improving the organization's overall productivity and the quality of employees' work experiences. It is a complex and multidimensional construct because it is influenced by personal impressions and work situations.

According to Thakre, Thakre and Thakre (2017), there is a relationship between employees (nurses) and the total working environment to ensure high work-life quality. The working environment or workplace becomes a significant concern among nurses. Each individual spends 65 percent of human life on their work and needs to pay attention and improve work-life quality (QoWL). Another factor was the organizational hospital culture. The dissatisfaction triggered by the lack of managerial and leadership skills among the upper manager causes the unharmonious relationship. Nurses' perceptions can be modified about their work-life quality if healthcare managers consider the key issues surrounding organizational culture (Kelbiso, Belay, & Woldie, 2017).

Almalki, Fitzgerald and Clark (2012) reported that most nurses had had imbalances between work and family life. There was a lack of support from the family members, an increase in workforce mal-utilization that affects nursing skills, and a significant shortage of nurses. While examining the work-life of nurses, many factors are involved. In this study, some issues will be discussed, such as working conditions, demanding client needs and care, professional issues, stressful work life, nursing workforce shortage, working knowledge development, teamwork and performance, nursing problems of leadership and management, organizational climate, as well as culture and issues about gender.

There are a few significant challenges faced by the nurses at the workplace. The situation is worsened by the unavailability of trained nursing personnel and shortage of nurses. These have caused migration of local nurses to other countries, in which lacking staff or turnover intention will affect the quality of care (WHO, 2017). When an organization fails to focus on the quality of work-life, it can blow the organization's recognition and revenue, affecting its job satisfaction, work performance, and turnover (Sirgy, Efraty, Siegel & Lee, 2001). Blaauw, Ditlopo and Rispel (2014) believed that QoWL is often one of the most essential elements in staffing and retaining, which has a significant impact in holding the required number of nurses in each health care facility. Furthermore, nurses with high levels of resilience have also shown to have high levels of psychological health (Gao, Ding, Chai et al., 2017; Mealer, Jones, Newman et al., 2012), high quality of professional life (Hegney, Rees, Eley et al., 2015), and better job satisfaction (Hudgins, 2016). Resilience has also been reported to shield nurses from stress, depression, burnout,

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and emotional exhaustion (Brown, Wey & Foland, 2018; García‑Izquierdo, Rios-Risquez, Careillo-Garcia et al., 2018; Guo, Luo, Lam et al., 2017; Magtibay, Chesak, Coughlin et al., 2017).

In many studies, the findings revealed that other factors also affect the quality of life, such as the changes in any of the socio-demographic characteristics like age, gender, salary, type of family, length of service experience, service status like permanent or temporary, religion, education, and shift duty. Albaqawi (2018) reported that there is a significant difference between the demographic data of the staff nurses and the quality of nursing work life precisely age to work condition, the civil status to support services, nationality to relation with managers, job perception, and the support services. Evidently, the previous study showed that demographic characteristic status plays a significant role in settling the differences in work and life quality (Moradi, Maghaminejad & Azizi-Fini, 2014; Kelbiso, Belay & Woldie, 2017; Faraji, Salehnejad, Gahramani et al., 2017). Therefore, this study aimed to assess the quality of work-life among public hospital nurses and determine the personal satisfaction and working needs among nurses through participating in the workplace and organization to achieve goals.

METHODOLOGY

In this study, the research design used was a descriptive study. This study was conducted at one of the public hospital settings in Sarawak. Sarawak General Hospital, Kuching is a tertiary and referral hospital that was selected for this study to represent the East Malaysia region.

The study population included nurses from Grade U19 to U44 working in Sarawak General Hospital (SGH), Kuching (N=1904). The sample size was calculated using Raosoft Software Calculator. Sample size figure with a margin error of 5%, the confidence level was 95%, and a 50% drop off response distribution, the recommended sample size was 320 (n=320) participants with target population (N=1904). However, 461 participants were recruited in this study to achieve a larger sample size. A purposive sampling technique was used in this study to distribute the questionnaires to the respondents via online survey. The main objective for the purposive sample is to produce a piece that can be logically assumed to

be representative of the population. Nurses working in various departments in SGH and willing to answer the surveys were recruited. The data were collected from July 27, 2020, till the August 21, 2020.

For the data collection instrument, the tool used was the online survey given limited movement during the Covid-19 pandemic. The link to the questionnaires was shared via WhatsApp messenger to all the nurses working in SGH. The questionnaires were constructed based on previous studies and related literature. The questionnaires were adapted from Swamy (2015), and permission was granted from the original author. The questionnaire consists of two sections: socio-demographic characteristics, which include three items, namely, Personal: age, gender, marital status, ethnicity, educational level, and salary; Family: type of family, size of family members, dependent children and dependent adult; and Organization: position, grade, nursing tenure, position tenure, organization tenure, roster status, shift status, shift type, and traveling time to the workplace. For Quality of Work Life (QoWL), this section assesses the quality of work-life of the respondents, which consists of 50 questions adapted from Swamy (2015) and divided into nine subscales to evaluate the quality of work life.

Evaluation on all subscales was done that includes organizational culture; work environment; relation and cooperation; training and development; compensation and rewards; facilities for workers; job satisfaction and security; adequacy of resources; and work autonomy. The possible score for the minimum was 50, and the maximum was 250, whereby higher scoring than the overall mean is 'satisfied' and less scoring than overall mean is 'unsatisfied' of QoWL. The instrument asked the respondent (nurses) on how much they were satisfied or dissatisfied with the components of subscales; each was having five-choice answers (i.e., 1 ‘completely dissatisfied', 2 'slightly dissatisfied', 3 'slightly satisfied', 4 'satisfied', 5 'completely satisfied'.

A pilot study was conducted earlier in West Malaysia public hospitals to ensure the questions' appropriateness, structure, and clarity. The pilot study was done in West Malaysia because the initial, more significant review was to determine the QoWL of government nurses in Malaysia. It involves five states in Malaysia that represent different regions, namely, Penang (north Peninsular), Terengganu (east Peninsular),

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Putrajaya (west peninsular), Johor (south Peninsular), and Sarawak (East Malaysia). The findings of this study on Sarawak nurses included the more significant studies, looking into only the nurse population in Sarawak. Thus, the questionnaire was found to be feasible and understood by the nurses across Malaysia. The survey instrument/questionnaire was adopted from the original paper entitled, "Quality of Work Life: Scale Development and Validation by Swamy (2015). Based on the following parameters as mentioned by Swamy et al. (2015), the reliability coefficient of the questionnaire used in this was 0.88 Cronbach's alpha value. Factor loading of 0.50 or greater is "practically significant" for the sample size of 100 Registered Nurses (RNs) working in a hospital, and are willing to participate to be recruited in the study. As in this current study, the survey's reliability by using the Cronbach's Alpha value was 0.974, which showed that the consistency of the data was excellent.

Ethical approval was obtained from the Medical Research and Ethics Committee (NMRR-19-3603-51922). Given the order by Malaysia Government for Movement Control Order (MCO) due to pandemic Covid-19 (coronavirus infection) since 18 Mac 2020 till now, it was affecting the distribution of survey instrument (questionnaire) to the respondents due to most respondents involved in the management of pandemic Covid-19. Thus, the data were collected using Google forms or links (https://bit.ly/2yWNAnG) to the questionnaire shared through WhatsApp messenger to all the nurses working in SGH, who were in the inclusion criteria and the nurses who were on duty at the time of data collection. This form was distributed to all respondents through the nursing department at the hospital with a permission letter from the hospital director and head of the nursing department for reliability and validity data. The respondents (nurses) were explained on the study's nature and purpose in the link. The informed consent was obtained when they agreed to proceed in answering the questionnaire. The survey took 10-15 minutes to complete. Information was assured as confidential. Missing and incomplete data were not included during the analysis.

The data collected were coded, grouped, and analyzed by using IBM Statistical Packages for Social Science (SPSS) for Window, version 23. The Cronbach's alpha value for this study was 0.974, which showed that the consistency of the data was excellent. Following applicable laws and regulations, the information acquired in this study is kept and handled

confidentially. The participants' particulars are kept on a password-protected database and linked only with a study identification number for this research. The identification number instead of patient identifiers is used on subject datasheets. All data were entered into a computer that is password protected.

RESULTS

This study was conducted among 461 nurses working at SGH, Kuching, Sarawak, Malaysia. Most of the participants were below 40 years old (74.4%; n=343), and the mean age was 35 years old (SD: 7.74). Female nurses dominate the male nurses having 96.1% (443) and 3.9%, respectively. More than half of the respondents were from the local ethnic groups (54.9%; n=253); married with 73.3% (n=338); had Diploma in Nursing (89.4%; n=414); earned between RM3000 to RM8000 (52.3%; n=241); worked as clinical nurses (90.0%; n=415); and majority had served the organization between 1 to 10 years. Most of them lived in a nuclear family (66.4%; n=306) with family size of 1-5 people (63.1%; n=291); 61.8% (n=285) of them had dependent children, while 68.8% (n=317) had dependent adults. Most of them worked in shifts (83.3%; n=384), and most of them did not have any difficulty in traveling time to the workplace as most of them spend less than an hour to their workplace (82.9%; n=382) (Table 1).

Table 1: Demographic Characteristics of the Respondents (*n*=461)

Variables	Frequency (*n*)	Percentage (%)
Age Mean: 35.50 (SD:7.74)		
20-30 years old	154	33.4
31-40 years old	189	41.0
41-50 years old	100	21.7
More than 50 years old	18	3.9
Gender		
Female	443	96.1
Male	18	3.9

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Table 1 (continued).

Variables	Frequency (*n*)	Percentage (%)
Ethnic		
Malay	168	36.4
Chinese	38	8.2
Indian	2	.4
Others	253	54.9
Marital Status		
Married	338	73.3
Single	103	22.3
Divorced/ Widowed	20	4.3
Educational Level		
Certificate	380	82.4
Diploma	34	7.4
Degree	45	9.8
Master	2	.4
Salary		
Less than RM 3000	209	45.3
RM 3000 – RM 8000	241	52.3
More than RM 8000	11	2.4
Family Type		
Nuclear	306	66.4
Joint	155	33.6
Family Size		
1-5 peoples	291	63.1
6 – 10 peoples	148	32.1
> 10 peoples	22	4.8
Dependent Children		
No	176	38.2
Yes	285	61.8
Dependent Adults		
No	144	31.2
Yes	317	68.8
Job Position		
Clinical Nurse	415	90.0
Nursing Manager	46	10.0
Nursing Tenure		
Less than 1 year	18	3.9
1 – 5 years	64	13.9
5 – 10 years	152	33.0
10 –15 years	86	18.7
15 – 20 years	68	14.8
More than 20 year	73	15.8

Table 1 (continued).

Variables	Frequency (*n*)	Percentage (%)
Organization Tenure		
Less than 1 year	32	6.9
1 – 5 years	108	23.4
5 – 10 years	184	39.9
10 –15 years	66	14.3
15 – 20 years	54	11.7
More than 20 year	17	3.7
Job Post		
Permanent	441	95.7
Contract	20	4.3
Job Shift		
Shift Work	384	83.3
Office Hours	77	16.7
Traveling Time to Workplace		
Less than 1 hour	382	82.9
2-5 hours	22	4.8
More than 5 hours or more	57	12.4

In this study, the total score for QoWL with a mean 158.85 SD 22.99 indicates that QoWL among nurses in SGH was at a moderate level. Most of the respondents were satisfied with the work environment (52.1%), organizational culture (56.8%), training and development (50.5%), compensation and rewards (61.6), facilities for the worker (54.0%), and the satisfaction and job security (52.9%). However, most of the respondents were unsatisfied with the relation and cooperation (54.9%), the autonomy of work (61.6%), and the adequacy of resources (64.4%). They were proud to be working at their present hospital duty (90.2%), 88.1% of the respondents were satisfied with their hospital administration establishment, which provides the social security benefits like EPF/Medical Reimbursement and so on, while 80.0% were satisfied with the appraisal given by their superior whenever the performed job was adequately done. However, most of them were unsatisfied with the job that was allowed to be done at home (86.8%), they were not given a lot of work empowerment to decide about their style and pace of work (82.2%), and the company did not allow a flexi-time option (80.3%) (Table 2).

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Table 2: Percentage of Quality of Work Life among Respondents

Variables	Percentages (%)	
	Unsatisfied	Satisfied
Grand Scale (50 items)	**52.9**	**47.1**
(1) Work Environment	**47.9**	**52.1**
My hospital work environment is good and highly motivating.	65.5	34.5
Working conditions are good in my department.	60.7	39.3
It is hard to take time off during our work to take care of personal or family matters.	63.1	36.9
My hospital authority offers sufficient opportunities to develop my own abilities.	75.5	24.5
The hospital authority or superiors provides enough information to discharge my responsibilities.	67.2	32.8
I am given a lot of work empowerment to decide about my own style and pace of work.	82.2	17.8
(2) Organizational Culture	**43.2**	**56.8**
There is cooperation among all the departments for achieving the goals.	23.9	76.1
I feel free to offer comments and suggestions on my performance.	24.9	75.1
I am proud to be working for my present hospital duty.	9.8	90.2
I am involved in making decisions that affect our work.	21.7	78.3
I am discriminated on my job because of my gender.	64.4	35.6
The wage policies adopted by my hospital/government are good.	25.6	74.4
The hospital administration communicates every new change that takes place.	24.9	75.1
(3) Relation and Cooperation	**54.9**	**45.1**
There is a harmonious relationship with my colleagues.	32.3	67.7
There is a strong sense of belongingness in my organization.	57.7	42.3
I am unable to attend to my personal work due to the demands made by my job.	74.6	25.4
The relationship between managers (Matron) and employees are very good.	64.4	35.6
There is a very cordial relationship with my immediate superior (in charge sister).	55.3	44.7
I will get good support from my sub-ordinates.	56.6	43.4

Table 2 (continued).

(4) Training and Development	**49.5**	**50.5**
Training programs in our hospital help employees to achieve the required skill for performing the job effectively.	43.4	56.6
The training programs aim at improving Interpersonal relationship among employees.	45.1	54.9
My company offers sufficient training opportunities to perform my job competently.	62.0	38.0
I feel that the training programs should be conducted frequently.	34.9	65.1
(5) Compensation and Rewards	**38.4**	**61.6**
I feel that I am given an adequate and fair compensation for the work I do.	25.4	74.6
Organization will pay salary by considering responsibilities at work.	26.7	73.3
Hospital does a good job of linking rewards to job performance.	26.5	73.5
Promotions are handled fairly.	24.7	75.3
When I do my job well, I am praised by my superior.	20.0	80.0
(6) Facilities for Worker	**46.0**	**54.0**
Fringe benefits provided are good.	27.5	72.5
Hospital administration establishment provides the social security benefits like EPF/Medical Reimbursement and so on.	11.9	88.1
Good transportation facilities are provided by the hospital authority.	56.2	43.8
Safety measures adopted by the hospital are good.	21.5	78.5
Good welfare activities are provided by our hospital.	28.6	71.4
(7) Satisfaction and Job Security	**47.1**	**52.9**
I feel comfortable and satisfied with my job.	48.8	51.2
I feel quite secured about my job.	49.7	50.3
Conditions on my job allow me to be as productive as I could be.	54.9	45.1
A strong trade union is required to protect employees' interests.	35.1	64.9
The job security is good.	58.8	41.2
My earnings are fair when compared to the others doing the same type of work in other private hospital.	62.0	38.0
The procedure followed for job rotation is good.	58.8	41.2
I feel that my work allows me to do my best in a job.	47.9	52.1

Table 2 (continued).

(8) Autonomy of Work	**61.6**	**38.4**
My job lets me use my skills and abilities.	34.7	65.3
My company allows a flexi-time option.	80.3	19.7
A part of my job is allowed to be done at home.	86.8	13.2
I find my work quite stressful.	63.1	36.9
I am ready to take additional responsibilities with my job.	76.7	23.4
In our company there is a balance between stated objectives and resources provided.	78.5	21.5
(9) Adequacy of Resources	**64.4**	**35.6**
There are much defined channels for information exchange and transfer.	72.2	27.8
My hospital provides resources to facilitate my performance.	74.6	25.4
Communication and information flow between the departments is satisfactory.	75.5	24.5

This study reported significant differences in Quality of work Life with the demographic characteristics, such as gender, job position, nursing tenure, organizational tenure, and the work shift. The female nurses carried the management roles, served more than ten years in nursing, had worked more than 20 years in that organization, and worked in office hours found to have better QoWL (Table 3).

DISCUSSION

The QoWL results were found to be at moderate level because the organization and nursing management play the right roles while carrying out their responsibility. Most of the studies done in Tehran, Iran, Saudi Arabia, and Thailand showed that the nurses' quality of work-life (QoWL) was at a moderate level (Almalki, Fitzgerald, & Clark, 2012; Dehghan Nayeri, Salehi & Ali Asadi Noghabi, 2011; Thakre et al., 2017). In contrast, Raeissi, Rajabi, Ahmadizadeh et al., (2019) reported that most of the nurses had a low level of self-reported quality of work-life, with 69.3% of the nurses were dissatisfied with their work-life. Of recent media reports, nurses who worked in critical and intensive care units delivered the care required despite the challenges, and their courage was witnessed. The other nursing and medical personnel described the difficulties that they

faced daily in providing care to the very ill and infectious patients. This current situation has generated a range of stressors that could negatively impact nurses and other health workers, especially their QoWL (Alharbi et al., 2020).

Table 3: Comparison of mean between Quality of Work Life and Demographic Characteristics

Variables	Mean (SD)	F/t Value	*p*-value
Gender			
Female	159.39 (22.99)	2.50	**0.01**
Male	145.67 (19.16)		
Job Position			
Clinical	157.08 (22.72)	-2.90	**0.01**
Management	168.11 (23.65)		
Nursing Tenure			
< 1 year	163.44 (22.00)	6.22	**0.01**
1 – 5 years	157.61 (22.89)		
> 5 – 10 years	155.22 (23.96)		
> 10 – 15 years	154.09 (22.14)		
> 15 – 20 years	159.72 (17.01)		
> 20 years	171.16 (23.18)		
Organization Tenure			
< 1 year	163.28 (21.86)	4.55	**0.01**
1 – 5 years	159.00 (21.69)		
> 5 – 10 years	154.22 (24.34)		
> 10 – 15 years	159.21 (17.94)		
> 15 – 20 years	166.59 (20.88)		
> 20 years	173.71 (29.62)		
Work-Shift			
Shift	157.53 (22.55)	-2.77	**0.01**
Office Hours	165.43 (24.20)		

*p-value significant at ≤ 0.01 level

In this study, three areas were identified that recorded higher percentages of unsatisfactory QoWL: relation and cooperation (54.9%), the autonomy of work (61.6%), and adequacy of resources (64.4%), as shown in Table 2. The findings were found to be similar to other studies as reported by Brooks (2004) and Raeissi et al., (2019). They revealed that there are remained ongoing and fundamental work-life concerns for staff nurses that the profession has neither addressed nor resolved in any meaningful, long-term way. They added that the results of existing studies on the QoWL of nurses indicated nurses' dissatisfaction in terms of a heavy workload, inadequate staffing, lack of autonomy to make patient

care decisions, and performing non-nursing tasks. These led to the great concern on the relation between the nurse managers, clinical nurses, and their fellow sub-ordinates where failure to communicate well is observed. They have limited autonomy to voice out their concerns at work. This eventually affects their QoWL. Thus, this study's findings highlighted that perception of nurses about the quality of their work-life could be modified if health care managers are considerate in tackling the key issues surrounding QoWL.

There are substantial differences of mean between QoWL and the socio-demographic characteristics of the nurses, p-value$\leq$0.01. The female nurses dominating the clinical areas (n=443) had satisfactory QoWL compared to male nurses. Nurses involved in clinical (n=415) had satisfactory QoWL compared to those in management. Nursing tenure and organization tenure showed that the longer the nurses worked as nurses in the same hospital, the better is their QoWL. Furthermore, those nurses working shifts (n=384), were having satisfactory QoWL (Table 3). This finding was found to be contradicted with the study by Nurumal, Makabe, Ilyani et al., (2017) that showed nurses who are working in fixed shifts, such as office hours, were observed with more outstanding work-life balance as compared to the nurses working in rotational shifts or multiple shifts. Nurses were required to work more than 12 hours per day for few days during the pandemic.

Furthermore, working at the ground clinical, not limited to the emergency department and in the clinical wards, is very challenging during the critical time. During the pandemic, all nurses were required to wear Personal Protective Equipment (PPE), whether it is essential PPE (surgical mask, gloves, apron, and face shield) or full PPE (N95 mask, gloves, full gown, face shield) though some nurses were not dealing with the public directly. Nursing patients in the ward also require them to wear PPE as they practice Universal Precautions, assuming all patients may potentially spread and contract the virus. Having inadequate rest and sleep, wearing PPE for long hours, and dealing with dangers in almost every day work are causing the nurses to feel very stressed at work, which affects their QoWL. However, despite the troubles, inconveniences, and heavy burdens working throughout the pandemic, it was shown that nurses in Sarawak were still able to live their lives with gratitude. As shown in most parts, they were satisfied with their QoWL. Despite the findings in this

study, the results still indicate that there is room for improvement regarding the quality nursing work-life and concerted effort of the managers needing to focus on various variables as discussed, such as relation and cooperation; autonomy of work; and adequacy of resources. Relationships between nurse managers and co-nurses should be tackled. Proper leadership training should be reinforced to train nurse leaders to lead professionally. As professionals, work autonomy should be appreciated, and the organization should try to promote effective channels to allow information exchange and transfer among the nurses. It is essential to consider the nurses' working life quality to improve their productivity and performance. Moreover, nurses will perform better care for their clients and can deliver full commitment towards the organization if their QoWL is taken care of. It can also create positive thinking and attitudes among the nurses. Besides, the organization's functioning of health and treatment will increase. Positive feedback on QoWL can affect staff's performance and job engagement to stay longer and strong in one institution, reduce job stress, increase job autonomy, provide continuous learning and training opportunities, and improve nurses' communication skills.

CONCLUSION

In general, the results from this study indicate that nurses' quality of work-life is at a moderate level. This research further indicates that the socio-demographic features of nurses and QoWL are substantially linked. Nurse leaders' intense work together with their fellow co-nurses to achieve goals in their department by allowing the nurses under their supervision to have autonomy of work suggest ideas to improve nursing care without biased judgment, and improve communication techniques during work discussions. Result-driven research is also needed to examine the effectiveness, efficacy, and cost benefits of specific strategies to improve nurses' quality of life. The health care authorities should implement policies to strengthen nurses' operational standards and their QoWL so that nurses can provide excellent and effective care for their clients.

There are several limitations to this study. Firstly, due to time constraints in view of the pandemic of coronavirus 2019, this study could only be done only in Sarawak General Hospital. The results may not

represent the whole hospital nurses in Malaysia. Secondly, the data were collected during the pandemic Covid-19 that had affected the people in the entire world, especially nurses as the front liners by having heavy workload to manage all the problems arising from this pandemic and with Movement Control Order (MCO) by Malaysia government to prevent spreading of Covid-19 infections. Therefore, the results might be different after the MCO.

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