

The Influence of Work life Balance on Quality Work Life and Life Satisfaction among Head Nurses

Safaa Mohammed El-Demerdash¹

Assistant Professor, Nursing Service Administration, Faculty of Nursing, Tanta University. Egypt

Abstract: Today, nursing environment facing a host challenges. In this environment, in addition to multitask of head nurses, they are often challenged in balance their professional work with their personal life. Hence, improving the work-life balance (WLB) of them is a vital issue, as it is the basis for their quality work life (QWL) and their life satisfaction (LS). **Aim:** The aim of the present study was to examine the influence of work life balance on quality work life and life satisfaction among head nurses. **Method:** Descriptive –correlation design was applied. The study was conducted at Qutor General Hospital which affiliated to The Ministry of Health in El-Gharbia Governorate .A convenience sample of all 61 head nurses from the above mentioned setting. The data of the study was collected by applying three tools: 1-Modified work- life balance questionnaire, 2-Modified quality work life questionnaire and 3-life satisfaction Scale. **Results:** High percent (72.1%) of head nurses perceived themselves low level of total work life balance with mean percent 54.94%., So ,more than forty (47.5%and 42.6) of head nurses had moderate and low level of total quality work life and more than half (52.4%) of them had moderate level of total life satisfaction. Head nurses' total work life balance, work/personal life enhancement had statistically positive correlation with their total of quality work life and its dimensions: support services and job perception, and their total life satisfaction at p 0.001. **Conclusion:** There was significant influence of work life balance on quality work life and life satisfaction among head nurses at Qutor General Hospital. Therefore, top management at Qutor General Hospital: Need to develop policies that enable them to improve working environment, to meet the work life balance, quality work life, and job, career and life satisfaction needs of their head nurses .Should pay more attention to work life balance as the strategy to improve head nurses' quality work life and their life satisfaction

Keywords: Head nurses, Influence, life satisfaction, quality work life , Work life balance.

I. INTRODUCTION

Today, more than ever before there is an increased concern about the interaction and relationship of an employee's personal and professional life .Balancing a successful career with a personal or family life can be a challenge and impact on a person's satisfaction in their work and personal life's roles including nurses, especially head nurses due to complex roles in the provision of patient care ^(1,2).

Work-life balance (WLB) is defined as head nurses' abilities to attain and preserve a balance' between work and personal life outside work. The concept of WLB stems from the fact that employees have multiple responsibilities at work and at their personal life ^(3,4). Also, it is based on the idea that paid work and private life should be seen less as opposite priorities and more as corresponding essentials of a full life. In which, the hospital plays a critical role in achieving the balance.

Moreover, WLB can be achieved when head nurses' right to a fulfilled life internal and external paid work is believed and respected as the standard, to the reciprocal advantage of person, hospitals and the public. Head nurses can benefit from

WLB by increasing their life satisfaction (LS) and quality of work life (QWL), as well as general well-being and reducing work-life conflicts. On the other hand, benefit for hospitals include increased productivity through improved employee outcomes such as commitment, motivation, and talent retention and reduced turnover intentions^(5,7).

Work life interference with personal life (WIPL), personal life interference with work (PLIW), and work/personal life enhancement (WPLE) are dimensions of WLB. Work life– interfering with personal life: occurs when demands and responsibilities of work making execution of family demands and responsibilities of head nurses difficult, personal life interference with work: occurs when family demands and responsibilities make it harder for head nurse to accomplish quality of work -life demands and responsibilities, and work/personal life enhancement: entails constructive effect of work on personal life and personal life on work⁽⁸⁻¹⁰⁾.

Quality of work life originates from interactions between head nurses' needs and relative hospital resources and is used to describe the feelings of head nurses towards their work-related situation and experiences. It is the degree to which head nurses are able to satisfy important personal needs through their experiences in their work while achieving the hospital goals⁽¹¹⁾. It emphasizes the quality of the relationship between the head nurses and the working environment, relation with their supervisors, working condition, job perception, and support services dimensions of QWL⁽¹²⁻¹⁴⁾.

Work environment is the work place, situations, conditions and circumstances where the head nurse is able to perform⁽¹²⁻¹⁴⁾. Donald (1999)⁽¹⁵⁾ defined a good quality work environment as a place “where nurses’ needs and expectations are satisfied and patients acquire their health targets”. Relation with supervisors is related to the behaviors in which nursing supervisors exhibits understanding and honesty toward head nurses. Ideally nursing supervisors should demonstrate proper behavior, show professionalism, respect, courteous behavior, friendly, and tactful to help others⁽¹⁶⁾.

Working condition is the state under which a job is execute, and it varies from that totally good and simple, to that very bad and risky to head nurses' life and health⁽¹⁷⁾. Job perception refers to team work behavior, collegial relationship and autonomy among head nurses. Support services refer to adequate material resources including supplies, equipment and facilities like protective clothing, equipment and appliances, as well as maintenance and housekeeping activities⁽¹³⁾.

Quality work life aim at improving the quality of the work experience of head nurses, keep their life satisfaction and at the same time improving the overall productivity and effectiveness of all agencies⁽¹¹⁾. The outcomes of WLB and QWL could relate to head nurses' LS comprising career, job and life. Life satisfaction is one of the major components of subjective well-being; and is referring to the summation of evaluations regarding a person's life as a whole⁽¹⁸⁾.

Moreover, it is the degree to which head nurse's life experience satisfies their needs and wants in different life domains. Job and career satisfaction can be described as the satisfaction that head nurses receive from the internal and external factors of their careers. Career satisfaction is largely a matter of an individual comparing his/her career and life expectations with those being offered⁽¹⁹⁾. Being satisfied with specific aspects of life, such as relationships, health and job contribute to overall life satisfaction. Head nurses who are satisfied with life and career are less likely to withdraw from the work force through turnover, to experience conflict with other workers, and to be absent from work⁽²⁰⁾.

Significance

Head nurse as the first –line management position in the nursing is responsible for the overall management of assigned unit/ section, exercises clinical and administrative role and is directly responsible for its efficiency. Moreover, head nurse have a variety of roles supervising as patient care responsibilities, as well as management and leadership functions⁽²²⁻²⁴⁾. They are concerned about organizational and staff's needs simultaneously to solve the problems that may arise in the hospital or nursing units. With this multitasks, head nurses are often pressured and faced with challenges in balance professional work with their personal life^(25,7).

Hence, improving the WLB of them is a crucial issue as it is the foundation for the quality work life and life satisfaction of the healthcare workforce. Head nurses are looking for a workplace that has high life satisfaction and a culture that supports them in having a good WLB⁽²⁶⁾. Examining the influence of WLB on QWL and LS among head nurses can provide critical information for nursing supervisors in their efforts to take managerial measures that help them to adjust the continual demands of head nurses and ever increasing cost conscious work setting.

II. AIM OF THE STUDY

The present study aimed to examine the influence of work life balance on quality work life and life satisfaction among head nurses

Research question

The current study aimed to answer the following research questions:

- 1-What are levels of head nurses' work life balance?
- 2- What are levels of head nurses' quality work life?
- 3- What are levels of head nurses' life satisfaction?
- 4- Is there influence of head nurses' work life balance, on their quality work life and their life satisfaction?

III. SUBJECT AND METHOD

Design: The study design was descriptive design.

Setting: Qutor Central Hospital which affiliated to The Ministry of Health in El-Gharbia Governorate was the study site to conduct this study.

Subjects: A convenience sample of all 61 head nurses present at the time of data collection from the above mentioned setting.

Tools for data collection

For data collection three tools were applied.

Tool I: Work -life balance questionnaire (WLBO). It was developed by Fisher (2001) ⁽²⁷⁾. It was modified by researcher guided by **Farah (2012) ⁽²⁸⁾ and Hayman (2005) ⁽²⁹⁾.** It was employed for the purpose of assessing head nurses' perceptions of work-life balance. **It composed of two parts:**

Part one: Characteristics of the head nurses such as department, age, marital status and years of experience.

Part two: Modified Work- life balance questionnaire consisted of 15 items covering three dimensions: work life interference with personal life 7 items, personal life interference with work 4items, and work/personal life enhancement 4items.

Scoring system

Head nurses' responses were measured in a five points- Likert scale (Strongly Disagree -1, Disagree - 2, little agree- 3, Agree -4, Strongly Agree -5), the scoring was done as 5, 4, 3, 2, 1 for the dimensions of work life interference with personal life (WIPL) (except item 7, which was reverse scored, and personal life interference with work (PLIW), since the items were negatively worded. For the dimension of WPLE, scoring was 1, 2,3,4,5 (i.e. (Strongly Disagree -1, Disagree - 2, little agree- 3, Agree -4, Strongly Agree - 5) as the items were positively worded. The total scores of head nurses work life balance were calculated by summing of all categories as follow: High level was > 75%, Moderate level was 60-75% and Low level was< 60%. But, for the dimension of work/ personal life enhancement (WPLE), as the items were positively worded. High score indicated high work/ personal life enhancement. Higher levels of work/ personal life enhancement are considered to be associated with higher levels of work life balance. For the dimensions of work life interference with personal life (WIPL) and personal life interference with work (PLIW), • High score indicates less interference, thus high balance. • Low score indicates high interference, thus low balance. WPLE • High score indicates high enhancement, thus high balance. • Low score indicates low enhancement, thus low balance.

Tool II: Modified quality work life questionnaire by researcher based on Sirin and Sokmen (2015) ⁽¹³⁾ and Brooks (2001) ⁽³⁰⁾ to assess from quality work life among head nurses. It contained 34 items covered five dimensions: working environment 9 items, relation with their supervisors 5 items, working condition 10 items, job perception 7 items, and support services 3items.

Scoring system

Head nurses' responses were measured in a five points- Likert scale ranging from (1) strongly disagree to (5) strongly agree. Reversed questions scored as follows: strongly agree=1, agree=2, little agree =3, disagree=4 and strongly disagree=5. The total scores of quality work life was calculated by summing of all categories as follow: High quality work life was > 75%, Moderate quality work life was 60-75% and Low quality work life was < 60%

Tool III: Life satisfaction questionnaire (LSQ) was designed by the researcher guided by Noviantoro and Jehng (2009)⁽³¹⁾, Shree (2012)⁽³²⁾ and Diener et al., (1985)⁽³³⁾ and Spector, (1985)⁽³⁴⁾. To identify head nurses' life satisfaction .It composed of 21 items divided on three satisfactions: life satisfaction 5 items, job satisfaction 8 items, and career satisfaction, 8 items.

Scoring system

Head nurses' responses were measured in a five points- Likert scale ranging from (1) strongly disagree to (5) strongly agree. Reversed questions scored as follows: strongly agree=1, agree=2, little agree =3, disagree=4 and strongly disagree=5. The total scores of life satisfaction was calculated by summing of all categories as follow: High life satisfaction was > 75%, Moderate life satisfaction was 60-75% and Low life satisfaction was < 60%. Head nurses' responses for career satisfaction were measured on five points-Likert scale ranging from (1) never to (5) always. Never= 1, rarely= 2, sometimes= 3, often= 4, and always= 5. Reversed questions were scored as follow (Never= 5, rarely= 4, sometimes= 3, often= 2, and always= 1). The total scores of career satisfaction were calculated by summing of all categories as follow: High level of career satisfaction >75%, Moderate of level of career satisfaction 60-75% and Low level of career satisfaction <60%.

Method

1. Responsible authorities of Qutor General Hospital have permitted me officially to carry out this study. **Ethical consideration:** The purpose of the study was explained and made clear to the general supervisor of study setting to get their co-operation and acceptance. All head nurses interviewed for explaining the purposes and procedures of the study, Confidentiality and the privacy were taken into consideration regarding to data collection and they have the right to withdrawal from the study at any time of the study.

2. Three tools of this study were translated into Arabic language. Content validity of the tools was done by nine experts in the field of nursing administration. Necessary modifications were done, included clarification and simplifying work related words. Pilot study was conducted on 10 % (N=6) head nurses to identify the obstacles and problems that may be encountered in data collection. A Cronbach's alpha coefficient test was used to measure reliability of tools, tool one was (.870), tool two was (.846) and tool three was (.700). The questionnaires were distributed to head nurses (n = 61). Each head nurse took 35 minute to complete the three questionnaire sheets. The entire data collection period to complete the study was two months starting from November to December 2016.

3. Statistical design:

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 19. Descriptive measures, including frequency, percentage, arithmetic mean and standard deviation were presented. T-test was used to determine the relationship between study variables and marital status characteristics of head nurses with significant differences at $P < 0.05$. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at p 0.05 and 0.01 for interpretation of results of tests of significance.

IV. RESULTS

Table (1), shows the distribution of head nurses according to their characteristics. Majority (78.7%) of head nurses aged from 30 to 40 years with 10 to 20 years of experience. 55 % of head nurses working in Intensive care units and 45% in Inpatient departments. All (100%) head nurses were married female with Bachelor degree in nursing

Table (2) displays levels and mean scores of head nurses' work life balance. From the table, it was observed that, high percent (72.1%) of head nurses perceived themselves low level of total work life balance with mean 41.21 ± 5.34 . Specifically, more than sixty (63.9%) of head nurses perceived themselves low level of work life interference with

personal life dimension with mean 17.33 ± 4.59 . Also, more than half (50.8%) of them perceived themselves low level of personal life interference with work dimension with mean 11.67 ± 2.15 . But, almost forty (39.4%) of head nurses perceived themselves moderate and low level of work/personal life enhancement dimension of work life balance with mean 12.21 ± 2.38 .

Figure (1) shows mean percent of head nurses' work life balance. As evident from the figure, highest mean percent (61.05%) was given for head nurses' work/personal life enhancement dimension of work life balance, followed by personal life interference with work (58.34%), but, work life interference with personal life dimension of head nurses' work life balance was the lowest mean percent (49.50%)

Table (3), clarifies levels and mean score of head nurses' quality work life. As evident in the table, more than forty (47.5% and 42.6%) of head nurses had moderate and low level of total quality work life with mean score 105.1 ± 12.09 . Specifically, more than forty (45.9% and 42.6%) of them had low and moderate level of working environment dimension of quality work life with mean score 27.07 ± 3.85 . Above forty (47.6%) and more than sixty (62.8%) of head nurses had low level of relation with supervisor and working condition dimensions of quality work life with mean score 15.28 ± 3.50 and 28.52 ± 3.46 , respectively. While, above seventy (73.8%) of head nurses showed high level of job perception dimension of quality work life with mean score 25.25 ± 3.58 . Above forty (42.6%) of head nurses had moderate level of support services dimension of quality work life with mean score 9.033 ± 1.68 .

Figure (2) illustrates mean percent of head nurses' quality work life. job perception mean percent (72.14%) was the first dimension of head nurses' quality work life followed by relation with supervisors (61.12%), support services (60.20%) and work environment (60.15%), respectively. While, working condition (57.04%) was the last dimension of head nurses' quality work life

Table (4): shows levels of head nurses' life satisfaction. It was noticed that more than half (52.4%) of head nurses had moderate level of total life satisfaction with mean 68.41 ± 7.21 . Specifically, fifty (50.1%) of them had low level of job satisfaction dimension with mean 25.43 ± 3.05 . In relation to career satisfaction dimension, more than fifty (55.7%) of head nurses had moderate level with mean 28.03 ± 3.54 . More than forty (41.0%) of them had moderate and low level of life satisfaction dimension with mean 28.03 ± 3.54 .

Figure (3) presents mean percent of head nurses' life satisfaction. The figure indicated that the highest mean percent (68.40%) was given for career satisfaction dimension of head nurses' life satisfaction (59.80%), followed by job satisfaction dimension (62.50%). While, the lowest mean percent (59.80%) was given for the life satisfaction dimension of head nurses' life satisfaction

**** Significant at 0.01 level**

Table (5) shows correlation between head nurses' work life balance and their quality work life. There was a statistically highly positive correlation between head nurses' total work life balance, work/personal life enhancement and their total quality work life, support services and job perception at $p < 0.01$.

Table (6) displays correlation between head nurses' work life balance and their life satisfaction. It revealed that head nurses' total work life balance, work/personal life enhancement dimension had highly statistically significant correlation with their total life satisfaction and its life satisfaction dimension at $p < 0.05$ and 0.01 .

Table (7): illustrates correlation between head nurses' quality work life and their life satisfaction. From the table, there was a significant positive correlation between head nurses' total of quality work life support services and their total of life satisfaction and its dimension life satisfaction at $p < 0.05$ and 0.01

Table (8) presents correlation and relation between head nurses' age, experience, units and their work life balance, quality work life and life satisfaction. According to this table, significant positive correlation was found between head nurses' units and their work life balance at $p < 0.05$. There was no statistical significant correlation between head nurses' age, experience and their work life balance quality work life and life satisfaction. Also, there was no statistical significant correlation between head nurses' units and their quality work life and life satisfaction. Head nurses' marital status had a statistically positive relation with their work life balance and quality work life $P < 0.05$, but there was no relationship between head nurses' marital status and their life satisfaction.

Table (1): Percentage distribution of head nurses according to their characteristics.

Head nurses' characteristics	Head nurses (N= 61)				
	No	%	Head nurses' characteristics	No	%
Age			Units		
<30	9	14.7	Intensive care units	34	55.0
30- 40	48	78.7	Inpatient departments	27	45.0
>40	4	6.6	Marital status		
Mean ± SD	32.9± 4.1		Married	56	91.8
Years of experience			Single	5	8.2
<10	23	37.7	Qualifications		
10-20	36	59.0	Bachelor degree in Nursing	61	100.0
>20	2	3.3	Female	61	100.0
Mean ± SD	10.4±4.2		Six		

Table (2): levels and mean score of head nurses' work life balance

Work life balance dimensions	Head nurses(n=61)						Mean ±SD
	High		Moderate		Low		
	N	%	N	%	N	%	
Work life interference with personal life	6	9.8	16	26.3	39	63.9	17.33±4.59
Personal life interference with work	11	18.1	19	31.1	31	50.8	11.67±2.15
Work/Personal life enhancement	13	21.2	24	39.4	24	39.4	12.21±2.38
Total	0	0.0	17	27.9	44	72.1	41.21±5.34

Mean percent of head nurses' Work Life Balance

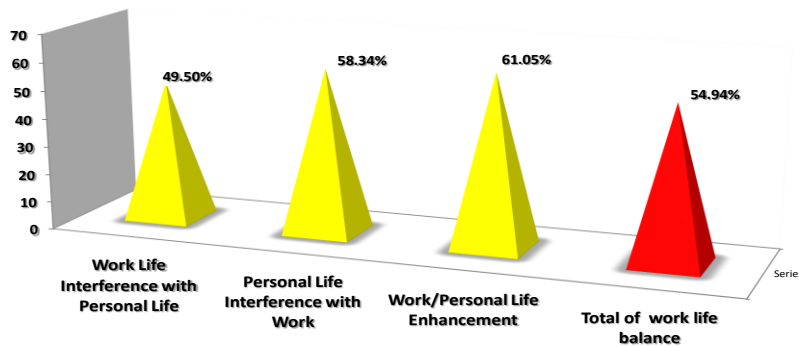


Table (3): levels and mean score of head nurses' quality work life

Quality work life dimensions	Head nurses(n=61)						Mean±SD
	High		Moderate		Low		
	N	%	N	%	N	%	
Working environment	7	11.5	26	42.6	28	45.9	27.07±3.85
Relation with supervisor	16	26.2	16	26.2	39	47.6	15.28±3.50
Working condition	0	0.0	23	37.2	38	62.8	28.52±3.46
Job perception	45	73.8	6	9.8	10	16.4	25.25±3.58
Support services	13	21.3	26	42.6	22	36.1	9.033±1.68
Total	6	9.3	29	47.5	26	42.6	105.1±12.09

Mean percent of head nurses' Quality Work Life

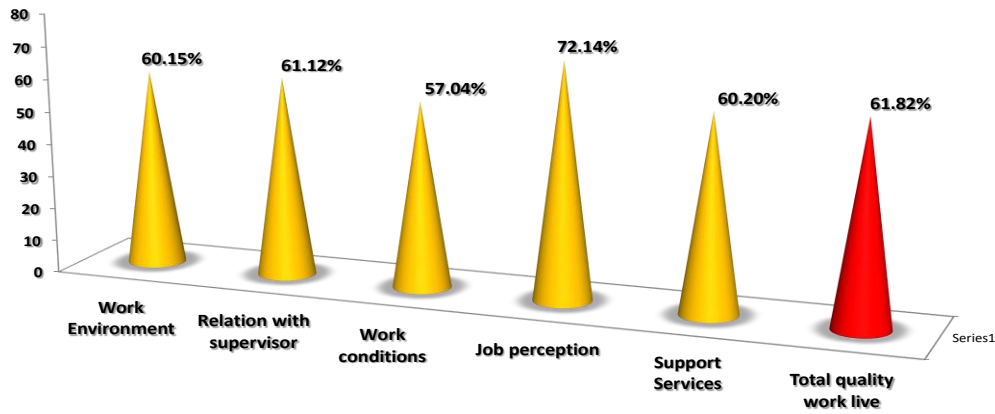


Table (4): levels of head nurses' life satisfaction

Life satisfaction dimensions	Head nurses(n=61)						Mean ±SD
	High		Moderate		Low		
	N	%	N	%	N	%	
• Job satisfaction	10	16.5	23	37.4	28	50.1	25.43±3.05
• Life satisfaction	6	9.8	34	55.7	21	34.2	14.95±3.31
• Career satisfaction	11	18.	25	41.0	25	41.0	28.03±3.54
Total	10	16.4	32	52.4	19	31.2	68.41±7.21

Mean percent of head nurses' Life Satisfaction



Table (5): Correlation between head nurses' work life balance and their quality work life

Head nurses' work life balance	Head nurses' quality work life (n=61)					
	Working environment	Relation with supervisor	Working condition	Job perception	Support services	Total
	r P	r P	r P	r P	r P	r P
• Work life interference with personal life	.145	.072	.129	.164	.051	.031
	.266	.580	.321	.206	.698	.814
• Personal life interference with work	-.125	.315	-.136	-.206	-.195	.124
	.334	-.131	.297	.112	.132	.341
• Work/Personal life enhancement	-.019	-.006	.072	.388**	.964**	-.185
	.885	.966	.588	.004	.000	.206
Total	.053	.000	.180	.044	.401**	.459**
	.684	.999	.143	.735	.001	.001

Table (6): Correlation between head nurses' work life balance and their life satisfaction

Head nurses' work life balance	Head nurses' life satisfaction(n=61)			
	Job satisfaction	Career satisfaction	Life satisfaction	Total
	r P	r P	r P	r P
Work life interference with personal life	-.003	.032	.072	.160
	.982	.807	.582	.903
personal life interference with work	-.172	.285	.112	.330
	.179	.026	.139	.306
work/personal life enhancement	.229	.125	.980	.622
	.076	.338	.000**	.000**
Total	-.174	.149	.426**	.352**
	.180	.252	.001	.005

** High Significant at 0.01 level

Table (7): Correlation between head nurses' quality work life and their life satisfaction

Head nurses' life satisfaction	Head nurses' quality work life (n=61)					
	Working environment	Relation with supervisor	Working condition	Job perception	Support services	Total
	r P	r P	r P	r P	r P	r P
• Job satisfaction	.034	-.056	.104	-.127	.228	.001
	.796	.666	.424	.328	.080	.996

• Career, satisfaction	-134 .303	.120 .357	.146 .262	-.128 .327	-.097 .457	.129 .323
• Life satisfaction	-.025 .851	-.037 .780	-.740 .572	.375 .003	.972** .000	-.200 .123
Total	-.095 .465	-.104 .427	.155 .233	.054 .677	.603** .000	.036* .034

* Significant at 0.05 and 0.01 level

Table (8): Correlation and relation between head nurses` age, experience, units and their work life balance, quality work life and life satisfaction

Head nurses' characteristics		Work life balance	Quality Work Life	Life satisfaction
Age	r	.001	.091	.117
	P-value	.960	.485	.369
Experience	r	.076	.069	.132
	P-value	.560	.599	.312
Marital status	T	2.300	2.100	0.22
	P-value	0.025*	0.040*	0.827
Units	r	.297	.070	.469
	P-value	.020*	.594	.585

- Correlation Significant at 0.05 and 0.01 level
- T- test P < 0.05 Significant

V. DISCUSSION

Improving quality work life and life satisfaction are significant for all nursing organizations to attract and keep skilled head nurses. Also, improvements to head nurses' work-life imbalance could result in better patient outcomes and quality of care. Head nurses with high work-life balance have been found to be more satisfied with their quality work life, jobs and overall life ^(35, 36).

Head nurses' work life balance

The finding of the present study showed that more than sixty and more than half of head nurses perceived themselves low level of work life interference with personal life and personal life interference with work dimensions with mean percent 54.94%. This finding means that head nurses have higher levels of interference, thus they had low work life balance. Also, almost forty of head nurses perceived themselves as moderate and low level of work/personal life enhancement with highest mean percent, this indicates that head nurses had low enhancement, and thus they had low work life balance.

The present study finding is confirmed by result of **Devi and Hajamohideen (2018)** ⁽³⁷⁾ who revealed that the majority of the respondents were not able to balance work life with their family desires. **Marie and Maiya (2015)** ⁽³⁸⁾ clarified that majority of their respondents has real problem in striking balance between work and family and though many of them enjoy their work in serving people they are facing stress related health issues. **Also, Satpathy et al (2014)** ⁽³⁹⁾ the majority of their respondents irrespective of their category feel that they are never able to balance work and personal obligation.

Accordingly, high percent of head nurses perceived themselves low level of total work life balance with low mean percent. In fact, the majority of head nurses were married, so, they may have more problems in handling the work balance and personal obligation. In addition to work-related duties, amount of time spent at work, and strain produced by work demands and pressure of multiple roles. And also, they may have heavy workload and they haven't enough time to do the job well, as well as they have little energy left after work. These actually lead to moderate satisfaction with life and low job satisfaction with low quality work life among head nurses.

The present study finding is similar to result of **Aroosiya (2018)**⁽⁴⁰⁾, **Nigade and Bhola(2016)**⁽⁶⁾, **Rife and Hall (2015)**⁽⁴¹⁾, **Mohanty & Mohanty (2014)**⁽⁴²⁾, and **Kluczyk (2013)**⁽⁴³⁾ whose revealed that their study samples experiencing low level of work-life balance. In addition to **Hemanathan et al (2017)**⁽⁴⁴⁾ who's found that most of the nurses have felt exhausted due to the multitasking they have to do at both home and work place.

On contrary, finding of **Kumar and Chaturvedi (2017)**⁽⁴⁵⁾ revealed that Millennials had high level of work life balance. **Smeltzer et al (2015)**⁽³⁾ and **Gururaja et al (2013)**⁽⁴⁶⁾ found that the majority of study samples had well balanced work-life . While, **Al Momani(2017)**⁽⁴⁷⁾ ,and **Azeem et al (2015)**⁽⁴⁸⁾ found that a moderate level of work-life balance among study sample. **Poulose (2017)**⁽⁴⁹⁾ demonstrated moderate mean scores of WPLS and PLWS in the healthcare sector from both work and family domains.

Head nurses' quality work life

In the present study, more than forty of head nurses had moderate and low level of total quality work life with low mean percent .This finding also may be related to all head nurses had a bachelor's degree as reported by **Sadat et al (2017)**⁽⁵⁰⁾ who mentioned that nurses who had a bachelor's of science degree indicated lower QWL, as well head nurses indicated lower QWL. Similarly, **El-shoraky (2016)**⁽¹¹⁾ found that less than fifty of nursing staff including head nurses had moderate level of total quality work life.

In addition, **Gnanadevan (2019)**⁽⁵¹⁾, **Akter et al (2018)**⁽⁵²⁾, **Hemanathan et al (2017)**⁽⁴⁴⁾, **Eren and Hisar (2016)**⁽⁵³⁾, **Jembere (2015)**⁽⁵⁴⁾, **Moradi et al (2014)**⁽⁵⁵⁾, **Suresh (2013)**⁽⁵⁶⁾ found that nursing staff under their studies had moderate level of QWL. Moreover, it was confirmed by **Faraji et al (2017)**⁽⁵⁷⁾ who revealed that nurses had a low and moderate level of quality of work life. **Morsy and Sabra (2015)**⁽⁵⁸⁾ revealed that more than two thirds of the nurses had low quality of work life .**Kaddourah et al (2018)**⁽⁵⁹⁾ revealed that the above fifty of their respondents was dissatisfied with their work life.

But, the present study finding is contradicted to the study result of **Dehaghi et al (2015)**⁽⁶⁰⁾, and **Dehaghi and Sheikhtaher (2014)**⁽⁶¹⁾ whose reported that the total score of QWL of nurse managers is a relatively good. **Nagammal et al (2017)**⁽⁶²⁾ showed that overall quality work life of nurses is good. **Prasad (2016)**⁽⁶³⁾ showed that QWL of nurses is in high level and they do enjoy the good quality of life. In this regard, **Albaqawi (2018)**⁽⁶⁴⁾ findings suggest that staff nurses, quality nursing work life is within customary level, due to their agreeable on work environment; relation to manager, job perception and support services .

The present study finding clarified that more than forty of head nurses had low and moderate level of working environment dimension of quality work life with low mean percent. This means that head nurses' needs work environment more motivating and humane and their efforts must be completely recognized .This finding is supported by **Thakre et al (2017)**⁽⁶⁵⁾ who showed that their respondents were unsatisfied with work environment. **Kelbiso et al (2017)**⁽⁶⁶⁾ results also showed that nurses who perceived unfavorable work environment reported a low quality of work. **Liu et al. (2011)**⁽⁶⁷⁾ study showed that more than fifty of nurses perceived that work environments were poor. On the other hand, findings of **Agbozo et al (2017)**⁽⁶⁸⁾ indicated that most of the staff at the bank are satisfied with their work environment especially the physical ambiance.

The present study finding clarified that above forty of head nurses had low level of relation with supervisor. This may be attributed to that head nurses lacked of sufficient supervisor's support, lack of opportunity for active involvement; In addition, they may be lacked of good communication which is a key factor when it comes to supervisor worker relationships. As well as, they lacked of feedback and knowledge from supervisor about rules, policies and procedures.

This finding is agreed with result of **El-shoraky (2016)**⁽¹¹⁾ who revealed that less than fifty of nursing staff including head nurses had low level supervisor leadership style dimension of quality work life. **Devi and Hajamohideen (2018)**⁽³⁷⁾ clarified that sixty of the respondents reported that they do not obtain satisfactory supportive supervision. **Thakre et al (2017)**⁽⁶⁵⁾ illustrated that the majority of nurses had dissatisfaction with immediate supervisor, in charge sisters and higher nursing manager .While this finding is contradicted with result of **El- Demerdash and Mostafa (2018)**⁽⁶⁹⁾ who found that head nurses had moderate level of relation with supervisors. **Zayan et.al (2013)**⁽¹⁷⁾ reported that nurses had low perception of nurse-supervisor relationships.

The present study finding clarified that more than sixty of head nurses had low level of working condition dimensions of quality work life with low mean percent, which means that head nurses disagree with current working conditions, and workplace does not meet an individual's basic requirements. This finding is on the same line, with result of **Shang et al (2013)**⁽⁷⁰⁾ who have mentioned that nurses rated their working condition as bad. On the contrast, the results of **Nagammal et al (2017)**⁽⁶²⁾ study showed that almost seventy of nurses agreed with good working conditions.

In this regard, **Ahmed et al (2015)**⁽⁴⁷⁾ mentioned that good working condition is a productive, rewarding, enjoyable, and healthy for managers, staff nurses and patients. It causes satisfaction in life in general, and they revealed that nearly two thirds of staff nurses showed moderate level of working condition. But, **Kamati et al (2014)**⁽⁷¹⁾, **Rotter et al (2014)**⁽⁷²⁾ and **Trinkoff et al (2010)**⁽⁷³⁾ stated that the majority of nurses rated their working condition as a moderate level. In disagreement with the finding of present study, **Said et al (2015)**⁽⁷⁴⁾ who revealed that nurses showed high working conditions.

Thakre et al (2017)⁽⁶⁵⁾ showed that their respondents were dissatisfied with the following domain like; facilities, and adequacy of resources. **Liu et al. (2011)**⁽⁶⁷⁾ study also showed that more than fifty of nurses dissatisfied with inadequacies of staffing and resources in their work environments, and suffered from high burnout, some of nurses planned to leave current employers. This is incompatible with the present study finding which clarified that above forty of head nurses had moderate level of support services dimension of quality work life. This finding could be attributed to inadequate equipment and supplies that increase head nurses' risk of injury and lack of opportunity to up- to-date their knowledge and skills. **El-shoraky (2016)**⁽¹¹⁾ found that more than fifty of nursing staff was disagreed that supervisor provides safe environment and free of risks.

Although, the present study finding clarified that above seventy of head nurses showed high level of job perception dimension of quality work life with moderate mean percent. This may be explained by head nurses interested in their job and caring for their staff. They may be perceived themselves accountable of all what they do and be autonomous. The present study finding is consistent with result of **Albaqawi (2018)**⁽⁶⁴⁾ who showed that staff nurses, is agreeable on job perception dimension of quality work life.

Head nurses' life satisfaction

Present study finding declared that more than half of head nurses had moderate level of overall life satisfaction with highest mean percent and life satisfaction dimension with lowest mean percent except job satisfaction fifty of them had low level with second highest mean percent. In fact, this finding because head nurses had low level of WLB and QWL. Which is supported by **Taşdelen-Karçkay and Bakalm (2017)**⁽⁷⁶⁾, **Mohamad and Mohamad (2012)**⁽⁷⁷⁾ findings suggested that the outcome of nurses' WLB and QWL is LS .

The present study finding is going with result of **Bikmoradi et al (2018)**⁽⁷⁸⁾ who have reported that Nurse Managers had moderate life satisfaction. **Małgorzata et al (2018)**⁽⁷⁹⁾ revealed that high percent of the nurses reported a low and average level of life satisfaction with low level of job satisfaction. **Ghazwin et al (2016)**⁽⁸⁰⁾ noticed that considerable percent of Iranian employed nurses were either dissatisfied or extremely dissatisfied with life. Moreover, **Trzcieńicka-Green (2012)**⁽⁸¹⁾ found that nurses had the lower life satisfaction is on average. Also, **Anand and Arora (2009)**⁽⁸²⁾ observed that the life satisfaction among Executives of Multi National Companies is low, including their personal as well as professional life.

In the study by **Wysokiński et al (2009)**⁽⁸³⁾ nurses had average level of life satisfaction. In addition to the finding of **Salem et al (2016)**⁽⁸⁴⁾ study revealed that, the majority of nurses have fair satisfaction to their job. **Alshmemri et al (2016)**⁽⁸⁵⁾ study found that Saudi nurses working in public hospitals were not satisfied with their jobs. **Lee et al (2004)**⁽⁶⁷⁾ found that korean nurses reported moderate levels of life satisfaction, with low levels of work satisfaction.

While, the present study finding is disagreed with **Uchmanowicz et al (2019)**⁽⁸⁶⁾ results indicated that almost half of the participants had a high sense of life satisfaction. Also, the present study finding is disagreed with **Samiei et al (2016)**⁽⁸⁷⁾ who have reported that clinical nurse managers had moderate level of job satisfaction. Also, **Khavayet et al (2018)**⁽⁸⁸⁾ showed that the nurses had moderate job satisfaction.

Concerning career satisfaction, highest mean percent was given for career satisfaction dimension of head nurses' life satisfaction with moderate level. Which is contradicted with **Nagammal et al (2017)**⁽⁶²⁾ found that job/career satisfaction were considered good. As well **Bayoumy and Abdrbo (2016)**⁽⁸⁹⁾, and **Riaz and Haider (2010)**⁽⁹⁰⁾ revealed that job career satisfaction was highly rated by nurses. In this respect, **Letoane (2013)**⁽¹⁹⁾ mentioned that some employees feel satisfied about their career and job if they are able to accomplish their set goals at work, when they are trained and developed, and are given the opportunity to be able to utilize the newly acquired skills.

Further, **Nemcek and James (2007)**⁽⁹¹⁾ found that well nurses scored higher life satisfaction with greater career satisfaction than individuals with mental health disorders nurses. While, **Rose et al (2006)**⁽²⁰⁾ showed that the most important determinant of QWL is career achievement, followed by career satisfaction and career balance. However, their respondents did not express the level of satisfaction with their career balance.

Correlation between head nurses' work life balance, quality work life, life satisfaction and their characteristics

Thus, there was a statistically highly positive correlation between head nurses' total work life balance, work/personal life enhancement and their total quality work life, support services and job perception. This finding means that increase in work life balance will result in increase in quality work life, which are consistent with the result of **Nigade and Bhola (2016)**⁽⁶⁾ who found that, a high degree of QWL in organization is positively associated with WLB of women working in service industry which leads to better quality of life and vice-versa.

The finding of present study revealed that head nurses' total work life balance, work/personal life enhancement dimension had highly statistically significant correlation with their total life satisfaction and its life satisfaction dimension. This finding means that increase in work life balance will result in increase in life satisfaction, which is consistent with **Yusuf and Khan (2018)**⁽⁹²⁾ who showed that overall work life balance and its majority of dimensions (i.e. WPLI, PLIW and WPE) were positively and significantly correlated with life satisfaction. On the same line with result of study done by **Taşdelen-Karçkay and Bakalm (2017)**⁽⁷⁶⁾ who showed that positive and significant correlation was found between work-life balance and life satisfaction.

Noda and Ito (2016)⁽⁹³⁾ revealed positive effect of increased work-life balance on life satisfaction among both men and women. **Susi and Jawaharrani (2015)**⁽⁹⁴⁾ result showed that there were significant positive correlations between life satisfaction and work-life balance and its dimensions. **Browne (2012)**⁽⁹⁵⁾ clarified that life satisfaction (LS) was significantly positively correlated with the dimension of work/personal life enhancement.

On the other side, **Amalina et al (2017)**⁽⁹⁶⁾ found that the relationship between work-life balance and job satisfaction is significant. **Al-Sumaiti (2012)**⁽⁹⁷⁾ findings showed that work life balance (WLB) is significantly and positively correlated with job satisfaction. **Haar et al (2014)**⁽⁹⁸⁾ found that WLB was positively related to job and life satisfaction. **Prasetio et al (2017)**⁽⁹⁹⁾ who clarified that there were significant relations between WIL, LIW, and WLE towards job satisfaction. **Saeed and Farooqi (2014)**⁽¹⁰⁰⁾ showed that work life balance share a moderate positive relationship with job satisfaction.

The finding of present study revealed that there was a significant positive correlation between head nurses' total of quality work life, support services and their total of life satisfaction and its life satisfaction dimension. The present study finding is consistent with result of **Mohamad and Mohamed (2012)**⁽⁷⁷⁾ who suggested that nursing staff with high quality of QWL achieve high LS. They are described as those who perceived their life conditions as excellent, leading almost an ideal way of life and are satisfied with their life. Moreover, **Morsy and Sabra (2015)**⁽⁵⁸⁾ who revealed that there was high positive statistically significant correlation between quality of work life and job satisfaction. **Bayoumy and Abdrbo (2016)**⁽⁸⁹⁾ they found that all the quality of working life subscales was statistically significant and positively correlated with job career satisfaction.

The finding of present study revealed that significant positive correlation was found between head nurses' units and their work life balance. Which is confirming the study of **shodhganga (2016)**⁽¹⁰¹⁾ that found there is significant difference between the work life balance and unit of work of the respondents. The unit of work determines the risk and effort that should be taken in work, which affects the work life balance. The study reveals that the unit in which the nurses' work has an impact on their work life balance. Unit of work demands varies according the units they work some units like operation theatre, oncology department etc demands high emotional intelligence and the work in such units may result in exhausted

nursing professionals, in order to solve this issues proper break should be provided and timely refreshments, and flexibility in work has to be provided.

The finding of present study revealed that there was no statistical significant correlation between head nurses' age, experience and their work life balance, quality work life, and life satisfaction. Also, there was no statistical significant correlation between head nurses' units and their quality work life and life satisfaction. This finding is confirmed by **Yadav (2016)**⁽¹⁰²⁾ study who revealed that there is no relationship between the work life balance of nurses with their age and years of experience. Also, **Thakre et al (2017)**⁽⁶⁵⁾ revealed that there was no significant relation- ship between QWL and marital status. Further, **Jembere (2015)**⁽⁵⁴⁾ showed that there was no significant correlation between age, gender, marital status and work experience with QWL.

Conversely, **Azeem and Altalhi (2015)**⁽⁴⁸⁾ found that the experience of the respondents is positively significantly related to age, perceived work-life balance and job satisfaction. **Kelbiso (2017)**⁽⁶⁶⁾ found that the work unit of the respondents had statistically significant association with quality of work life among nurses. **Sadat, et al (2017)**⁽⁵²⁾ study, found that age, and job location had significant relationships with QNWL **Thakre (2017)**⁽⁶⁵⁾ study showed a significant relationship between QWL and work experience.

The finding of present study revealed that head nurses` marital status had a statistically positive relation with their work life balance and quality work life, but there was no significant relationship with their life satisfaction. **Priya (2017)**⁽¹⁰³⁾ there is no significant difference between work-life balances of women teachers with marital status . **Hemanathan et al (2017)**⁽⁴⁴⁾ revealed that significant association between marital status with quality of nursing work life has association. But, **khalid and rathore (2018)**⁽¹⁰⁴⁾ revealed that marital status did not have any significant association with WLB.

VI. CONCLUSION

Based on the present study findings, it was concluded that:

-High percent of head nurses at Qutor General Hospital perceived themselves low level of total work life balance, so, more than forty of head nurses had moderate and low level of total quality work life and more than half of them had moderate level of total life satisfaction.

-There was a highly statistically positive correlation between head nurses' total work life balance, work/personal life enhancement and their total quality work life, support services and job perception.

-Head nurses' total work life balance, work/personal life enhancement dimension had highly statistically significant correlation with their total life satisfaction and its life satisfaction dimension.

-There was a significant positive correlation between head nurses' total of quality work life, support services and their total of life satisfaction and its life satisfaction dimension. Accordingly, there was significant influence of work life balance on quality work life and life satisfaction among head nurses at Qutor General Hospital.

VII. RECOMMENDATIONS

In the light of the present findings, the following recommendations are suggested: **Top management at Qutor General Hospital:**

- Need to develop policies that enable them to improve working environment, to meet needs the work life balance, quality work life and job, career and life satisfaction of their head nurses
- Should pay more attention to work life balance as the strategy to improve head nurses' quality work life and their life satisfaction

Nursing managers

- In service training should be used as a means to assist the head nurses manage and handle multiple roles effectively.
- Interactive sessions with professional trainers in work life balance to help head nurses to gain skills for balance personal and professional work life.

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- Work flexibility, supervisory and organizational support for improving quality work life, and job, career and life satisfaction
- Should improve working conditions and making, friendly, and supportive work environment for head nurses
- Finding ways to facilitate recognition for head nurses' career satisfaction and connections between them and their collegial relation with nurses and patients.
- Also, need to know that career satisfaction is vital to the life satisfaction of the head nurses.
- Further studies in work-life balance issues that affect the quality of work and life satisfaction among all nurses

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