



QUALITY OF NURSING WORK LIFE (QNWL) IN INDONESIA: SCOPING REVIEW

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ABSTRACT

QNWL must continue to be considered to improve the welfare of nurses, especially during the COVID-19 pandemic. The purpose of this study was to determine the description and factors associated with QNWL in Indonesia. This research is a Scoping Review, namely the identification of articles through 3 databases including Google Scholar, Science Direct and Pubmed with the keywords "Quality of Nursing Work-life" AND "Hospital" AND "Public Health Center". The inclusion criteria for the article are published in 2017-2022, full text, research in Indonesia Hospitals/Puskesmas, DOI/ISSN, quantitative research and discusses the quality of working life of nurses. The search identified 320 articles and 12 articles were selected for analysis. The results showed that the QNWL both in the Hospital/Puskesmas on average were in the sufficient/moderate/moderate category. Then, there is a significant relationship between job satisfaction, marital status, nurse performance, education, number of teams and salary/income, quality of life/quality of life during the COVID-19 pandemic with QNWL. Preferably, the management of the Hospital/Puskesmas continues to improve QNWL to improve the welfare of nurses so that they can provide optimal services.

Keywords: hospital; nurse; puskesmas; quality work-life

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INTRODUCTION

The quality of health services that must be improved continuously is the quality of nursing services in hospitals (Depkes, 2012; Kuntoro, 2010; Nursalam, 2016). Data on the percentage of nurses in Indonesia is the largest compared to other health workers, especially in hospitals (Kemenkes, 2017). Nursing services play an important role in efforts to maintain and improve the quality of health services (Dermawan, 2012). Quality nursing care for clients in hospitals depends on the performance of nurses (Perry, 2005). This is related to the role of nurses in providing care to patients for 24 hours, and the dominance of the number of nurses in hospitals is around 40–60% (Swansburg, 2000).

Apart from hospitals, health services also have community health centers, which are first-level health services to carry out promotional, preventive, curative, and rehabilitative health efforts carried out by the government, regional government, or community in their working area, according to the Ministry of Health of the Republic of Indonesia 2014 (Kemenkes, 2014). UU No 38 tahun 2014 stated that nursing service is a professional service based on nursing knowledge and tips aimed at individuals, groups, families, and communities, both sick and healthy (UU-38-Keperawatan, 2014). Nurses in carrying out their duties of course

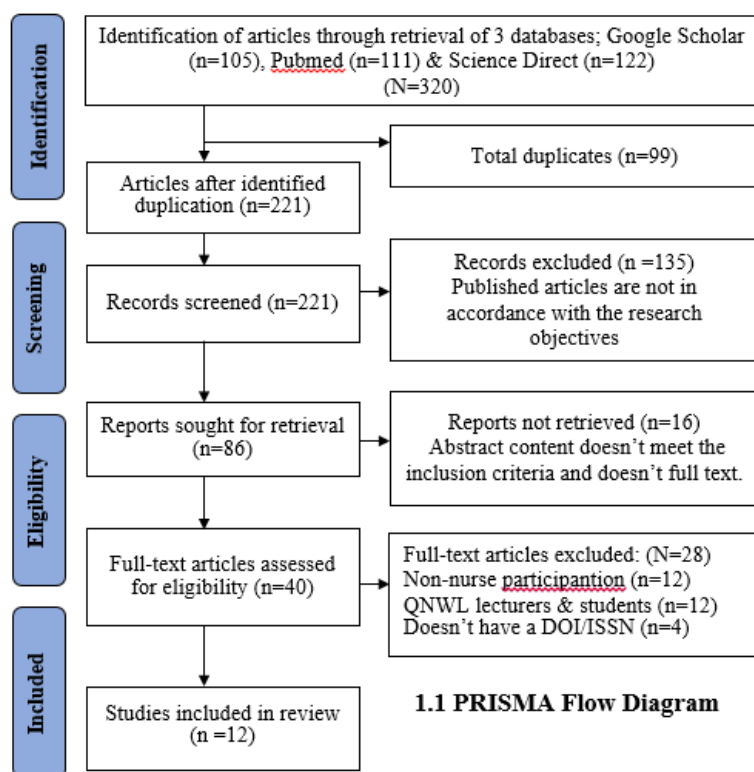
have a workload both in the agency where they work, in the community and the family so they require a good quality of work life.

Nurses, as most health workers, should have a good quality of work life, so they can provide quality services to patients (Moradi, 2014). Quality of Nursing Working Life (QNWL) is a nurse's perception of all dimensions that can influence the quality of working life related to their experience while working to achieve organizational goals (Brooks, 2005; Luthans, 2008). QNWL has four dimensions. Namely, the work/home life dimension, namely the nurse's life experience at work and life at home. The work design dimension, namely the composition of the nurse's work and describing the work actually carried out by the nurse, the work context dimension, namely the organization of nurses' work practices and exploring the impact on the work environment on patient and nurse systems. The work world dimension is the broad social environment and the effects of changes in nursing practice (Brooks, 2005).

Low quality of work life will cause a person to experience feelings of frustration, incompetence and feelings of guilt. If it continues, it can cause high turnover for nurses (Almalki, 2012; Huang, 2007; Mosadeghrad, 2011). On the other hand, a good quality of work life has a positive impact on the company, such as increasing productivity, improving work quality and decreasing turnover (Riggio, 1990). According to Dehkordi et al., (2020), Nurses tasked with caring for Covid-19 patients have high anxiety and fatigue. So that the quality of nurses' work life decreases (Dehkordi, 2020). If the quality of employee work life is low, it will have an impact on job satisfaction, which will also decrease. (Eliyana, 2020). Based on the above background, researchers are interested in conducting more in-depth research regarding the Quality of Nursing Work Life (QNWL) in Indonesia with the aim of research to find out the description and factors related to QNWL in Indonesia.

METHOD

This research method uses Scoping Review, namely examining ideas, knowledge or findings obtained from the contents of the literature obtained and providing a theoretical and methodological contribution to a particular topic. Searching for articles using 3 databases, including Google Scholar, Science Direct and Pubmed, with the keywords "Quality of Nursing Work-life" AND "Hospital" AND "Public Health Center". The inclusion criteria for articles to be analyzed are published in 2017-2022, full text, have a DOI/ISSN, quantitative research, use Indonesian/English, research locations in hospitals/health centers throughout Indonesia and discuss the quality of nurses' work life. The article selection process uses the PRISMA flow diagram, namely identification, filtering, eligibility, and determining selected articles for analysis. The stages of the article selection process can be seen in Figure 1.1 PRISMA Flow Diagram.



RESULT

Based on the search results, 320 articles were identified, then filtering resulted in 12 articles being analyzed because they met the inclusion criteria, of which two articles used a descriptive design and 10 articles were cross-sectional, two articles were in English and nine articles were in Indonesian, four articles were research sites in health centers and eight articles on hospitals, three articles discussing QNWL during the pandemic, four articles researching the West Java region (Cianjur, Pangandaran, Subang and Bandung City), one article in the Yogyakarta region, one article in the Makassar region, one article in the Riau, one article in the East Java region (Malang), one article in the Sumba region, one article in the South Sumatra region (Palembang) and one article in the South Sulawesi region (Pare-Pare City).

The results of the analysis of the 12 selected articles show that QNWL is good in hospitals/health centers, on average, in the sufficient/moderate/moderate category. Then, there is a significant relationship between job satisfaction, marital status, nurse performance, education, team size and salary/income, quality of life during the COVID-19 pandemic and Quality of Nursing Work Life (QNWL). . It is best if hospital/health center management continues to pay attention to QNWL to improve the welfare of nurses so that they can provide optimal service. For more details, you can see table 1.1 Article Summary.

Tabel 1.
Article Summary

Author & Year	Purposes	Method	Findings
Oyoh, Somantri, & Yudianto, 2017	Knowing the quality of nursing services at the Pangandaran Community Health Center in the context of nurses' job satisfaction at	Quantitative Descriptive and Correlative 48 Nurses	The total score for the quality of work life shows that the mean value (145.83) < midpoint/average (150) where the sub-variable value, Work Environment, Work Conditions, Job Perception, is still below the midpoint value (average), which means that nurses' work life is still not prosperous. However, the support service variable has a

Author & Year	Purposes	Method	Findings
	the Community Health Center.		value above average, namely. In addition, the nurse gets team support from other officers. Then, education level, team size and salary/income influence the quality of nurses' work life.
Ilham, Somantri & Setyorini, 2020	Find out the quality of work life of nurses at DTP and non-DTP health centers in Cianjur Regency	Quantitative Descriptive 332 Nurse	The total score for the quality of work life for nurses at both DTP and non-DTP health centers is above the midpoint (150) with a mean value of 177.08, which means that nurses are in a prosperous condition. However, the total mean value of quality of work life for nurses at Non-DTP Community Health Centers was higher (182.23) than for nurses at DPT Community Health Centers (169.56).
Suparto, Puspita, Hermayanti, Rohaedi & Fitriani, 2018	Know the description of QNWL and understand the description of demographic factors and their influence Against QNWL.	Quantitative Cross-sectional Survey 81 Nurses	The total mean QNWL value (115.94) is higher than the middle value of the Brook scale (105) which shows that the QNWL of nurses at Bandung City Community Health Centers is in the good category. Then, all the mean values of the QNWL dimensions are higher than the mean value of the Brook scale. Then, there is no relationship between demographic factors and QNWL.
Gusty, Dachriyanus & Merdawati, 2019	Knowing the relationship between the quality of work life and the performance of implementing nurses at Teluk Kuantan Regional Hospital	Quantitative Cross-Sectional 120 Nurses	The quality of work life of nurses is mostly in the medium category (85%) and the least is in the high category (15%) and the performance of nurses is mostly in the poor category (55.8%). Then, there is no correlation between the quality of work life and performance (p-value 0.817). The work context dimension has a correlation with nurse performance (p-value 0.008).
Rahmawati I. N, 2017	Analyzing the relationship between quality of work life and nurses' job satisfaction	Quantitative Cross-Sectional 20 Nurses	The average QNWL value in the medium category is 56.3%. The worklife-homelife, work world and work design dimensions average in the medium category (65.5%, 62.5% and 81.3%). Meanwhile, the work context dimension in the good category is 62.5%. Then, the average nurse has job satisfaction in the satisfied category of 81.3%. Then, there is a relationship between the quality of work life and nurses' job satisfaction.
Suwandi, Fahmy, Murni, Nelwati, Susanti, & Putri, 2021	Identifying the relationship between the quality of nurses' work life and the quality of life of nurses during the COVID-19 pandemic	Quantitative Online Cross-Sectional Survey 65 Nurses	The average quality of Nurses' Work Life is in the Medium Category (75.4%), including the Work Life / Home Life dimensions in the medium category (44.6%), Work Design in the medium category (67.7%), Work Context in the medium category (64.6%) and Work World good category (61.5%). Then, the average nurse has a moderate quality of life (64.4%). Furthermore, the three dimensions of quality of work life (Work Design, Work Context and Work World) have a significant relationship with quality of life during the COVID-19 pandemic with values for each dimension of 0.000, 0.025 and 0.019.

Author & Year	Purposes	Method	Findings
Agustin, Amin, Jawiah, Yuniike, & Rahmayani, 2022	Identifying the Quality of Nurse Work Life (QNWL) during the Covid-19 Pandemic and its influence on nurse turnover	Quantitative Cross-Sectional 70 Nurses	The results show that the work-life home-life dimension is in the good category (67.1%), the work design is in the good category (52.9), the work context is in the good category (51.4%), and the work world dimension is in the poor category (51.4 %). Then, nurse turnover is in the low category (87.1%). Furthermore, there is no relationship between QNWL and nurse turnover during the COVID-19 pandemic.
Winarno, Pratiwi, & Fatimah, 2022	Knowing the relationship between quality of working life and quality of life for nurses	Quantitative Cross-Sectional Study 90 Nurses	The average quality of working life for nurses is good (56.7%) and the average quality of life for nurses in the Covid-19 room at Sardjito General Hospital is good (55.6%). Then, the p-value result of 0.05 shows that there is a significant relationship between quality of working life and quality of life for nurses in the Covid-19 room at Dr Sardjito Hospital Yogyakarta.
Pertiwy, & Majid, 2020	Knowing the relationship between compensation, career development and communication with nurse performance	Quantitative Cross Sectional Study 32 Nurses	The research results show that there is a relationship between compensation ($\rho = 0.050$), career development ($\rho = 0.029$) and communication ($\rho = 0.044$) with the performance of nurses at the UPTD Lakessi Health Center, Parepare City.
Sumartini, Puspita, Suparto, Rohaedi & Permatasari, 2019	Understand the quality of nurses' work life	Quantitative Descriptive 131 Nurse	The resulting value of the QNWL range is higher than the middle QNWL value on the Brooks Scale ($123.42 > 105$). Then, the results of the range values for the work-life home-life, work design, work context and work world dimensions are higher than the middle value of the Brooks scale at Subang Hospital Class B.
Kaluku, Saleh & Kadar, 2019	Determining the level of quality of work life (QWL) of nurses and factors that can predictably influence QNWL in type B hospitals in Makassar City	Quantitative cross-sectional 287 Nurse	The research results show that the four dimensions of QWL are at a moderate level, namely work-life home-life (27.1), work design (35.1), work context (78.1), work world (17.3) and overall QWL at moderate level (157.6). Predictability results show that marital status ($\beta = -0.199$) is able to have an impact on QNWL of 55%.
Damanik, Lubis, Sudaryati & Nasution, 2022	Knowing the influence of the quality of nurses' work life on the performance of nurses at RSUP Dr. Pirngadi Medan	Quantitative Cross-Sectional 74 Nurses	The overall average QNWL in the sufficient category (score 91-135) was 56.8% and the performance of nurses in the sufficient category (score 71-110) was 63.6%. Then, there was a significant relationship between QNWL and the performance of nurses at RSUP Dr. Pirngadi Medan

DISCUSSION

Based on the analysis of 12 articles, there are four articles examining QNWL in the Puskesmas area, where one article shows that the average QNWL is still low in the Puskesmas, but the support service sub-variable has a value above average, namely nurses get team support from other staff (Oyoh, 2017). Then, three articles show that the QNWL is in the high category because the mean value is above the midpoint (average), the QNWL of Non-

DTP nurses is higher than that of nurses at DPT Community Health Centers. Then, all the mean values of the QNWL dimensions are higher than the mean value of the Brook scale. However, there are three components of the QNWL dimension that are less than optimal, namely the non-nursing task component, the patient care tools and materials component, and the room/rest area/locker component where nurses work (Ilham, 2020; Pertiwy, 2020; Suparto, 2018).

Health services at Puskesmas are categorized into two types, namely inpatient Puskesmas (Puskesmas DTP) and non-inpatient Puskesmas (non DTP Puskesmas) (Kementerian Kesehatan Republik Indonesia, 2014). The results of this study state that the QNWL of non-DPT Community Health Center nurses is higher than DPT because it is influenced by the dimensions of work conditions, namely light and heavy work, balance between family and work, compensation and time at work. Apart from that, the dimensions of job perception (perception of work) also contribute to influences such as autonomy in carrying out work, work mechanisms and acceptance from other teams (Ilham, 2020).

The quality of nurses' work life is one of the nurses' subjective assessments of their satisfaction and well-being at work which directly has implications for their life in the work environment, life at home and working conditions as well as perceptions of the work carried out by nurses (Brooks, 2005). Poor quality of nurses' work life can have an impact on various things, one of which is decreased nurses' work motivation. A poor QNWL will result in dissatisfaction for nurses, resulting in decreased work motivation (Marquis, 2010). The poor quality of nurses' work life needs to be improved because it is useful for increasing productivity and decreasing turnover (Riggio, 1990). Improving the quality of work life can take into account factors that can influence it, such as socio-economics, demographics, organization, performance, human relations and self-actualization (Hsu, 2006).

Furthermore, from the analysis of 12 articles, there were three articles examining QNWL during the COVID-19 pandemic in hospitals showing that the average QNWL during the COVID-19 pandemic in hospitals was in the good/moderate category. Then, in the QNWL dimension work life / home life, work design, work context are in the good category, but in the work world dimension the category is not good (Agustin, 2022; Suwandi, 2021; Winarno, 2022). Then, from the analysis of 12 articles, there are five articles examining QNWL in hospitals showing that the average QNWL in hospitals is in the moderate/medium/sufficient category, where the 4 dimensions of QNWL, namely work-life home-life, work design and work world are in the moderate/moderate category. moderate, but the work context is in the good category (Damanik, 2022; Gusty, 2019; Kaluku, 2019; Sumartini, 2019).

During the COVID-19 pandemic, nurses are at the forefront and are vulnerable to being exposed to the virus due to direct contact when providing services to patients. The quality of life of nurses is closely related to the quality of their work life, where there are changes that occur in workload, working conditions and other issues regarding nursing so that there is a need for serious handling regarding the QNWL problem (Oyoh, 2017). The results of this study are not in line with research conducted by (Suryavanshi, 2020) in India with 197 participants (nurses and doctors) stating that as many as 89.45% of respondents had a low quality of life because they experienced symptoms of depression as much as 92.47% and anxiety as many as 98.50% in treating Covid-19 patients in Indian Hospitals. Other research conducted by (An, 2020), in China with 1103 participants stated that nurses experienced depression when dealing with Covid-19 patients, causing the nurses' quality of life to decrease.

The results of this research show that the average QNWL before or during the pandemic was in the good/medium/moderate/sufficient category and the work world dimension was in the poor category. A good QNWL will have a positive impact on the company such as reducing the level of abstinence and turnover (Arfida, 2003). The work world dimension is the broad social environment and the effects of a change in nursing practice. This dimension also concerns society's assessment of the nursing profession, current economic conditions, desire to look for another job, job security and self-assessment of work (Brooks, 2005). Furthermore, analysis of 12 articles, seven articles showed that there was a significant relationship between job satisfaction, marital status, nurse performance, education, number of teams and salary/income, quality of life during the COVID-19 pandemic and Quality of Nursing Work Life (QNWL)/ Quality of Nursing Work Life (Damanik, 2022; Kaluku, 2019; Oyoh, 2017; Pertiwy, 2020; Rahmawati, 2017; Suwandi, 2021; Winarno, 2022). According to (Morsy, 2015), as many as 66.7% of nurses experienced work dissatisfaction and 67.5% of nurses felt that the quality of work life was still relatively low. The professionalism of nurses in providing nursing services can influence the results of nurse performance (Kasmir, 2016). Nurse performance in nursing care can be interpreted as nurse compliance in carrying out nursing care (Manurung, 2011). A pleasant quality of work life functions to improve the quality of life by preparing work resources to achieve employee expectations, minimizing role conflicts related to work and non-work life, improving all role identities, minimizing role demands, minimizing stress at work (Efraty, 1990).

According to (Oyoh, 2017), The higher the nurse's income, the higher the nurse's welfare will be. Then, the level of education and the number of teams can also have an influence on the quality of nurses' work life, where nurses who have higher education will also improve the welfare of nurses and a sufficient number of teams will also contribute to improving the quality of nurses' work life. This agrees with (Amin, 2013), where employees with a high level of education have better growth opportunities than employees with a lower level of education.

CONCLUSION

Based on the analysis of 12 articles, it can be concluded that the QNWL of Non-DTP nurses is higher than that of nurses at DPT Community Health Centers, QNWL during the COVID-19 pandemic is in the good/moderate category and QNWL in hospitals on average is in the fair/medium/moderate category. The average QNWL of good nurses at Community Health Centers/Hospitals/During the COVID-19 Pandemic is in the good/fair/medium/moderate category. Then, in the QNWL dimension there are three dimensions in the good category, namely work life/home life, work design, work context, but in the work world dimension it is in the poor category. Furthermore, there is a significant relationship between job satisfaction, marital status, nurse performance, education, team size and salary/income, quality of life during the COVID-19 pandemic and QNWL. It is best if hospital/health center management continues to pay attention to QNWL to improve the welfare of nurses so that they can provide optimal service.

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