Artikel 3

by Rian Pamungkas

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Working Life Quality among Clinical Nurses in Intensive Care Unit: A Phenomenology Study

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Article information	Abstract
  Corresponding author: **Rian Adi Pamungkas** Jl. Arjuna Utara No.9, RT.1/RW.2, Duri Kepa, Kec. Kb. Jeruk, Kota Jakarta Barat, Daerah Khusus Ibukota Jakarta 11510 E-mail: rian.adi@esaunggul.ac.id 	**Background.** The quality of a nurse's work life is a nurse's perception or assessment of all dimensions that affect the quality of her work related to her experience in working in order to achieve organizational goals. The quality of work life of clinical nurses has an important role in health services in hospitals. **Method**: The research design in this study is qualitative research with a phenomenological approach. This qualitative study aims to explore the quality of work life of clinical nurses in Intensive Care Unit. We conducted in-depth interviews with ten key nurse informants who work in intensive care units such as the Emergency Room, Intensive Care Unit, Operating Room, Hemodialysis Unit, and Perina Room, which were selected based on purposive sampling. Interviews were recorded and transcribed verbatim. **Results**: The research results in this qualitative study, that affect the quality of work life of clinical nurses in intensive care unit consist of: 1) fluctuating workload; 2) additional duties of nurses; 3) inappropriate reward system; 4) career development and recognition of work performance; 5) nurses' work stress level. **Conclusion**: Our findings provide valuable information for hospital management to pay attention to clinical nurses working in intensive care unit in improving the quality of their work life. **Keywords:** quality of work life, workload, rewarding system, career development, work stress, intensive care unit.

INTRODUCTION

Quality of work life of clinical nurses is a nurse's perception or assessment of all dimensions that affect the quality of her work life related to her experience in working in order to achieve organizational goals [1]. In carrying out their daily duties, clinical nurses often face health problems experienced by patients or their families. In nursing care, clinical nurses must concentrate because it relates to stress levels when they work in intensive care unit, when nurses face critical conditions of patients in intensive care units, and nurses' satisfaction at work which will affect the quality of their daily work life. The workload received by clinical nurses will feel heavy if it is not balanced with increased knowledge, skills and attitudes of nurses which are supporting factors for job satisfaction, and this will trigger work stress on nurses.

In intensive care unit, which is the area of the work unit, it must also have special competencies. Several studies related to the quality of work life of clinical nurses in intensive care units have not been carried out by previous researchers. Researchers are interested in exploring the quality of work life of clinical nurses who work in intensive care units, because the quality of work life of clinical nurses has an important role in health services which is the degree of satisfaction of nurses about personal and organizational life. This is in line with the theory presented by [1], which states that the quality of work life is used to improve the performance and productivity of nurses.

This is also in line with the theory of [2], which states that the quality of a nurse's work life is an employee's perception of job security, job satisfaction, job involvement, organizational policies in career development and good compensation.

Therefore, health care providers need to pay serious attention to the needs of clinical nurses who work in intensive care units in physical and psychological nurses to achieve organizational goals, but it all again depends on the quality of work life of nurses themselves. Quality of work life includes both work and personal aspects. In increasing the effectiveness of the organization in order to achieve a better quality of work, it is necessary to approach the quality of work life with a good role between nurses and superiors together.

OBJECTIVE

The aim of this study was to explore the quality of work life of clinical nurses in intensive care units. Informants were taken from the perception of clinical nurses who work in intensive care units related to how (1) the nurse's workload fluctuates in special care rooms; (2) The additional duties of nurses as managerial add to the workload of nurses; (3) the rewarding system is not in accordance with the workload and standards of special nurses; (4) Career development and recognition of achievements that do not work; (5) the stress level of the nurse facing the critical condition of the patient.

METHOD
Design

This study uses a qualitative design with a phenomenological approach to explore the quality of work life of clinical nurses in intensive care units.

Informants & Sampling Technique

This research was carried out in intensive care units such as the Emergency Room, Intensive Care Unit, Operating Room, Hemodialysis Unit, and Perina Room.

Informants are key informants who work in intensive care units. The informants of this study consisted of 10 nurses who were selected based on purposive sampling who met the inclusion and exclusion criteria set out in Table 1

Ethical consideration

This research had been approved from IRB Universitas Esa Unggul No.092201/DPKE-KEP/FINAL-EA/UEU/I/2022, date January 04th 2022.

Table 1. Inclusion and Exclusion Criteria

Informant	Inclusion Criteria	Exclusion Criteria
Head of Room	1. Work at least 4 years as an implementing nurse and a nurse in charge with a D3 nursing education 2. Work at least 2 years as an implementing nurse or nurse in charge with a Bachelor of Nursing education and a professional program (Ns. Kep.) 3. Nurses who have leadership skills 4. Nurses who have training and certificates for nursing ward managers and supervisors	1. Nurses who were not present at the time of the study 2. Nurses who refuse to be respondent
Nurse in Charge of Shift	1. Work at least 2 years as an implementing nurse and with a D3 nursing education 2. Work at least 1 year as an implementing nurse with a Bachelor of Nursing education and a professional program (Ns.Kep) 3. Nurses who have leadership skills 4. Nurses who have training and certificates for nursing ward managers and supervisors	3. Nurses who were not present at the time of the study 1. Nurses who refuse to be respondent

The instrument for data collection

The instrument used in this study is an interview guide (interview guideline) which was prepared by the researcher. The interview guide will go through an expert test to test the quality and suitability of the content of each question item.

Data Collection Process

Prior to conducting the interviews, each participant was explained the purpose of the study and asked to sign a consent form to record during the in-depth interviews.

In-depth interviews were conducted using semi-structured interviews, with closed-ended questions following interview guidelines, based on main themes and subthemes to explore the quality of working life of clinical nurses in intensive care units. Each interview took place at the community health service for approximately 60-90 minutes. All interviews were recorded and transcribed by the interviewer. The interview guidelines were classified into the following key informant subgroups: (1) nurses working in the emergency department; (2) nurses work in intensive care units; (3) nurses work in operating room installations; (4) nurses work in hemodialysis units; (5) nurses work in the perina room

Data Analysis

The data analysis technique used in this study uses thematic analysis techniques to obtain key themes from the results of interviews with informants. The stages of qualitative data analysis techniques are: 1) extracting data in summary form from different sources of information; 2) identify research results from each source; 3) perform the triangulation process for each information and determine the theme of each information

RESULTS
Characteristic of respondents

The ten informants interviewed as shown in Table 7 were mostly women with the age of more than 40 years with a length of work of more than 6 years. The majority of informants have completed all D3 Nursing and PK III education. Details of information in the table 1.

Quality of Work Life of Clinical Nurses in Intensive Care Units

Based on the thematic results of the analysis, the researcher can conclude several key themes related to the quality of work life of nurses.

Respondents Classification		Number of Nurses	% Nurses
Age	< 40 years old	2	20
	>40 years old	8	80
	Total	10	100
Gender	Male	1	10
	Female	9	90
	Total	10	100
Education	D3 Nursing	9	90
	S.Kep Ners	1	10
	Total	10	100
Length of Work	< 6 years old	0	0
	> 6 years old	10	100
	Total	10	100
PK Level	PK I	0	0
	PK II	0	0
	PK III	10	100
	PK IV	0	0
	Total	10	100

1) **The fluctuating workload of nurses in special care units.**

The workload felt by nurses is fluctuating, there are times when the number of patients is large and with a high level of patient dependence in intensive care unit, it will be perceived as a high workload, but on the contrary if the number of patients is small it will be felt as a low workload.

The nurse explained that sometimes their working time exceeds the working shift hours, depending on the conditions that must be completed and also because the number of nurses is still lacking.

"The length of work is from 06.00 to 13.00, but due to limited manpower, sometimes there are people who come to work starting at 04.00" (RN, 35 years old, female).

"The workload depends on the number of patients and the degree of difficulty of the operation" (PT, 63 years old, male)

2) **Additional managerial duties increase the nurse's workload**

The workload of nurses in special care units is also felt to be high for nurses who serve as head of the room, because they have concurrent duties as managerial and executor.

"My workload is high because if I was in managerial position, don't work concurrently with the executor" (RM, 53 years old, female)

"The workload is too high because apart from being the head of the room, he is also the executor, so he is concurrently with multiple tasks" (SH, 44 years old, female).

3) **The rewarding system is not in accordance with the workload and standards of special nurses**

The provision of rewards such as incentives or bonuses felt by nurses in special care units was still not in accordance with their workload and standards as nurses working in special care units.

"The calculation of the number of incentives is not appropriate, it's just from management. Incentives in the ICU are the same, no different from those in regular care. That's why here, do you want special treatment or regular treatment?" (RM, 53 years old, female).

"Giving incentives for special rooms is the same as regular rooms, there is no difference" (TK, 61 years old, female).

"Salary system does not match the minimum wage" (SH, 44 years old, female)

4) **Career development and recognition of work achievements that do not work**

In supporting a quality professional process, nurses lack support in career development, as well as recognition for their work performance.

"Lack of career development support, both time and financial support" (RM, 53 years old, female).

"There is no support from the hospital in terms of career opportunities, time support is not available and the school also pays for itself" (SH, 44 years old, female)

"There is no hospital recognition in terms of nurses' work performance" (SM, 54 years old, female)

"There is no acknowledgment from the hospital for outstanding nurses" (VR, 41 years old, female)

5) The stress level of the nurse facing the critical condition of the patient

In caring for patients with critical conditions, nurses who work in special care units often face many obstacles.

"In dealing with the critical condition of the patient, sometimes we face complaints from the patient's family for service dissatisfaction, in the form of verbal violence and security officers are not in place" (SH, 44 years old, female).

"Obstacles in contacting the patient's family when the patient is in critical condition, so it is hampered in making decisions on further treatment actions" (TK, 61 years old, female).

"When dealing with critical patient conditions that come together, we experience pressure and fast and appropriate treatment time, that's where we feel our workload is high" (VR, 41 years old, fmale)

Discussion
Respondent Characteristic

In nursing care, the gender will provide different encouragement, the male gender has a greater encouragement than the female because the male responsibility is greater [3]. This study found that there were more female nurses than male, this was due to the nature of women who were more patient, attentive in providing nursing care [4].

The majority of their education is D3 nursing which can be said that they are ready to work as nurses and meet the minimum requirements in carrying out nursing care. Nurses with different levels of education have different quality of work because the higher the level of education, the cognitive abilities and skills will increase. This study also found that the length of a person's work also determines a person's performance in carrying out their duties, this is supported by theories from experts [5].

In this study, it was found that there were more elderly nurses, related to the quality of work life of nurses, that old age had a higher quality of work life compared to younger nurses. Young nurses lack experience, lack of responsibility, lack of discipline, and often change jobs.

However, this study is not in line with other studies, which say that there is no significant influence of demographic factors (gender, age, education, length of service) on the quality of work life of nurses at the Bandung City Health Center [6].

Quality of Nursing Work Life
1) Fluctuating Workload

Based on the themes that we obtained in the results of the study, which consisted of a fluctuating nurse workload, where when the condition of the number of patients increased and the patient's level of difficulty was high, this was considered a high workload, and vice versa. This will affect the quality of work life of nurses.

The number of patient visits and their classification will have an impact on the workload that will be received by each nurse because it relates to the amount of care that must be provided by nurses for each classification. This is in accordance with what was expressed by [7], that the factors that affect the workload are the number of clients who are treated per day/month/year in a unit, disease conditions and the level of client dependence, average days of client care, direct and indirect treatment measurements, frequency of action, average direct nursing time and indirectly.

This is in accordance with the theory of [8] which states that workload is a process that must be completed by a worker within a certain period of time. If a worker is able to complete and adapt to a number of assigned tasks, then it does not become a workload. However, if the worker is not successful, the tasks and activities become a workload.

Research showing that fluctuating workloads affect the quality of work life of nurses is in line with previous research conducted by [9], said the workload often causes a decrease in the quality of nursing care services. These results can be interpreted that a high workload on nurses can reduce the

quality of nurses' working life. The higher the workload, the less the quality of the nurse's work life will be.

This is also in accordance with research conducted by [10], which states that the number of patients in the ER fluctuates depending on the condition of the community at that time.

2) Additional nursing duties

Based on the theme that we obtained in the results of the study, which consisted of additional managerial duties, it added to the nurse's workload, that in addition to getting a job as a functional nurse, nurses also had to become managerial such as doing accreditation tasks, performing administrative tasks. This will be a burden for nurses, where when their workload increases, they do a lot. This will affect the quality of work life of nurses.

The high workload conditions of nurses often result in a decrease in the quality of nurses' working life. Not infrequently with a high workload, nurses often show problems with decreased performance caused by fatigue, burnout. This high workload condition will be a source of work pressure for nurses in serving patients so that it becomes a determinant of the quality of nurses' working life. This is in accordance with the theory [11], that the workload is the difference between the ability of workers and the demands of the work that must be faced.

Another study which shows that additional tasks can affect the quality of work life of nurses is in accordance with research conducted by [10] which stated that nursing care activities and additional tasks other than the main task were too many and tiring, because additional tasks were obtained besides the main nursing duties, among others in the form of delegation duties from doctors, administrative management, managing medical device depots, and performing cleaning tasks.

However, this research is not in line with the research conducted by [8], that the workload has no effect on employee performance through the quality of work life.

3) Inappropriate Rewarding System

Based on the themes that we obtained in the results of the study which consisted of an inappropriate rewarding system, where when nurses did not get the appropriate reward, it would cause dissatisfaction so that they were less enthusiastic at work, less loyal, and less motivated at work. This will affect the quality of work life.

This is supported by the theory [12], that reward is a reward, a gift, an award given to someone for a good work value in the form of financial or non-financial, thus making him motivated to perform better and contribute to the organization. According to the theory [13], that the award does not have to be in the form of financial, but can also be in other forms such as career development, recognition of work performance.

Research that shows that rewards affect the quality of work life of nurses is in accordance with previous research conducted by [14], which suggests that there is a relationship between reward and worker productivity. The relationship in the form of employees who excel will get an award from the company, and this will then increase the work productivity of nurses, and in the end the quality of nurses' working life will be better.

4) Career development and recognition of work achievements that do not work.

Based on the themes that we obtained in the research results consisting of career development and recognition of nurses' work performance, they did not get the perception of nurses regarding support for nurses in career development and recognition of work performance from their superiors. This will have an impact on the quality of work life, because nurses who get recognition for their good work performance and have the opportunity to develop their careers will be more competent in their work.

This is in accordance with the theory presented by [5], that competence is the underlying characteristic of a person related to the effectiveness of individual performance in his work or individual characteristics that have a causal relationship with the criteria that are

used as references, effective or superior excellent performance in the workplace in certain situations.

Other studies that show that career development and recognition of work performance affect the quality of work life of nurses are such as research conducted by [15], which states that knowledge, spirituality, and attitude affect the quality of work life of nurses and have an impact on nurse performance.

5) Nurse's stress level facing the patient's critical condition

Based on the themes we obtained in the results of the study, which consisted of the stress level of nurses in dealing with critical conditions of patients, that when nurses often faced complaints from patients' families who were dissatisfied with the services provided, experienced pressure and time pressure and nurses faced obstacles in making decisions. critical patient action decisions when the patient's family cannot be there or cannot be contacted, this will trigger nurses' stress levels, which can have an impact on increasing absenteeism, decreased productivity, decreased organizational commitment and turnover. This will affect the quality of work life that is not good.

This is in accordance with the theory put forward by [16], that stress is pressure as a response that cannot be adjusted, which is influenced by individual differences or psychological processes, such as external actions (environment, events) that are excessive psychological or physical demands on someone.

Research that shows that nurse stress affects the quality of nurses' work life is in accordance with research [17], who argues that one of the factors causing work stress is personal factors such as no social support in the form of work environment support or family support, no opportunity to participate in decision making on issues that are their responsibility and authority in carrying out their duties and work.

This study is also in line with previous research regarding the stress level of nurses from the aspect of workload received with nurse work stress, which was conducted in Riau which stated that there was a relationship between workload and work stress of nurses at the Riau Health Center [7]. Another study also showed the spiritual intelligence, and attitude have positive effect on nurse performance (27)

Conclusion

This study is to explore the quality of work life of clinical nurses in intensive care units. We conclude information from various informants' perspectives, namely clinical nurses who work in intensive care units revealing that fluctuating workloads, additional nurse duties, rewarding systems, career development and recognition of work performance, as well as nurses' stress levels in dealing with critical patient conditions can affect the quality of life. nurse work.

Health care providers should consider how to provide support to nurses working in special care units. Such program interventions need to be realized in the form of improving a good workload management system, providing a good reward system, a career development support system and recognition of work performance, and a good arrangement of nurses' stress levels at work.

Ethical Consideration

This research has gone through an ethical review from the editorials of both Esa Unggul University with No. 0922.01.022/DPKE-KEP/FINAL-EA/UEU/I/2022, which was issued on January 11, 2022.

Recommendation
Recommendations for further studies

It is hoped that further researchers can conduct similar research on the subject of doctors to dig deeper into phenomena related to the quality of work life of the informants.

Recommendations for managerial

The implication of this research is that the management needs to improve the career development system, the division of labor system, the rewarding system, the competency and stress management system for nurses.

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