

Relationship between Quality of Work Life and Turnover Intention among Staff Nurses

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Abstract

Background: A high Quality of Working Life (QWL) is critical for healthcare organizations to attract and retain qualified, committed and motivated employees. Quality of working life refers to an employee's satisfaction with working life. **Aim:** The present study aimed to assess the relationship between quality of work life and turnover intention among staff nurses. **Research design:** Descriptive- correlational design was used in carrying out this study. **Subjects:** 148 nurses were included in the study. **Setting:** This study conduct at Alagouza Governmental Hospital. **Tools:** two self-administrated questionnaires namely: Quality of work life and Anticipated turnover scale. **Results:** There was a statistically significant correlation between total home life score and nurses' socio demographic characteristics, while there was a statistically significant correlation between total work design score, total work context score, total work world score, total quality of work life, total intending to leave score and nurses' socio demographic characteristics except with no training course. There was a negative statistically significant difference between nurses' intention to stay and intention to leave and intention to stay by their quality of work life perception. **Conclusion:** There was a highly positive statistically significant correlation between qualities of work life dimensions. There was a negative statistically significant correlation between quality of life dimensions and intending to leave. **Recommendation:** The nursing administrators might be able to improve the level of QWL by increasing nurses' satisfaction with job security, professional recognition, work conditions, work schedule, workload and nursing staffing.

Key words: Quality of work life, Intention turnover, Staff nurses.

Introduction

In recent years the Quality of Work Life (QWL) has become an important tool in the struggle for best employees. Organizations are seeking the ways for increasing the QWL in order to retain the best employees and attract the most talented employees. Traditionally used transaction rewards are easily imitable

and have lost their power, especially in knowledge-based economy. This is the main reason why many corporations attempt to find appropriate methods for increasing the QWL (Sojka, 2014).

Nowadays, hospitals are on the verge of great competition, they are strictly challenged by external and internal environments and nurses are considered to be the largest group of professionals who play a vital role in determining the quality

and cost of healthcare. There is an argument that they have the potential to answer the key problems in the healthcare. Nurses' commitment towards job is of profound importance for administrators and managers in healthcare organizations due to the pivotal role they play in their organizational performance. Work environment of nurses has been elaborated as a preference for health care organization (El-Jaradali et al., 2013).

Increasing the nurses work environment quality is critical in the context of global paucity of qualified nurses. "A hospital can be a toxic work environment with unsafe working conditions, back injuries, long hours and mandatory overtime". Improving quality of working life of staff is as much needed as improving quality of care of patients. Quality of working life is important because it is associated with employee commitment; turn over intentions organizational effectiveness, productivity. Quality of life, there is a world-wide interest in the problem of quality of working life (Farjad & Varnous, 2013).

These days, for an organization to be successful and achieve its organizational objectives it is imperative that its employees are satisfied with their work, since work occupies an important place in many people's lives, such conditions are likely to affect not only their physical but also a high level of social, psychological and spiritual well-being. It is well established in the literature that employees with a high level of psychological well-being are better, more committed, and more productive than employees with a low level of psychological well-being (Wright, & Bonett, 20012). Nonetheless, employees are likely to have higher wellbeing if they are satisfied with their work and organization and they perceive their Quality of Work Life (QWL) positively, since an employee's experiences in the workplace and his/her QWL influence his/her health and psychological well-being (Chan, & Wyatt, 2012).

Quality of Work Life (QWL) can be defined as an extent to which an employee is satisfied with personal and working needs through participating in the workplace while achieving the goals of the organization. the importance of QWL in reducing employee' turnover and employee well-being impacting on the services offered, increase the contentment and satisfaction of employees can result in various advantages for both employees and organization, provides opportunities for active involvement of employees in decision making process (Devappa, 2105).

QWL refers to an employee's satisfaction with working life It is a multidimensional concept and covers an employee's feelings about various dimensions of his or her work including the job content, work environment, pay and reward systems, training and career development opportunities, participation in decision-making, occupational health and safety, work stress, job security, organizational and interpersonal relations, and relationship between life on and off the job (Adhikari, 2010).

Improving employees' QWL is a prerequisite to increase their organizational productivity. High QWL organizations achieve better productivity and become highly competitive Positive results of QWL include reduced absenteeism, lower turnover and improved employee job satisfaction. QWL enhances employee's dignity through job satisfaction and humanizing the work by assigning meaningful jobs, giving opportunities to develop human capacity to perform well, ensuring job security, adequate pay and benefits, and providing safe and healthy working conditions and so decrease employee turnover (Korunka et al., 2010).

Nurse turnover has been a major challenge for many health care organizations. Turnover of qualified nurses has consequences for health organizations as well as the profession as a whole. Nurse turnover can have a negative impact on the

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capacity to meet patient needs and provide quality care (Hayes, 2011).

In addition, the loss of nurses leads to inadequate staffing, which in turn, may decrease morale and create more stress on the 'slayers' due to increased workloads. This can lead to critical changes in the behavior of nurses towards their jobs resulting in low work satisfaction, low productivity, and finally, leaving the organization. Additionally, without adequate and experienced staff, error rates may increase and patient satisfaction may decrease (Ingersoll, 2012).

Nurse turnover is also costly for healthcare organizations and it consumes resources that could be directed at core business activities, such as quality improvement programs and staff development or nurse retention activities. Therefore QWL as "the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization's goals". Assessing QWL allows organizations to understand how work environments and home life challenges affect the nurses' work experience, work satisfaction and organizational commitments. (Brooks et al., 2012)

Significance of the study

The ongoing nursing shortage and high turnover of nurses is critical challenge to health care industry. It is appearing that nursing recruitment and retention are serious issues, and turnover rates, which give a clear indication of retention difficulties, are significant all over the world. Nurse turnover has been a major challenge for many health care organizations.

Turnover of qualified nurses has consequences for health organizations as well as the profession as a whole. Nurse turnover can have a negative impact on the

capacity to meet patient needs and provide quality care, the loss of nurses leads to inadequate staffing, which in turn, may decrease morale and create more stress on the 'stayers' due to increased workloads. This can lead to critical changes in the behavior of nurses towards their jobs resulting in low work satisfaction, low productivity, and leaving the organization. Additionally, without adequate and experienced staff, error rates may increase and patient satisfaction may decrease. Nurse turnover is also costly for healthcare organizations and it "consumes resources that could be directed at core work activities, such as quality improvement programs, and staff development or nurse retention activities (Almalki et al., 2012).

Aim of the Study

The aim of the study is to assess the relationship between quality of work life and turnover intention among staff nurses through:-

- Assessing the quality of work life among staff nurses.
- Assessing the turnover intention among staff nurses.
- Finding out the relationship between quality of work life and turnover intention among staff nurses.

Research Question

What is the relationship between quality of work life and turnover intention among staff nurses?

Subject and Methods

I- Technical design

The technical design for this study includes the research design, setting, subjects of the study and tools of data collection.

Research design

Descriptive- correlation design was used in carrying out this study.

Setting

This study was conducted in Alagouza Governmental Hospital. which affiliated to the Specialized Medical Centers affiliated to the Ministry of Health and Population. It is a general hospital which provides its services to the community through three buildings each building contains three-floors It provides health care for Inpatient departments, Outpatient clinics, Emergency unit, Surgical Operating and Recovery theater , Intensive care units(ICU, CCU, NICU), Endoscopy unit, Dialysis unit, Bed capacity of the hospital (349) beds.

Subjects

According to sample size equation 148 nurse out from 240 was randomly selected and participated in the study the inclusion criteria are the nurses with permanent contract, who have more than one year experience in nursing field, and working full time according to the following equation:

Sample equation

$$= \frac{N \times p(1-p)}{[N - 1 \times (d^2 \div Z^2)] + P(1-P)}$$

P= 0.5	1-P= 0.5	D= 0.05	Z=1.96
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Tools of data collection

Data for this study were collected using two self-administrated questionnaires namely: Quality of work life and Anticipated turnover scale

1- Quality of work life questionnaire:

This tool was designed to assess quality of work life dimensions based on (Brooks, 2007). It consisted of two parts:-

Part 1: Socio-demographic data sheet: This part intended to collect data related to socio-demographic characteristics such as (gender, age, years of experience, attending training courses, qualification and marital states).

Part II: Quality of work life questionnaire: This questionnaire was developed and translated by (Brooks, 2007). Included (42 statements) to assess four quality of work life(QWL) dimensions among staff nurses The four dimensions are as follows:-

Quality of Nursing Work Life Scale (QNWL): it aims to assess the (QNWL) as perceived by nurses. It includes (42) items classified into four dimensions namely: work life/home life (7 items), work design (10 items), work context (20 items) and work world (5 items).

Scoring system

The responses to statements are on a 3-point Likert scale “agree, uncertain and disagree”. The maximum score was (126) and minimum (42) the score of items were summed-up and the total divided by number of the items, giving a mean score of the part.

These scores were converted into a percent score was classified as the following:

- Score from < 50 % referred to low quality of work life,
- Score from 50 < 75 % referred to moderate quality of work life,
- Score from 75 ≤ 100 % referred to high quality of work life,

2- Anticipated turnover (ATS) scale:

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This questionnaire developed by the researcher was based on (Barlow and Zangoro 2010), (cited in Benjamin 2010). It is used to assess the turnover intention among staff nurses, The questionnaire consists of (12 statements) As: Plan to stay in position, Quite sure , will leave position in the foreseeable future.

Scoring system

The responses to statements are on a 3-point Likert scale “agree, uncertain and disagree.” The maximum score was (36) and minimum (12). The score of items were summed-up and the total divided by number of the items, giving a mean score of the part. These scores were converted into a percent score was classified as the following:

- Score from < 60 % referred to intending to leave the work.
- Score from $60 \leq 100\%$ referred to intending to stay the work.

II- Operational Design

The operational design for this study involves a description of its preparatory phase, pilot study and fieldwork.

Preparatory phase

In this phase the researcher reviewed the literature using textbooks, scientific journals and internet with the aim of acquiring in depth knowledge about the subject.

Validity: The validity of the tools was done through seeking the opinions of a jury group consisting of five professors of nursing administration from faculty of nursing Ain Shams University (two professors), Benha University (two professors) and Alzagazeg University (one professors) who judged its clarity, comprehensiveness, accuracy, relevance, and whether it elicited the type of information sought; thus the tools was face

and content- validated. The tool was modified and rephrased based on juries' opinions. This phase took a three -month duration from October to end of December 2016.

Reliability: assessing the reliability of the questionnaires through examining its internal consistency. It showed high levels of reliability as indicated in the following table:

- Quality of Work Life: Cronbach's Alpha (0.85).
- Anticipated turnover scale (ATS): Cronbach's Alpha (0.82).

Pilot study

After developing the tools, a pilot study was conducted on (15) staff nurses. They represented 10% of total subjects they were excluded from the main study sample. The aim of pilot study was to determine clarity, feasibility and applicability of the tools, identify obstacles and problems that may be encountered during data collection and estimate the time needed to fill out the questionnaire. The time for filling the questionnaire was found to range between 20 -30 minutes .Data obtained from the pilot study were analyzed and necessary modifications were done.

Field work:

Data collection period took five months, from January to end of May 2017 three days per week. The researcher met the head nurse of each unit to determine a suitable time for data collection in her unit. Before distributing the questionnaire the researcher gained the acceptance of staff nurses to participate in the study. After that, the researcher explains the purpose of the study, the components of the tools and gave instructions to the participants about methods of filling sheets. Data collection was done during morning and afternoon shifts according to a pre-determined schedule. The researcher distributed data collection sheets to the respondents

individually at their workplace and presented during filling for needed clarification. The researcher checked the completeness of each filled sheet after the participant completed it. The researcher got from 6 to 8 sheets per week.

III- Administrative Design

An official letter was issued from the Dean of faculty of nursing, Ain Shams University, to obtain permission from the director of Alagouza Governmental Hospital about the conduction of study. Then, the researcher took permission from the hospital directors both medical and nursing, after explaining the aim of the study to gain their approval and support, then met study subjects to explain the purpose of the study and obtain their approval to participate and cooperate with the study.

Ethical considerations

Prior the study, ethical approval was obtained from the scientific research ethical committee of faculty of nursing Ain Shams University. Informed consent was obtained from each participant. They were informed about their rights to refuse or withdraw from the study without consequences. They were reassured about anonymity and confidentiality of the information obtained,

and used only for the purpose of scientific research.

IV- Statistical Design

Data collected from studied sample was revised, coded and entry computed. Data entry and statistical analysis were fulfilled using the package for social sciences SPSS version 20.0 statistical software. Data was presented using descriptive statistics in the form of Frequencies and percentages for qualitative variables, and mean and standard deviations medians for quantitative variables. Cronbach alpha coefficient was calculated to assess the reliability of the developed tools through their internal consistency. Chi-square test and Spearman correlation were used for assessment of interrelationship among quantitative variables and scores, to assess the relationship between perception of staff nurses as dependent variable and nurses' age, years of experience, sex, and qualification as independent variable. Spearman correlation was used for assessment of interrelationship among quantitative variables, to assess the relationship between quality of work life and turnover intention among staff nurses. The confidence level chosen for the study was 95%. The differences were considered significant if the p-value was less than 0.05 at the appropriate degrees of freedom.

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Results

Table (1): Socio-demographic data Characteristics of nurses (n=148).

Items	No	%
Gender:		
Male	60	40.4
Female	88	59.6
Age in year		
< 20	16	10.8
20-30	52	35.1
>30	80	54.1
Mean ±SD	33.4±6.2	
Experience years:		
1-5	30	20.3
6-10	63	42.5
>10	55	37.2
Mean ±SD	6.8±2.3	
Marital status :		
Single	30	20.3
Married	97	65.5
Divorced	16	10.8
Widow	5	3.4

Table (1): shows the distribution of the studied nurses according to their Socio-demographic data. As indicated in the table, more than half of them (59.6%) were female, 54.1 % of them their age more than thirty years old, with Mean± SD 33.4±6.2, more than two thirds (42.5%) of them had experience between 6-10 years with Mean± SD 6.8±2.3, and. In relation to marital status of the study subjects (65.5%) of them were married.

Table (2): Distribution of nurses according to total dimensions to quality of work life (No=148)

Dimensions quality of work life	Low < 50 %		Moderate 50%-<75%		High 75>	
	No	%	No	%	No	%
I. Home Life	87	58.7	22	14.9	39	26.4
II. Work Design	77	52	20	13.5	51	34.5
III. Work Context	86	58.1	28	18.9	34	23
IV. Work world	74	50	24	16.2	50	33.8
Total work of life	81	54.7	25	16.9	42	28.4

Table (2): shows that, more than half (58.7%) of the studied nurses had the lowest agreement regarding to home life dimension. While slightly more than one thirds (34.5%) of them had the highest agreement regarding to work design dimension.

Table (3): Distribution of nurses according to their turnover intention.

Dimensions	Intending to leave < 60 %		Intending to stay 60 ≤ 100%	
	No	%	No	%
Anticipated Turnover Intention	94	63.5	54	36.5

Table(3): shows that the highest percentage of the studied nurses (63.5%) were intend to leave; while 35.5 % of them were intended to stay.

Table (4): Correlations of Matrix of nurses Quality of Work Life dimensions.

Quality of Work Life Dimensions score	Spearman's rank correlation coefficient			
	Quality of Work Life Dimensions score			
	Home Life	Work Design	Work Context	Work world
Home Life				
Work Design	0.86*			
Work Context	0.82*	0.83*		
Work world	0.81*	0.84*	0.87*	
Total Quality of Work Life	0.83*	0.84*	0.84*	0.83*

(*) statistically significant at $p < 0.05$

Table (4): illustrates the correlation between quality of work life dimensions among the studied nurses. It reveals that there was a positive statistically significant correlation between quality of work life dimensions.

Table (5): Correlations between quality of life dimensions and intending to leave among the studied nurses

Quality of Work Life Dimensions score	Spearman's rank correlation	
	Total Intending to leave score	
	Correlation coefficient	p-value
Home Life	-0.63*	**0.01
Work Design	-0.46*	*0.04
Work Context	-0.57	*0.02
Work world	-0.51*	*0.03
Total Quality of Work Life	-0.54*	*0.02

(*) statistically significant at $p < 0.05$

(**) statistically significant at $p < 0.01$

Table (5): the correlations between quality of life dimensions and intending to leave among the studied nurses. It reveals that there was a negative statistically significant correlation between quality of life dimensions and intending to leave.

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Table (6): Difference between nurse's intention to leave and intention to stay by their quality of work life perception

Items	Turnover intention		T test	p-value
	Intending to leave (no=94)	Intending to stay(no=54)		
	Mean ±SD	Mean ±SD		
Total Quality of Work Life score	99.15±11.69	119.82±12.34	- 10.147	**0.0001

(**) High statistically significant at $p < 0.05$

Table (6): reveals that there was a negative statistically significant difference between nurses' intention to stay and intention to leave and intention to stay by their quality of work life perception.

Discussion

A high Quality of Working Life (QWL) is critical for healthcare organizations to attract and retain qualified, committed and motivated employees. Quality of working life refers to an employee's satisfaction with working life (Mosadeghrad, 2013). QWL provides employees with the motivation and the opportunity to perform well (Bragard et al., 2012). Positive results of QWL include reduced burnout and absenteeism, lower turnover and improved employee job satisfaction (Lee et al., 2013).

Nurses as the largest group of health care providers should enjoy a satisfactory quality of working life to be able to provide quality care to their patients. Therefore, attention should be paid to the nurses' working life (Tayebbeh et al, 2014). Employee turnover is an employee's voluntary withdrawal from the organization. High turnover has been a major issue in health-care organizations. Turnover of skilled staff can incur substantial costs (e.g. costs associated with recruiting and training new staff) for organizations.

High staff turnover can also impact negatively on an organization's capacity to meet patient needs and

provide quality care. Turnover intention is a determinant of actual turnover behavior. Turnover intention and turnover decisions may be an indicator of low, and decreased QWL (Mosadeghrad et al., 2011).

Moreover, this study finding is relevant and consistence with a study conducted at Ain Shams University specialized hospitably Shazly and Fakery, (2014) who mentioned that, nurses had low perception of the quality of work life. On other hand , this study finding were contradicting with a study conducted in Tehran by Nayeri et al., (2011) who reported that, their findings showed that QWL was at a moderate level.

The major influencing factors for quality of work life may be classified under four dimensions. First, home life dimension which was rotating schedules negatively affect life, and have no energy left after work. Second, work design dimension which was perform many non-nursing tasks, receive insufficient amount of assistance from support personnel, and there weren't enough nurses in work setting.

Third, work context dimension which was there wasn't teamwork in work setting, and upper-level management not

respect nursing staff. Fourth, work world dimension which was salary wasn't adequate for job given the current job market conditions, and the hospital not provides a secure environment.

Furthermore, the present study finding revealed that the studied nurses had the lowest agreement regarding to home life dimension. This finding could be due more than half nurses were female and married and have children. So that nurses may experience job-family role conflicts due to long working hours, frequent overtime, effects of shiftwork and inflexible and/or disordered working programs. Obligations to work nights or weekends can especially interfere with family needs and cause nurses to experience feelings of inadequacy in performance of their dual roles (work and family). Interaction between work and family life directly affects the general quality of life for nurses.

In accordance with study finding a study conducted at Ankara by **Bilazer et al., (2016)** who revealed that, interaction between work and family life directly affects the general quality of life for nurses. In agreement with this study **Demir et al., (2015)** concluded that, organizations should endeavor to provide a supportive work environment for nurses to ensure appropriate balance of work-family roles.

On other hand, slightly more than two fifths of them disagree on the item of have energy left after work. This finding could be due to that, the increased workload often results in exhaustion and the nurses will have no energy left after the work. This often results in an imbalance between work life and home life. In this respect **Suresh, (2013)** who mentioned that, nurses reported not having energy after work were nearly more than two fifths.

On other hand, work design dimension describes about composition of

the nursing work and the actual work the nurses perform, the current study demonstrates that, the studied nurses had the highest agreement regarding to work design dimension. The finding reflects high levels of satisfaction with the items of this dimension. This situation may be due to staff nurses who are working in this hospital more satisfied and emotionally committed to their work because they perform work that directly affects other people. Or may be due to nurses had the autonomy to make patient care, and had sufficient social support.

The previous study finding is consistent with **Ahmed, (2011)** who clarified that majority of staff nurses were highly satisfied with nature of the work, this mean that the staff nurses like their job and they are pride in doing their job. In contrary **Shazly and Fakery, (2014); Almalki et al., (2012)** who mentioned that, the work design dimension of QWL come second lowest perceived domain among the current study nurses.

Moreover, the present study findings reported that majority of staff nurses agree on the item of able to provide good quality patient care. In agreements with the study finding **Brook and Anderson, (2009)** who mentioned that, majority of nurses said that, they provided good quality patient care.

This finding consistent with a study conducted in Iran by **Vanaki and Vagharseyyedin, (2009)** who reported that, heavy workload was one of the main factors for job dissatisfaction and poor quality of work life. In the same line, **Vagharseyyedin et al., (2011)** who did a qualitative study among 14 Iranian nurses and also reported heavy workload.

Also, majority of staff nurses disagree on the item of perform many non-nursing tasks. This finding may be due to presence of nursing assistances that help the staff nurses to perform many non-nursing tasks. In contradiction with

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the study finding **Almalki, (2012)** who reported that, majority of staff nurses agree on the item of perform many non-nursing tasks. The reason behind the differences between of both study finding may be due to differences setting.

According to the study finding, work context dimension came as second lowest agreement among the studied nurses, which including management practices, relationship with co-workers, professional development opportunities and the work environment. There isn't effective team collaboration in the study organization, nurses not satisfied with their co-workers and communication with the other staff, and dissatisfaction with management practices include lack of respect by the upper management.

In contradiction with the study finding contrary **Shazly and Fakery, (2014)** who mentioned that, the work context dimension of QWL was the lowest as perceived by the nurses. Moreover, a study conducted at Assiut University hospitals by **Morsy and Sabra, (2015)** who mentioned that, the work context dimension of QWL was the highest dimension as perceived by the nurses.

On other hand, the present study finding demonstrates that, highest percentage of nurses disagree on the item of there is teamwork in work setting. It could have been the result of hospital management that isn't valuing nurses' teamwork. Similarly, a study in Saudi Arabia by **Alhusaini, (2014)** found that, nurses were dissatisfied with the relationship with their coworkers, especially physicians, and had poor communication and interaction with them and this negatively influenced their job satisfaction and QWL.

In the same line a study by **El-Mahdy, (2012)** who reported that, teamwork was the lowest domains. In

contradiction **Dehghan et al., (2011)** in his study to evaluate quality of work life and productivity among Iranian nurses reported that, high response related to quality of work life was working together. Also, **Bhola, (2014)** who reported that, nurses in study hospital work as a family.

Moreover, the present study finding revealed that, there was a lack to have support from hospital in pursuing higher studies. This finding may be due to nurses, as health care professionals, seek to continually refresh their knowledge and skills to provide quality patient care to satisfy their knowledge and satisfy their QWL. This study finding is relevant and consistence with **Hart, (2005)** found that nurses who were enrolled in an educational program were less likely to leave their positions than those who were not enrolled in any program.

Furthermore, **Cabigao, (2016)** who mentioned that, insufficient opportunities for professional development often diminish nurses' efforts to provide quality care and are a major reason for their job dissatisfaction. In the same line **Khani et al., (2016)** who mentioned that, dissatisfaction with career advancement was reported by nurses.

Moreover, work world is defined as the effect of broad social influences and change on the practice of nursing, the present study findings showed that, the studied nurses had low agreement regarding work world. This finding may related to feeling own work influences patients' lives and their families the security department does not provide a secure working environment, nurses felt that society does not have an accurate image of nurses, salary and benefits were strongest factors lead to low agreement regarding work world.

According to work world dimension, the present study findings represents that, slightly more than half of

the studied nurses agree on the item of would be able to find same job in another organization with about the same salary and benefits. This finding may be due to nursing profession are in critical demand, and increase the requirement for male and female nurse for work in hospitals especial private hospitals, and with high salary. However, in contradiction with the study finding **Almalki et al., (2012)** who reported that, respondents think that they will not be able to find a similar job in another organization easily.

This study finding is congruent with **Khani et al., (2016)** who reported that, many nurses felt that society does not have an accurate image of nurses. In the same line, **Almalki et al., (2012)** who concluded that, negative public stereotype of nursing is in-line with other countries such as Iran, Japan, Jordan and Kuwait, and it negatively affects nursing practice and retention.

Furthermore, in work world dimension, the present study finding showed that, majority of studied nurses disagree on the item salary is adequate for job given the current job market conditions. This finding may be due to the nurse's salaries have not increased, and are not commensurate with increased responsibilities, which is the strongest factors related to nursing turnover in hospitals. This study finding is relevant and consistence with **Yin and Yang (2014)** who has mentioned that, salary and fringe benefits were the strongest factors related to nursing turnover in hospitals.

This findings were consistent with **Suresh, (2013)** who mentioned that, educational status of the respondents in the government sector was found to be significantly influencing the QNWL, diploma were more satisfied than other qualification. However, in contrary **Thakkar, (2012)** who mentioned that, bachelor degree nurses were more satisfied than diploma nurses.

Also, the present study finding revealed that, there was a highly statistically significant difference between total quality of work life score and pervious training course. In the current study, the attendance of training courses had a positive influence. This finding might be due to attendance of training courses is an important component of job satisfaction and consequently the quality of work life.

In congruent with the study finding **Shazly and Faisal, (2014)** who mentioned that, the attendance of training courses, had a positive influence the QNWL. However, in contrary **Abdallah, (2016)** who mentioned that, there was no statistically significant difference between total quality of work life score and pervious training course.

A number of nursing studies **Fochsen et al., (2014)**; support the notion that, the female nurses are more satisfied in their work and are more likely to stay. On other hand the present study finding was not consistent with **Coomber and Barriball, (2013)** who found no relationship between gender and employees' satisfaction and their intention to leave.

The finding of the current study clarified that, there was a statistically significant negative correlation between turnover intention and years of experience, staff nurses with more years of experience had low intention to leave their work place. This could be ascribed to staff nurses with long years of experience are more familiar with work and hospital system, demands, and had strong relations with all employees in the hospital from different departments either medical or non-medical so they had high level of commitment to their work and hospital.

Also, Egyptian emotions and loyalty to their work place is the significant cause of low turnover

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intention among older staff. This finding was in agreement with **Yeun and Jeon (2015)** who concluded that staff nurses with few years of experience had high intention to leave their work. Meanwhile, this result was contradicted with the finding of **Mosallam et al., (2015)** who concluded that there was no significant relation between turnover intention and years of experience.

Furthermore, the present finding showed that, there was a statistically significant negative correlation between turnover intention among staff nurses and their qualification. Technical institute nurses were more likely to indicate turnover intention compared to other groups. It could be argued that technical institute nurses were intending to leave in order to pursue their studies. In contrary **Stewart et al., (2011)** who found that, a positive relationship, with more educated nurses being more likely to leave an organization.

Finally, the research question was confirmed by that, there was a negative statistically significant correlation between quality of life dimensions and intending to leave, which was indicating that high level of quality of life, was associated with low level of intending to leave as perceived by nurses in the hospital. These findings are similar to **Almalki et al., (2012)**; **Mosadeghrad, (2013)**; as they found that, a reverse relationship existing between QWL and turnover intention.

In conclusion, quality of work life is one of the most important factors for human motivating and improving of job. Also, quality of work life can be effective in improving their job satisfaction. Thus; job satisfaction can be improved through the changing and manipulating of the quality of work life components. Improving QWL will ultimately lead to increased job

satisfaction and reduced turnover intention among nurses.

Conclusion

- According to the study findings, it can be concluded that, more than half of the studied nurses had low agreement regarding total quality of work life. Also, there was a positive statistically significant correlation between quality of work life dimensions. Furthermore, there was a highly statistically significant difference between total quality of work life score and studied nurses' socio demographic characteristics. Moreover, the result of the present study revealed that, slightly more than three fifths of the studied nurses were intended to leave. Also, there was a highly statistically significant difference between intending to leave and studied nurses' socio demographic characteristics. Finally, the result revealed that there was a negative statistically significant correlation between quality of life dimensions and intending to leave. This result answered the research question of the study.

Recommendations

- The study recommended that: The nursing administrators might be able to improve the level of QWL by increasing nurses' satisfaction with job security professional recognition, work conditions, work schedule, workload and nursing staffing, changes in nursing management thoughts, systems, structures and policies are required, changes in organizational climate, job characteristics, pay and benefit scales and demonstrating value to staff could increase employees' QWL and decrease their turnover, Jobs should be designed in ways that provide meaning, motivation and opportunities for nurses to use their skills and abilities, and

workload should be in line with nurses' capabilities and resources.

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