

The Relation between Workaholism and the Quality of Nursing Care among Staff Nurses

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Abstract

Background: Workaholism among nurses may affect quality of nursing care by causing emotional exhaustion and stress. Also, nurses may face physical and psychological problems as result of workaholism. **Aim of the study:** To assess the relation between workaholism and the quality of nursing care among staff nurses. **Study design:** A descriptive correlational design was utilized. **Setting:** The study was conducted in all inpatient units at Sohag University Hospitals. **Study subjects:** A simple random sample 274 of staff nurses at Sohag University Hospitals. **Tools of data collection:** 1st tool: Nurses' workaholism questionnaire, 2nd tool: Quality of nursing care observational checklist. **Results:** Showed that more than two-thirds (70.1%) of staff nurses had a high level of workaholism and less than half (44.5%) of them reported a moderate level of quality of nursing care. **Conclusion:** The study concluded that, there was highly statistically significant positive correlation between total workaholism and quality of nursing care among staff nurses. **Recommendations:** Developing standard for nursing care procedures that help staff nurses providing high quality nursing care and examining the effect of workaholism on quality of work life among academic teaching staff.

Keywords: Quality of nursing care, Staff nurses, and Workaholism.

Introduction:

Work is a social double-edged weapon activity that may have positive and negative effects on nurses' life and health. On the other end of the spectrum, nurses can become completely overwhelmed in their work. There are nurses attached to their jobs, so usefully engaged in their tasks, that they appear to be major assets to the organizations. Organizations appreciate and often benefit when the nurses are fully invested in their work (Taylor, Huml & Dixon, 2019).

Workaholism was established and initially defined in 1971 and described as the compulsion or the uncontrollable need to work incessantly. This added that workaholics nurses tend to allocate as much time as they can to their work. Workaholism thus encompasses two distinct, yet complementary, components: **Working excessively;** a behavioral component (i.e.,

being hardworking, spending a great deal of time in work activities, neglecting other spheres of life), and **working compulsively;** a cognitive component (i.e., being obsessed with work, thinking compulsively about work (Hakanen, Peeters & Schaufeli, 2018).

Workaholism is linked to a wide variety of negative outcomes, such as exhaustion, psychological strain, and distress, sleeping difficulties, cardiovascular disease, elevated systolic blood pressure, and metabolic syndrome. Workaholic nurses exhibit a poor quality of social relationships outside the work and experience reduced job and life satisfaction. Although workaholics nurses, work extremely hard and for long hours, they do not seem to be productive nurses in the long run (Balducci, Avanzi & Fraccaroli, 2018).

Workaholic nurses exhibit different forms of commitment to work. They are physically committed through excessive working hours and their readiness to accept additional tasks, even without reward from their employer. When they are not working feel a strong emotional desire to continue working, leading to difficulties with disengaging from the workplace (**Taylor, Huml & Dixon, 2019**).

When the workaholism is increased, nurses cannot meet some of the needs of patients despite the effort they make. So, nurses do not have a positive attitude toward their performances, leading to less job satisfaction. In these circumstances, nurses do not have the necessary peace of mind and precision in the hospitals which may negatively affect their efficiency and performance, decreasing the quality of the provided care. Therefore, this is affecting the quality of nursing care indirectly (**Gillet et al., 2020**).

The major challenge for nurses in work environment is to ensure that quality of nursing care is provided to all patients. Quality of nursing care is the established target of nursing intervention and actions to ensure that each patient receives the agree level of care. The quality of nursing care associated with the presence of high level of performance, efficient use of resources, reducing the risk for patient, patient satisfaction, a positive influence on patient's state of health, competency of nurse, continuity of care and timeliness of care (**Matzo & Sherman, 2018**).

The concept of quality is relative to the area in which is being measured, and vary between organizational units. For example, there could be quality as excellence, i.e., "being the best"; quality as standards using measurable goals and/or performance indicators, system and processes, which

support their measure, quality for purposes; and quality as zero mistakes (**Beger et al., 2019**).

Quality is a comprehensive and multifaceted concept. There are generally several distinct dimensions of quality that vary in importance depending on the context in which quality effort takes place (**Gaalan et al., 2019**). Quality activities may address one or more dimensions, such as technical competence, access to care, effectiveness, interpersonal relations, efficiency, continuity, safety, and amenities. These dimensions of quality are a useful framework that helps nurses to define and analyze their problems and to measure the extent to which they are meeting their goal (**Endeshaw, 2020**).

There are many models speaking about quality and quality of health care and the most accepted one to be quality nursing model was a donabedian model. Donabedian has defined a conceptual and multidimensional framework of healthcare quality which is frequently used. Donabedian has assumed that the measurement of healthcare quality should be based on three components: Structure, process and outcomes and that each component has a direct influence on the next one (**Ameah et al., 2018**).

A good workplace environment for nurses improves the patient-centered care delivery. In addition, patients are also satisfied with the care delivered if there is an interdisciplinary collaboration between nurses and other healthcare professionals (**Alshehry et al., 2019**). Workaholism and quality of nursing care are important variables for staff who are working in a health care team especially nurses as they are most members who are liable to stressors and most member who will affect quality of nursing care delivered to the patient. Being workaholics nurse contribute to reduce level of efficiency and productivity in health care, has a negative

impact on the nurses quality of working life job satisfaction, increase stress level and negativity effects the quality of nursing care (Wang et al., 2019).

Significance of the study:

Workaholism is a dynamic phenomenon, extended over time. In the initial, the nurse starts to increase the amount of working time, increasing the amount of work and focusing more strongly on work related activities. Workaholism has become a colloquial word in popular culture to portray those who are addicted to work. Workaholics need to work constantly and create more busy work which makes simple work more complicated and therefore affects the job performance, productivity, and quality of nursing care (Abdollahzadeh et al., 2017).

Aim of the study:

Assess the relation between workaholism and the quality of nursing care among staff nurses.

Research questions:

- 1- What are the levels of workaholism among staff nurses?
- 2-What are the levels of quality of nursing care among staff nurses?
- 3-Is there a relation between workaholism and quality of nursing care among staff nurses?

Subjects and method:

Research design:

A descriptive correlational design was used.

Study setting:

The study was conducted in all inpatient units at Sohag University Hospitals.

Study subjects:

A simple random sample of staff nurses 274 who are working at the above mentioned study setting during the study.

Tools for data collection: Two tools were used to collect the data:

I- Nurses Workaholism Questionnaire:

It was included two parts:

Part (1): Personal characteristics of staff nurses including age, gender, marital status, educational qualifications, years of nursing experience in the work setting, and study setting/unit.

Part (2): A structured questionnaire was developed by the researcher after reviewing related literature (Aziz et al., 2013; Feldman, 2016; Kang, 2020). It was used to assess the level of workaholism among staff nurses. It consisted of 26 items divided under 5 dimensions.

Scoring system:

The staff nurses' responses were evaluated by using a three-point Likert Scale as follows; (3) Always, (2) Sometimes, and (1) Never. The range of scores is from 26-78. The cutoff point was done at 60% equals 47 points. Accordingly, staff nurses' workaholism levels were categorized as the following;

- High level $\geq 75\%$, equals ≥ 59 points
- Moderate level from 60% to less than 75%, equals 47- < 59 points
- Low level <60%, equals < 47 points.

II- Quality of Nursing Care Observation Checklist:

It was developed by the researcher after reviewing the related literature (Farag, 1999; Havens et al., 2010; Kwak et al., 2010 & Ball et al., 2014) to assess the level of quality of nursing care. It consisted of 49 items divided under 3 dimensions.

Scoring system:

The staff nurses' responses were evaluated by using a three-point Likert Scale as follows; (3) Agree, (2) Neutral, and (1) Disagree. The range of scores is from 49-147. The cutoff point was done at 60% equals 88 points. Accordingly, quality of nursing care

levels as reported by staff nurses were categorized as the following;

- High level $\geq 75\%$ equals ≥ 111 points.
- Moderate level from 60 % to less than 75% equals 88- < 111 points.
- Low level < 60% equals < 88 points.

Administrative design:

Official permission was issued from the Dean of the Faculty of Nursing Benha University to the director of Sohag University Hospital and then official approval was obtained from the director of Sohag University Hospital to allow the investigator to collect data, this approval was given after the aim of the study was clarified.

Content validity of the tools:

The study tools were revised and ascertained by five Experts from different nursing Faculties in the field of Nursing Administration; two Assistant Professors from Benha University and three Assistant Professors from Sohag University. The validity of the tools aimed to judge their clarity, comprehensiveness, relevance, simplicity, and accuracy. Based on experts' perspectives, minor modifications were done based on their comments such as I get upset when I am in a situation where I can't be in control, I work hard when I don't enjoy what I am doing and the investigator developed the final validated form of the tools. This phase took one month in May 2022.

Reliability of the tools:

The reliability of the tools was examined by using Chronbach's Alpha Coefficient test to measure the internal consistency for all tools; nurses' workaholism questionnaire was 0.84, and quality of nursing care observation checklist was 0.92 that reflect accepted internal consistency of the tools.

Ethical considerations:

The study was conducted with careful attention to the ethical standards of research and the rights of the participants and after obtaining

approval from the research committee of the faculty of nursing after making the required modification and written approval from the director of Benha University Hospital to conduct the study. The participants' rights would be protected by ensuring voluntary participation, so informed consent was obtained by explaining the objectives of the study, the content of the nurses' workaholism questionnaire, and quality of nursing care observation checklist and gaining their approval and cooperation. The participants were assured that all gathered data was used for research purposes only and allow to withdraw from the study at any time without giving reason and confidentiality of the gathered data and results were secured.

Pilot study:

A pilot study was carried out on (28) staff nurses who represent about 10% of the study subjects in the previously mentioned setting to test the applicability and clarity of the constructed tools; it also served for estimating the time needed to fill data collection tools and to identify obstacles and problems that may be encountered during data collection. No modifications were done and staff nurses involved in the pilot study were included in the main study subjects. It was done in June 2022.

Preparatory phase:

This phase took about two months from February 2022 to April 2022. It included a review of recent national and international related literature using journals, periodicals, textbooks, the internet, and theoretical knowledge of the various aspects concerning the study topics. The investigator prepared the tools for data collection and translated the tools into the Arabic language.

Field work:

This phase involved meeting with staff nurses; the investigator went to the previously mentioned settings three days weekly

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(Saturday, Monday, and Wednesday) in the morning and afternoon from 10 am to 6 pm by rotation in each study setting. In the beginning, the investigator welcomed the staff nurses and gave a brief idea about the aim of the study, to collect the data according to the type of work and workload of each department after giving instructions about how to fill the tools and present with the subjects for any clarification and revised their completeness to avoid any missing data from head nurses and staff nurses.

The time required for finishing each questionnaire was around; Nurses' workaholism questionnaire 10-15 minutes, and the quality of nursing care observation checklist 20-25 minutes. The data collection process was carried out in July 2022, and the average number collected was 22-23 staff nurses per day.

Statistical analysis:

The collected data was organized, tabulated, and statistically analyzed using the statistical package for social science (SPSS) version 26 for windows, running on IBM compatible computer. Descriptive statistics were applied (e.g frequency, percentage, mean and standard deviation. Test of significance, Chi-square test was used to detect the relation between variables, whenever the expected values in one or more of the cells in 2x2 tables were less than 5, Fisher exact test was used instead. In addition, correlation coefficient (r) test and spearman's rank coefficient were used to estimate the closeness association between variables. The P-value is the probability that an observed difference is due to chance and not a true difference. A significant level value was considered when p-value <0. 05 and a highly significant level value was considered when

p-value<0.001, while p-value >0.05 indicates non- significant results.

Results:

Table (1): Illustrates that nearly half (49.3%) of the studied staff nurses had age less than 25 years old with a mean age of 24.0 ± 4.46 years. As far as their gender and marital status, about three-fifths (62.4% & 58.0%) of them were females and married, respectively. As regards staff nurses' educational qualification and years of experience, less than three-quarters (73.0% & 69.0%) of them had a Bachelor of Nursing Science, and had less than five years of experience respectively, with a mean years of experience 4.52 ± 4.69 years.

Figure (1): Shows that one quarter (25.0%) of studied staff nurses were working in medical building. While the lowest percent (7.3%) of them was working in economic building.

Figure (2): Indicates that more than two-thirds (70.1%) of staff nurses had a high level of workaholism, while, slightly more than one quarter (25.5%) of them had a moderate level and the lowest percentage (4.4%) of them had a low level of workaholism.

Figure (3): Indicates that less than half (44.5%) of staff nurses reported a moderate level of quality of nursing care. In addition, nearly two-fifths (39.1%) of them reported a high level, While less than one fifth (16.4%) of them reported a low level of quality of nursing care.

Table (2): There was a highly positive statistically significant correlation between total workaholism and quality of nursing care among staff nurses ($p<0.001$).

Table (1): Distribution of the studied staff nurses regarding their personal characteristics (n=274)

Personal Characteristics		No.	%
Age (years)	< 25	135	49.3
	25: <30	97	35.3
	30: <35	21	7.7
	≥ 35	21	7.7
	M±SD		24.0±4.46
Gender	Female	171	62.4
	Male	103	37.6
Marital status	Married	159	58.0
	Unmarried	115	42.0
Educational qualification	Nursing diploma	23	8.4
	Associated degree in nursing	48	17.5
	Bachelor of Nursing Science	200	73.0
	Others post graduated	3	1.1
Years of nursing experience in the work setting (years)	<5	189	69.0
	5: <10	55	20.1
	10: <15	17	6.2
	≥ 15	13	4.7
	M±SD		4.52±4.69

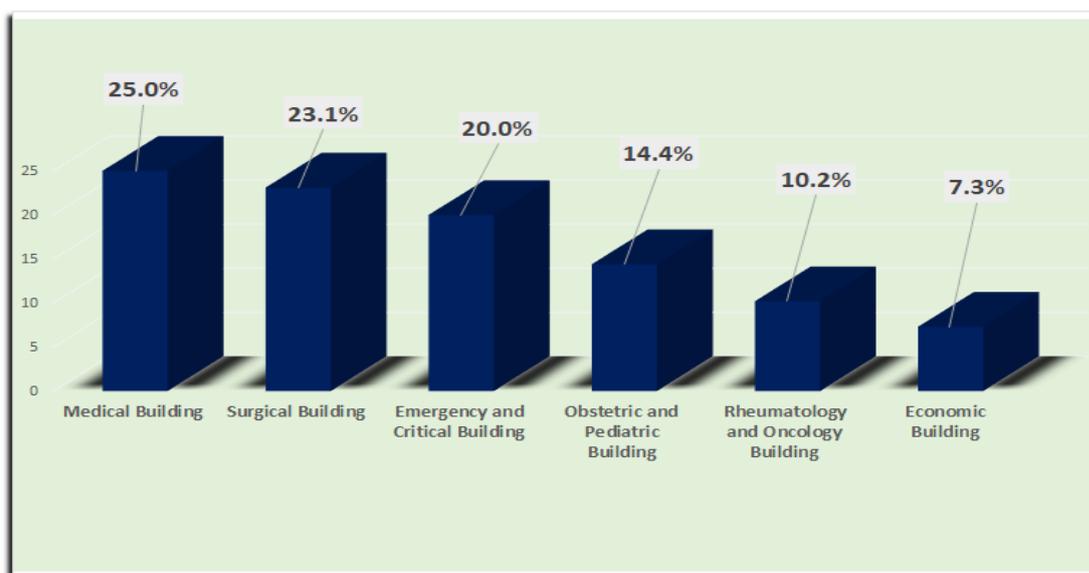


Figure (1): Distribution of the studied staff nurses according to the study setting (n=274)

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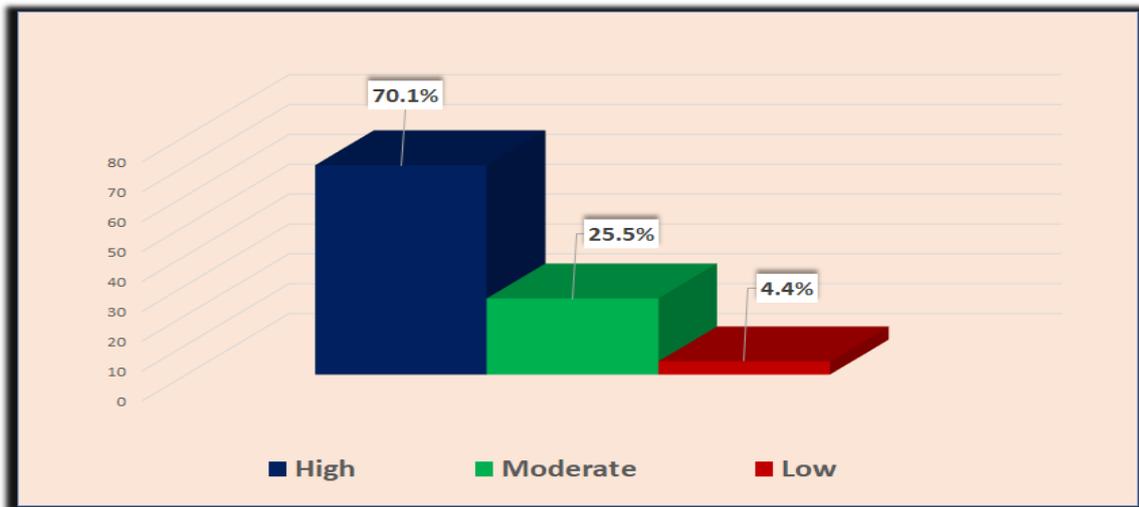


Figure (2): Total levels of workaholism as reported by staff nurses

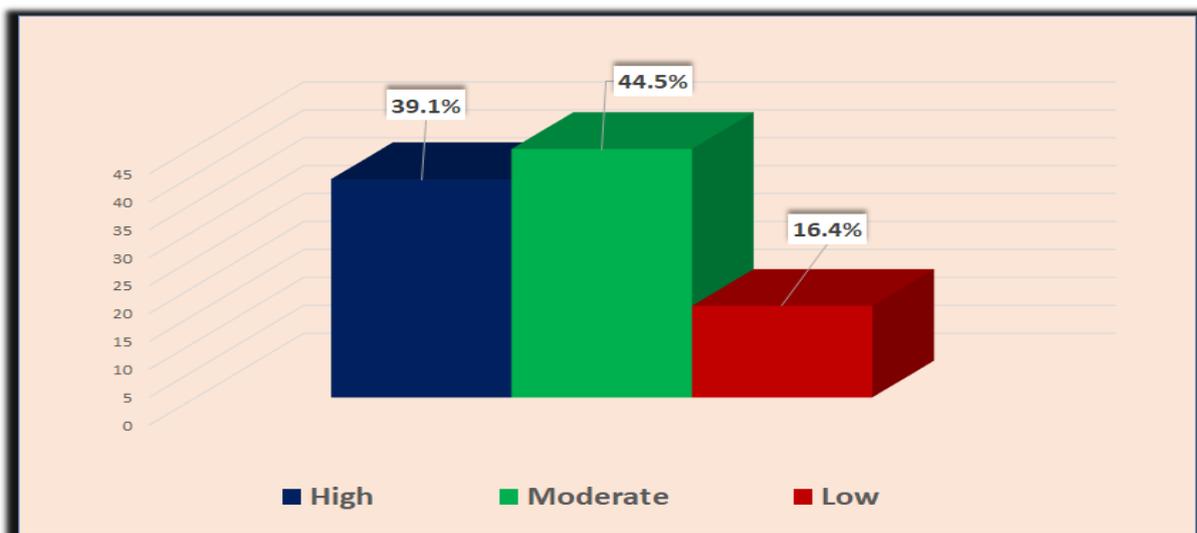


Figure (3): Total levels of quality of nursing care as reported by staff nurses (n=274)

Table (2): Correlation between the total workaholism and total quality of nursing care among staff nurses (n=274)

Variables	Total quality of nursing care	
	R	P value
Total workaholism	.720**	0.000**

Discussion:

Workaholism and quality of nursing care are important variables for staff who are working in a health care team especially nurses as they are most members who are liable to stressors and most member who will

affect quality of nursing care delivered to the patient (Alshehry et al., 2019). Being workaholics nurse contribute to reduce level of efficiency and productivity in health care , has a negative impact on the nurses quality of

working life ,job satisfaction , increase stress level and negativity effects the quality of nursing care, So the current study was conducted to assess the relation between workaholism and the quality of nursing care (**Wang et al., 2019**).

The findings of the present study illustrate that nearly half of the studied staff nurses had age less than 25 years old. Concerning their gender and marital status, about three-fifths of them were females and married. Regarding staff nurses' educational qualification and years of experience, less than three-quarters of them had a Bachelor of Nursing Science, and had less than five years of experience respectively. In addition, one quarter of studied staff nurses were working in medical building. While the lowest percent of them was working in economic building.

The findings of the present study revealed that more than two-thirds of staff nurses had a high level of workaholism, while, slightly more than one quarter of them had a moderate level and the lowest percentage of them had a low level of workaholism. This might be due to the fear of being fate when they are not work, conditions of patients who may need extra care and the environment in the work. In addition to many of staff nurses reported that they feel guilty when they not working on something.

This result was consistent with **Sachiko, (2016)** who indicated that the level of workaholism among nurses was high. Also, this finding was matching with **Nonnis et al., (2018)** who revealed that there is a high level of workaholism among staff nurses. Similarly, **Kunecka, D. & Hundert, M., (2019)**. who showed that 40% staff is in a real danger of workaholism.

Conversely, this result was disagreement with **Pinheiro, L. & Carlotto, M. S., (2018)** who revealed that there is a low level of workaholism among staff nurses.

Also, this finding was matching with **Danuta, K. & Hundert, M., (2019)** who revealed that the level of workaholism among staff nurses was low. As well as, **Charkhabi, (2021)** found that in nurses, lower affection was discovered where only 6% were workaholics

The finding of the current study revealed that less than half of staff nurses reported a moderate level of quality of nursing care. In addition, nearly two-fifths of them reported a high level, while less than one fifth of them reported a low level of quality of nursing care. This might be due to differences in cultural-backgrounds and perceptions of characteristics of care lack of positive organizational climate and insufficient resources or understaffing.

This result was parallel to **Fan et al., (2017)** who stated that the staff had moderate level of quality of nursing care. As well as, **Staplers et al., (2017)** who reported that nearly half of staff perceived moderate level of quality of nursing care. Similarly, **Dorigan et al., (2017)** who stated that nurses' perception about quality of nursing care is nearly half.

In contrary, this result was contraindicated with **Galan et al., (2019)** who found that there was a high level of quality of nursing care as reported by nurses. Also, **Amarneh & AL-Dwieb, (2022)** revealed that there was a high level of quality of nursing care among nurses.

The findings of present study pointed out that there was a highly positive statistically significant correlation between total workaholism and quality of nursing care among staff nurses. From the investigator point of view, workaholics nurses have a direct effect on quality of patient care through completing their main tasks and they want to have satisfaction about the care provided as well as patient. Also there are various

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variables that can affect quality of nursing care one of which is workaholism which increase stress and pressure and reduce nursing care quality.

This result was in agreement with **Elayan & Ahmad, (2017)** who found that miscommunication by nurses with the patient were aspects that diminish the quality of nursing care. Also, **Molina-Mula & Gallo-Estrada, (2020)** who showed that a good nurse-patient relationship reduces the days of hospital stay and improves the quality of care.

Conversely, this finding was incongruent with **Ballen, C. J. & Salehi, S., (2021)** who stated after controlling for this mediation effect, there is no direct effect of workload on quality of nursing care. Also, this finding was opposite with **Maghsoud, F. (2022)** who mentioned that there was no significant correlation between workload and quality of nursing care.

Conclusion

Based on the findings of the present study, more than two-thirds of staff nurses had a high level of workaholism and about two-fifth of staff nurses had a high level of quality of nursing care. Also, there was a statistically significant correlation between total workaholism and quality of nursing care among staff nurses.

Recommendations:

For faculty administration:

- Conducting continuous meeting with academic teaching staff to identify their problems and discussing solving it.
- Contracting cooperation protocols with maintained companies that efficiently maintain the faculty buildings and resources and provide all resources that help academic teaching staff to do their work.

- Intensify the training of the academic staff on the standards of excellence management through seminars, workshops and forums.

For academic teaching staff

- Keeping up to date knowledge and skills through training and workshops for continuous self-development and improving their performance.
- Collaborating with each other and working effectively as a team to increase their productivity and achieving the goals

For further research:

- Reapplication of the study on a larger probability sample is highly recommended to achieve generalizable results.
- Assessing impact the human resources management practices on achieving hospital excellence.

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العلاقة بين إدمان العمل وجودة الرعاية التمريضية بين الممرضين

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يواجه الممرضون مشاكل جسدية ونفسية بسبب الدافع الشديد للعمل الناجم عن إدمان العمل والذي يمكن أن يؤدي إلى انخفاض مستويات الرضا عن العمل وقد يؤثر على جودة الرعاية التمريضية. لذا هدفت الدراسة إلى تقييم العلاقة بين إدمان العمل وجودة الرعاية التمريضية بين الممرضين العاملين. تم استخدام التصميم الارتباطي الوصفي. حيث أجريت الدراسة في جميع وحدات المرضى الداخليين بمستشفيات جامعة سوهاج. على عينة عشوائية بسيطة مكونة من 274 من أصل 860 ممرضاً. و خلصت الدراسة إلى وجود علاقة إيجابية ذات دلالة إحصائية عالية بين إدمان العمل الكلي وجودة الرعاية التمريضية بين الممرضين العاملين. كما اوصت الدراسة بإجراء برامج تدريبية لرفع وعي الممرضين العاملين بمخاطر إدمان العمل وكيفية الوقاية منه. وكذلك تطوير معايير لإجراءات الرعاية التمريضية لمساعدة الممرضين العاملين على تقديم رعاية تمريضية عالية الجودة.