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A Preliminary Study on the Effect of the Work-Related Quality of Life Indicators in Vietnamese Hospital: A Tool for Healthy, Healthcare Workplaces?

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ABSTRACT

Quality of working life (QWL) is a new concept for healthcare in Vietnam so there is no study of this issue until now. Following the trend of world and with the aim of enhancing work quality of life, we decided to conduct this study that measured QWL among healthcare staff at Hospital for Traumatology and Orthopedics, Ho Chi Minh City.A descriptive research design, namely a cross-sectional survey, was used in this study. The research was performed between September 2014 and August 2015. All registered staffs working in hospital were eligible to participate in our research. The average age of survey participants is 38.89 years old, the youngest is 22, and the oldest is 30. The majority of respondents are males (n = 214, 50.2%), no religion (n= 204, 47.9%), married (n = 276, 72.3%) and nurses (n= 235, 55.2%). The results demonstrated the significant difference in the QWL scores by demographic variables are income, eligible income and years of experience. This also indicated that the respondents are satisfied with their work life. However, QWL measures show some differences between groups. QWL's total mean score of six hospital groups is 3.3971. The mean score of each group included doctor (3.5294), pharmacist (3.3873), nurse (3.3512) and technician (3.3362). Pharmacists and physicians have mean scores of job satisfaction higher than average, indicates relatively high expressed job satisfaction. Job satisfaction for nurses and technicians are lower than others. Further studies under different hospitals are necessary to support the validity of results.

INTRODUCTION

Human resource is the most important factor affecting the development of a country and the survival of an organization. A number of researchers have tried to identify the kinds of factors that determine and their effort has resulted in different perspectives (1), (2). After many studies, researchers observed that a high quality of work life (QWL) is an integral factor for organizations to achieve high performance and growth in profitability. Quality of work life was defined as need satisfaction stemming from an interaction of workers' needs and those resources of organizations that are relevant for meeting them(3). An examination of QWL identified differing numbers of QWL dimensions according to different research methods and sample backgrounds such as security, autonomy, organization and interpersonal relations, worker involvement and commitment, working conditions, personal growth opportunities, quality of work life feelings, job stress, union-management relations and belief in management's support (4). Focusing on improving QWL to increase the happiness and satisfaction of employees can result in many advantages for the employee and organizations. These include improving organizational commitment, enhancing quality of care and increasing the productivity of both the worker and organization. Studies of QWL also allow organizations to understand how work environments and home life troubles concern with work experience, work satisfaction, work productivity and organizational commitments (5).

In just a few years, hospital performance becomes a matter of popular concern within the healthcare industry. Tighter budgets and widespread restructuring have led to higher expectations from stakeholders such as patients, community and health professionals(6). As Vietnam opens its economy to privatization, its system of healthcare will face a series of crucial tests(7). The network of healthcare system in Vietnam has nationwide coverage, from the central, provincial, district to rural areas. It is gradually being renovated and upgraded in order to meet people's growing demands for healthcare. Many advances in science and medicine have been applied to diagnosis, early detection of disease and treatment. Many advanced technologies are being implemented in hospitals such as liver and kidney transplants and endoscopic interventions. Despite these achievements, the provision of health services in Vietnam is facing many difficulties such as: many changes in the organizational structures; limitations in grassroots and primary healthcare capacity; lack of continuity of care between levels of the healthcare network;

fragmentation of the curative and preventive care services; and medical services focused mostly on curative care. Overcrowding in central hospitals is common. Health financing policies have many shortcomings, especially provider payments procedures. Hospital management capacity suffers from many limitations. There is inadequate coordination and regulatory instruments to ensure transparency and accountability in the process of implementing operational and financial autonomy, leading to gaps in equity of service delivery and efficiency in health service provision. Effective systems and criteria for health services quality management have not yet been developed for application in both state and private medical care facilities. The number of health workers of different types has increased over time, including the number of doctors, university-trained pharmacists12 and nurses. In 2013,healthcare staff in state facilities achieved 7.5 doctors per 10,000 people and 2.1 university trained pharmacists per 10,000 people. The ratio of doctors per 10,000 people is still somewhat low compared to the planned target. The structure of the health workforce by occupation at the commune level has not changed, with doctors maintaining their share at about 11% of all commune health workers. The proportion of the health workforce consisting of assistant doctors, midwives, junior college and secondary vocational-trained nurses is stable, ensuring the implementation of assigned tasks. There is a situation in which doctors request transfers or quit their jobs. Some district health centers must assign doctors to work at the commune level some of the time, adversely affecting the workload of the remaining doctors. The ratio of nurses to doctors in medical facilities is relatively low, with only 1.3 nurses for every doctor, despite the large number of nurses graduating with secondary vocational through university degrees each year. The reason for this imbalance is that hospitals are not hiring sufficient numbers of nurses because they are not implementing comprehensive care models. At the same time, the implementation of hospital autonomy motivates health facilities to cut costs of inputs, such as nurses. The salary and remuneration policies for health workers remain inappropriate, not in line with the long periods of training, labor effort and working environment and conditions, especially in mountainous and rural areas. The mechanism for managing health facilities and deploying leaders and managers at different levels within the health facility has many shortcomings, particularly the reduction of health workers performing medical work when they become managers. The work environment at medical facilities does not meet requirements for providing quality medical services; in many

localities equipment is inadequate or obsolete, causing hardship for health workers in performing their work(8).

QWL is a new concept in Vietnam so there is no study of this issue until now. Following the trend of world and with the aim of enhancing work quality of, this study that measured QWL among professional healthcare staff at Hospital for Traumatology and Orthopedics, Ho Chi Minh City.

MATERIALS AND METHODS

Design and sample

A descriptive research design, namely a cross–sectional survey, was used in this study. The research was performed at Hospital for Traumatology and Orthopedics between September 2014 and August 2015. The hospital with 500 inpatient beds and1,100 outpatient beds was located in Ho Chi Minh City, Southern of Vietnam. The questionnaire was distributed to 573healthcare staffs. All registered staffs working in hospital were eligible to participate in this study. The total response rate was 82.02% (n = 470); however, the effective response rate after we remove some questionnaires not meeting excluded criteria. Finally, 426 participants filled in the questionnaires and returned them to the researchers.

Instrument

This study, which was approved by the University of Medicine and Pharmacy, Ho Chi Minh City, and Hospital for Traumatology and Orthopedics were selected and assigned randomly. Surveys were sent to staffs directly. The respondents completed the survey and returned it anonymously in order to facilitate responses and to provide confidentiality. The return of the completed questionnaire was accepted as an indication of the participant's consent to attend this study. They assessed their QWL across several factors. The data collection instruments for the current study had been developed according to Karl Albrecht's EmployeeQuality of WorklifeSurvey, Simon Easton's Work-Related Quality of Life Scale, and QWL version 24Research Group questionnaire(9-11).The employee quality of working life survey with 38 items divided into four subscales which consist of demographic characteristics (7 items), job satisfaction (16 items), stressful aspects of the work (11), and overall assessment (4

items).Demographic data were collected including age, gender, religion, marital status, income, eligible income, years of experience, job, working department, education level, and working hours per week. The instrument asks respondent healthcare staff how much they agree or disagree with each item on a five-point of Likert's scale, with 1 being 'Strongly disagree', 2 'Disagree', 3 'Neutral; no strong opinion', 4 'Agree', and 5 'Strongly agree'.

To make sure the suitability of the used tools to the purpose of this study, the questionnaire was contextualized to fit the local context of the hospital workforce. In addition to the original English format, the questionnaire was translated into Vietnamese using a translating and back-translating technique and a committee approach (9, 10). Two pilot studies were conducted to ensure the appropriateness, structure and clarity of the questions. The first pilot study involved twelve registered staffs. Following recommendations from those people, a few minor changes to the demographic questions were performed.

The construct validity is calculated for the 38 items survey using Cronbach's alpha, which isr = 0.932 (n = 426), where 1 indicates "perfect" validity. Also, the intraclass correlation coefficient analysis score (0.931) and p-value < 0.001 is conducted for QWL questionnaire proved that obtained results are good with 99.9% confidence level. Thus, the used questionnaire is highly reliable. Besides, with KMO = 0.939 and Bartlett-test got p-value <0.001, the questionnaire is sufficiently high convergence with 99.9% confidence level. Because VIF obtained are< 10 so the question has no multicollinearity phenomenon.

Data collection and analysis

Data were analyzed using SPSS version 22 for Windows (SPSS, Inc., Chicago, IL). Descriptive statistics, total scores for QWL items and item summary statistics were computed and reported. Other tests s include t-test and one way-analysis of variance (ANOVA).

RESULTS

General information

Table 1. General characteristics of publications

Characteristic	N	%	Characteristic	N	%
Age			**Job**		
Mean	38.89		Doctor	101	23.7
SD	9.47		Pharmacist	36	8.5
Min	22		Nurse	235	55.2
Max	60		Technician	54	12.7
Gender			**Working Department**		
Female	212	49.8	Laboratory	15	3.5
Male	214	50.2	Resuscitation	34	8.0
Religion			Satellite An Binh	14	3.3
Buddhism	147	34.5	Pectoral limb	19	4.5
Catholicism	61	14.3	Pelvic limb	44	10.3
Protestantism	6	1.4	Surgery and resuscitation	58	13.6
Libertine	204	47.9	Spine A+ B	34	8.0
Others	8	1.9	Joint	15	3.5
Marital status			Pharmacy	33	7.7
Married	276	72.3	Emergency	40	9.4
Single	118	27.7	Microsurgery shaping	18	4.2
Income (million VND Dong)			Examination	29	6.8
≤5	72	16.9	Pathology 8	25	5.9
>5-7	106	24.9	Rehabilitation	9	2.1
>7-10	100	23.5	Planning	23	5.4
≥11	148	34.7	Others	16	3.8
Eligible income or not?			**Education level**		
No	215	50.5	Elementary diploma	4	0.9
Yes	211	49.5	Secondary diploma	294	69.0
Years of experience			College diploma	5	1.2
≤ 10	200	36.9	Bachelor	34	8.0
11-20	141	33.1	Master, First-level diploma of specialization	53	12.4
≥ 21	85	20.0	Ph.D., Second-level diploma of specialization	36	8.5
Working hours per week			**Working hours per week**		
≤ 20	15	3.5	41-50	182	42.7
21-30	8	1.9	≥ 51	115	27.0
31-40	106	24.9			

The average age of survey participants is 38.89years old, the youngest is 22, and the oldest is 30. The majority of respondents are males (n = 214, 50.2%) that slightly more than female (n=212, 49.8%). Most of them are no religion (n= 204, 47.9%), others included Buddhism (n=147, 34.5%), Catholicism (n=61, 14.3%), and Protestantism (n=6, 1.4%). The number of the married (n = 276, 72.3%) is higher than single (n=118, 27.7%). Nurses have the most number of staffs(n = 235, 55.2%), some other jobs are doctor (n=101,23.7%), technician (n=54, 12.7%), and pharmacist (n=36, 8.5%).The respondents (n = 123, 28.9%) have Bachelor Degree and over including Bachelor (n=34, 8.0%), Master or First-level diploma of specialization (n=53, 12.4%), Ph.D. or Second-level diploma of specialization (n=36, 8.5%). Most of them worked in surgery and resuscitation (n= 58, 13.6%). Some departments having a high number of employee are pelvic limb (n=44, 10.3%), emergency (n=40, 9.4%), spine A+ B (n=34, 8.0%), and resuscitation (n=34, 8.0%). There is 34.7% of the sample received a monthly salary of over 10 million VND Dong (1USD = 22,445 VND Dong)(12). The others consisted of less than 5 million VND Dong(n=72, 16.9%), from 5 to 7 million VND Dong(n=106, 24.9%), from 7 to 10 million VND Dong(n=100, 23.5%), higher 11million VND Dong(n=148, 34.7%). About half of respondents could not afford their life (n=215, 50.5%) compared with those earned enough money (n=211, 49.5%).94.6% worked for over 30 hours per week (n = 403). A few people worked less than 20 hours (n=15, 3.5%), and from 21 to 30 hours (n=8, 1.9%). About one thirds (33.1%) of the respondents stated that their work experience is between 11 and 20 years, 20% is over 20 years, and 13.1% is less 11 years of experiences.

Demographic variables and quality of work life

An independent samples t-test and an ANOVA are used to identify any significant difference in QWL scores by demographic variables. Significant differences are found according to income, eligible income or not and years of experience. The eta squared test for these demographics indicates small to medium effect size of the variation in QWL scores. No significant differences are found according to gender, religion, marital status, job, department, education level and working hours per week.

Income has t-value= 3.012, P-value= 0.030 including lower 5 million VND Dong (3.2543±0.7607), from 5 to 7 million VND Dong (3.4012±0.5518), from 7 to 10 million VND

Dong (3.3619±0.5025), higher 10 million VND Dong (3.4873±0.4711). The lowest one is lower 5 million dong, the highest one is higher 10 million VND Dong. Eligible income has T-test value(-4,415; P <0.001). The result of No has higher mean (3.2808 ±0.5842) than Yes (3.5156 ±0.5099). Years of experience has Annova-test=0.2505 and P=0.042. Means in order are lower 3 years (3.5910±0.4528), from 4 to 5 years (3.4120±0.4311), from 6 to 10 years (3.4157±0.4171), from 11 to 20 years (3.3606±0,5700), above 21 years (3.3018±0.7557). The lowest one is from 11 to 20 years, the highest one is lower 3 years.

Table 2. The relationship between income and years of experience with QWL

Variable	Mean	Standard deviation	t/F value	P value
Income(million VND Dong)				
≤ 5	3.2543	0.7607	3.012(2)	0.030
> 5-7	3.4012	0.5518		
> 7-10	3.3619	0.5025		
≥ 11	3.4873	0.4711		
Eligible income or not?				
No	3.2808	0.5842	-4.415(1)	<0.001
Yes	3.5156	0.5099		
Years of experience				
≤ 10	3.41385	0.4337	0.2505(2)	0.042
11-20	3.3606	0.5700		
≥ 21	3.3018	0.7557		
Notes:(1) T-test,(2) Annova-test				

Table 3. Quality of work life score by the other demographic variables

Variable	Mean	SD	F value	P value
Gender				
Female	3.3333	0.5392	-2.351	0.190
Male	3.4603	0.5750		
Religion				

Buddhism	3.4296	0.6179	0.450	0.772
Catholicism	3.4150	0.3780		
Protestantism	3.3542	0.9457		
Libertine	3.3771	0.5576		
Others	3.2031	0.3823		
Marital status				
Married	3.3828	0.5681	-0.849	0.397
Single	3.4343	0.5405		
Job				
Doctor	3.5294	0.4906	1.976	0.081
Pharmacist	3.3873	0.3350		
Nurse	3.3512	0.5581		
Technician	3.3362	0.6496		
Working hours per week				
≤ 20	2.9646	0.6172	2.422	0.058
21-30	3.4805	0.2978		
31-40	3.4284	0.5358		
41-50	3.4114	0.5539		
≥ 51	3.3962	0.5839		
Education level				
Elementary diploma	3.3281	0.2730	0.2427	0.055
Secondary diploma	3.3388	0.5601		
College diploma	3.5875	0.6372		
Bachelor	3.4485	0.4763		
Master, First-level diploma of specialization	3.5495	0.6457		
Ph.D., Second-level diploma of specialization	3.5816	0.4408		
Working Department				
Laboratory	3.4979	0.4212	1.659	0.057

Resuscitation	3.4136	0.5094		
Satellite An Binh	3.6719	0.3631		
Pectoral limb	3.4885	0.4837		
Pelvic limb	3.2891	0.6030		
Surgery and resuscitation	3.3308	0.5682		
Spine A+ B	3.4972	0.6845		
Joint	3.6708	0.4678		
Pharmacy	3.3930	0.2983		
Emergency	3.3867	0.5061		
Microsurgery shaping	3.4462	0.4091		
Examination	3.4235	0.6362		
Pathology 8	3.3013	0.3934		
Rehabilitation	3.7361	0.3106		
Planning	3.0557	1.0130		
Others	3.3672	0.5604		

The quality of working life score of men (3.4603 ± 0.5750) is higher than females (3.3333 ±0.5392).Religion has F-value= 0.450. Mean of QWL score by religious groups are Buddhism (3.4296 ± 0.6179), Protestantism(3.3542 ± 0.9457), Catholicism (3.4150 ± 0.3780), no religion (3.3771 ± 0.5576), other religions (3.2031 ± 0.3823). The lowest one is other religions, the highest one is Buddhism. For marital status factor, the mean of married employee is (3.3828 ± 0.5681) lower than the single (3.4343 ± 0.5405).Order of means are doctor (3.5294 ± 0.4906), nurses (3.3512 ± 0.5581),pharmacist (3.3873 ± 0.3350) and technicians (3.3362 ± 0.6496). The lowest one is technicians, the highest one is doctor. The highest mean score is in the department of rehabilitation (3.7361 ±0.3106) and the lowest at planning department(3.0557 ±1.0130).Statistics show that the QWL score of educational level in descending order are Colleges(3.5875 ±0.6372), Ph.D. or Second-level diploma of specialization(3.5816 ± 0.4408), Master or First-level diploma of specialization (3.5495 ± 0.6457),bachelor(3.4485 ± 0.4763), secondary diploma(3.3388 ± 0.4408) andElementary diploma(3.3281 ± 0.2730).The lowest one is elementary diploma, the highest one is colleges. For average hours worked per week, the lowest score of QWL in hospitals lower 20 hours, the highest one is between 21 and 30 hours.

Mean score of QWL consisted of from 21 to 30 hours (3.4805 ± 0.2978), from 31 to 40 hours(3.4284 ± 0.5358), from 41 to 50 hours (3.4114 ± 0.5539), higher 51 hours (3.3962 ± 0.5839), and ≤ 20 hours(2.9646 ± 0.6172).

Table 4. Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients Beta	t-test	P value
	B	Std. Error			
1(Constant)	3.377	0.266		12.715	<0.001
Income	0.077	0.032	0.151	2.429	0.016
Eligible Income	0.090	0.056	0.083	1.616	0.007
Years of experience	-0.096	0.029	-0.231	-3.376	0.001

With a 95% confidence level, the demographic factors that have P-value <0.05 will affect to QWL. We obtained the equation:

Total QWL = 3.377+0.077*Income+0.090*Eligible income–0.096*Years of experience

Table Coefficients for the coefficients of the linear regression model bumper =3,377: the free coefficient reflection.

b1 = 0.077: when incomes increased by 1 degree, the corresponding increase 0.077 QOWL.

b2 = 0.09: when income can afford basic need, QWL increased respectively by 0.09.

b3 = -0.096: when the year of experience increased by 1 degree, the corresponding reduction QOWL is 0.009.

* B1 = 0.077 and b2 = 0,09 have plus reflecting the connection between income and QWL is positive.

* B3 = -0096 has minus reflecting negative relationship between the number of years worked and QWL.

According to the above result, the income and eligible income QWL are the first and second important factors affecting QWL. The obtained result is completely consistent with the results in Table 2. That proves the accuracy of the questionnaire.

Table 5. Descriptive Statistics

Variables	**Min**	**Max**	**Sum**	**Mean**	**SD**
Employees job satisfaction	1.00	5.00	1519.76	3.5675	0.7224
Stressful aspects of the work	1.00	5.00	1287.90	3.0232	0.6701
Overall assessment of hospital	1.00	5.00	1518.80	3.5653	0.8940
Total	1.00	5.00	1447.16	3.3971	0.5604

This finding indicates that the respondents are satisfied with their work life. The mean of the Stressful aspects of the work subscales are lower than average(score=3.0232).

Table 6. Mean score of six hospital groups

Variable	Doctor	Pharmacist	Nurse	Technician	**Total**
Satisfaction in work	3.6881	3.6991	3.5101	3.4510	3.5675
Difficulties of work	3.1223	2.6336	3.0030	3.1000	3.0232
Overall assessment of hospital	3.8043	3.8349	3.5072	3.4185	3.5653
Total	**3.5294**	**3.3873**	**3.3512**	**3.3362**	**3.3971**

According to Table 6, the quality of working life measures show some differences between groups. Pharmacists and physicians have mean scores of job satisfaction higher than average, indicates relatively high expressed job satisfaction. The mean scores of job satisfaction for nurses and technicians are lower than others. Thus, they do not feel a strong satisfaction in their jobs, that they are personally involved in their jobs, or that they are perfectionists about work compared to others. Table 7 shows the correlation coefficients among the QWL measures. As expected, the correlations between the job satisfaction score and others are positive and higher than those between the other scores. This demonstrates satisfactory discriminant and convergent validity of the scales in the staffs of the hospital.

Table 7. Pearson Correlations Among the QWL Scales in the hospital

	Satisfaction in work	Difficulties of work	Overall assessment of hospital	**Total**
Satisfaction in work				
Difficulties of work		0.102*		
Overall assessment of hospital		0.796**	0.029	
Total QWL		0.921**	0.451**	0.805**
*p < 0.05; **p <0.01				

DISCUSSION

Demographic variables and quality of work life

Significant differences in the QWL are found according to income, eligible income or not and years of experience. Employment is an essential factor affecting health since it is related to income for ensuring living conditions (including food, accommodation, health, etc.), and eligible income is a protective factor for mental health(8). People with higher and eligible incomes, QWL would be better. This is consistent with previous studies, also showed that payment including salary and financial incentives found to be a major factor in the dissatisfaction of nurses with their QWL(5). When people have low-income, they fail to afford their basic needs. This creates a pressure on their psychology and causes indirect impact on the quality of work life as well as perceived quality work environment. Especially, when they get married and have children, the economic burden will increase. In the areas of emotional and behavioral problems, social functioning and cognitive skills, it is observed that positive (scores) outcomes for children are strongly correlated with their parents' income(13).

There is a prior study proving the relationship between QWL and years of experience (14). The results showed that staffs with more years of experience and time spent at their hospital and position are more dissatisfied with their QWL than those with less experience. These are, however, opposite to some studies when they indicated that the older and more experienced nurses are more satisfied than younger and less experienced nurses(5). In the prior study, the

lower job satisfaction could be as a result of the fact that a person who has worked for more than10 years is often seeking promotion or advanced opportunities(15). Moreover, after a long time devoting to work, they feel tired with so heavy workload daily.

QWL between groups of hospital

The ratio of doctors per 10,000 people is still somewhat low compared to the planned target(8).Working conditions of physicians are shaped by changing shift plans to guarantee the hospital keeps operations 24 hours per day. Besides, the need for continuous learning, ongoing qualification, and specialization is distinctive for the physicians. So that, their work may require more latitude for personalized arrangements including flexibility and development opportunities than other. However, some studies have resulted same as our study concluding most of the physicians satisfy with being a physician(16), (17).There are some reasons to explain this. Physicians have logically assigned working. Besides, they have support team and assistants to help them accomplish their job. The income of physiciansis relatively high ensuring comfortable life for them and thereby creating psychological comfort at work.

As the result, the job satisfaction of nurse is low. This is supported by previous studies (5). In Vietnam, the ratio of nurses to physicians in medical facilities is relatively low, with only 1.3 nurses for one physician(8). It is found that nurses' perceptions of management factor may affect their performance; and poor management behaviors are concerned with increased rates of mental distress, absence, turnover and quit job (18). Moreover, there is a significant correlation between job satisfaction and nurses' QWL(19). So that the healthcare administrators should improvefactors thataffect QWL of nurses. There are some solutions. Their reward should be improved, working environment such as facilitates and person should be provided adequately. Especially, for job satisfaction, the motivating factors such as income, social welfare, as well as the hygiene factors like commitment in teamwork support, accept, and fair evaluation from administers, should be enhanced and maintained(20).

CONCLUSION

For the first time in the domain of QWL in hospital, our study shows that the major demographic variables affecting the quality of work life (income, eligible income or not and years of

experience)as well as the difference of job satisfaction among groups. The implementation of this study provides baseline information in understanding the work life of staffs. This study can help hospital managers understand the problems of their employer and determine some solutions so as to enhance the quality of health care services. However, further studies under different hospitals are necessary to support the validity of our results.

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CONFLICT OF INTERESTS

The authors report no conflicts of interest.

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