ปัจจัยที่เกี่ยวข้องกับคุณภาพชีวิตการทำงานของพยาบาลในโรงพยาบาลของรัฐจังหวัดยานซาประเทศสาธารณรัฐเคนยา

Factors Related to Quality of Work Life among Nurses in Public Hospitals, Nyanza Province, Republic of Kenya

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บทคัดย่อ

คุณภาพชีวิตการทำงานของพยาบาลเป็นวิธีการที่ดีที่สุดอย่างหนึ่งที่จะทำให้เข้าใจการคงอยู่ในงานของพยาบาลมีการศึกษาพบว่าคุณภาพชีวิตการทำงานมีความสัมพันธ์กับคุณลักษณะงานและบรรยากาศองค์กร การศึกษาแบบพรรณาหาความสัมพันธ์ครั้งนี้มุ่งที่จะอธิบายระดับของคุณภาพชีวิตการทำงานของพยาบาล รวมทั้งระดับของปัจจัยที่เกี่ยวข้องได้แก่คุณลักษณะงาน บรรยากาศองค์กรและศึกษาความสัมพันธ์ระหว่างคุณภาพชีวิตการทำงานกับปัจจัยที่เกี่ยวข้องกลุ่มตัวอย่างคือพยาบาลจำนวน 238คนที่ปฏิบัติงานอยู่ใน 5 โรงพยาบาลของรัฐ จังหวัดยานซา ประเทศสาธารณรัฐเคนยาเครื่องมือวิจัยได้แก่แบบวัดคุณลักษณะงาน แบบสำรวจบรรยากาศองค์กร และแบบประเมินคุณภาพชีวิตการทำงาน ซึ่งมีค่าสัมประสิทธิ์ของความเชื่อมั่นของเครื่องมือวิจัยทั้งสามเท่ากับ 0.86, 0.77 และ 0.82 ตามลำดับ การวิเคราะห์ข้อมูลใช้สถิติเชิงพรรณาและสัมประสิทธิ์สหสัมพันธ์ของเพียร์สัน

ผลการวิจัย พบว่า

1. ค่าเฉลี่ยของคะแนนโดยรวมของคุณลักษณะงานตามการรับรู้ของกลุ่มตัวอย่างอยู่ในระดับสูง
2. ค่าเฉลี่ยของคะแนนโดยรวมของบรรยากาศองค์กรตามการรับรู้ของกลุ่มตัวอย่างอยู่ในระดับปานกลาง
3. ค่าเฉลี่ยของคะแนนโดยรวมของคุณภาพชีวิตการทำงานตามการรับรู้ของกลุ่มตัวอย่างอยู่ในระดับพึงพอใจ
4. คุณลักษณะงานมีความสัมพันธ์เชิงบวกกับคุณภาพชีวิตการทำงานในระดับต่ำ
5. บรรยากาศองค์กรมีความสัมพันธ์เชิงบวกคุณภาพชีวิตการทำงานในระดับปานกลาง

ผลการศึกษาครั้งนี้สามารถใช้เป็นข้อมูลพื้นฐานสำหรับผู้บริหารโรงพยาบาลและผู้บริหารทางการพยาบาลในโรงพยาบาลของรัฐ ประเทศเคนยาในการพัฒนากลยุทธ์เพื่อปรับปรุงคุณลักษณะงานและบรรยากาศองค์กรขององค์กรในโรงพยาบาลอันจะนำไปสู่การส่งเสริมคุณภาพชีวิตการทำงานของพยาบาลต่อไป

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Abstract

Quality of work life (QWL) of nurses is one of the best ways to understand issues related to their work retention. Studies have found that QWL is related to job characteristics and organizational climate. This descriptive correlational study aimed to describe the levels of QWL among nurses and related factors including job characteristics and organizational climate; and to explore the relationships between QWL and related factors. The subjects were 238 nurses working in five public hospitals in Nyanza Province in the Republic of Kenya. The research instruments were: the Job Diagnostic Scale (JDS), the Organizational Climate Survey (OCS) and the Quality of Work Life Evaluation Scale (QWLES). The reliability coefficients of the JDS, OCS and QWLES were 0.86, 0.77, and 0.82 respectively. Descriptive statistics and Pearson's product-moment correlation were used to analyze data.

The results of the study revealed that:

1. The overall mean score of job characteristics as perceived by the subjects was at a high level (=5.07; S.D.=0.71).

2. The overall mean score of organizational climate as perceived by the subjects was at a moderate level (=2.47; S.D.=0.36).

3. The overall mean score of quality of work life as perceived by the subjects was at a satisfactory level (=2.59; S.D.=0.56).

4. There was a significant low positive correlation between job characteristics and quality of work life (r=0.17, $p<0.01$).

5. There was a significant moderate positive correlation between organizational climate and quality of work life (r=0.32, $p<0.01$).

The results of the study could be baseline information for hospital and nurse administrators of public hospitals in Kenya to develop strategies to improve job characteristics and organizational climate in the hospital in order to enhance quality of work life among nurses.

Key words: Job Characteristics, Organizational Climate, Quality of Work Life

Background and significance of the research problem

Nurses suffer from increased demand of the profession and often complain of workload and underpay. Kenya has experienced significant staffing problems due to nurses' shortage. In Kenya, there are 153 nurses per 100, 000 citizens in comparison to 356 per 100,000 recommended by World Health Organization [WHO] (Musyimi Task Force Report, 2011). According to International Center for Human Resources in Nursing [ICHRN] Report (2010) Kenya has 19,885 nurses working for the ministry of health (MOH), 9,655 are in private and faith based organizations,

a projected deficit of 65,782 nurses. Based on the same report key factors related to nurses' shortage include fast expanding health care delivery networks experiencing inadequate recruitment, migration to other countries, maldistribution of staff, aging workforce, improper work force planning, and ceiling caps on public sector recruitment of health workers. According to Brooks, Storfjell, Omoike, Ohlson, Stemler, Shaver and Brown (2007) one of the best ways to explore and understand recruitment and retention of nurses is to assess their Quality of Work Life (QWL).

Quality of work life has been defined as the meaningful life of the staff with better living condition or economic, social and spiritual satisfaction (Walton, 1974). Based on socio-technical theory (STS) Walton (1975) proposed a model of QWL adapted by Timossi, Pedrosso, Francisco and Pillati (2007) to assess QWL in eight dimensions. Most of the studies among staff nurses in Thailand based on Walton's model found a moderate level of QWL (Bonrood, 2009; Nuntawan 2006; Suansamniang, 2006). Several studies among among nurses indicated a positive relationship between job characteristics (JC) and QWL (Bonrood, 2009; Thamwong, 2007). If the JC needs are fulfilled, the employees can experience high QWL (Hackman & Oldham, 1976). Based on socio-technical (STS) theory, QWL increases when the employees are allowed to take more responsibility for their efforts while providing opportunities for fulfillment of essential psychological needs (Brooks & Anderson, 2005). Thus, the higher five core JC, the higher the employees' psychological states (job meaningfulness, increased feedback and increased responsibility), and the higher the level of QWL. To assess JC Hackman and Oldham (1974) proposed a model, with seven subscales. Literature review has also shown a relationship between organizational climate (OC) and QWL. Literature suggests that a higher OC leads to increased QWL. Based on climate model, Litwin and Stringer (1968) proposed 9 subscales to assess OC adapted by Holloway (2012) who proposed six subscales of OC. While Piyadeth (2010) found a relationship between OC and QWL, Kuasiri (2008) found none. In this study, level 4 (district hospitals), bed capacity 60-300, and a level five (provincial hospital), bed capacity 457, in Nyanza Province, Republic of Kenya were involved. The issues in the public hospitals were inadequate staffing, lack of scholarships, poor working environment and inadequate remuneration (Ngani, 2011) in addition, to unequal treatment and recognition of health workers (Odege, 2012). No published studies were found in Kenya that examined the factors related to QWL. Thus, this study determined the levels of JC, OC, and QWL. It also examined the relationships between JC, OC and QWL among nurses in public hospitals in Nyanza Province of Kenya.

Conceptual framework

The concept of JC was based on JC model (JCM) (Hackman & Oldham, 1974; 1976; 1980). It consists of 7 dimensions including (1) skill variety, (2) task identity, (3) autonomy, (4) task significance, (5) feedback from job itself, (6) feedback from agents, and (7) dealing with others. OC, on the other hand was based on

climate theory which led to Litwin and Stringer (1968) conceptualization of OC construct. The six dimensions for OC adapted by Holloway (2012) were used including (1) structure, (2) responsibility, (3) reward, (4) warmth, (5) conflict, and (6) identity. QWL was based on Walton QWL (1975) model derived from socio-technical (STS) theory. However, Timossi et al. (2007) dimensions of QWL adapted from Walton (1975) model were used in this study with eight subscales including (1) fair and appropriate salary, (2) working condition, (3) use of capacities at work, (4) opportunities at work, (5) social integration, (6) constitutionalism, (7) space of work in life, and (8) social relevance. The relationships between QWL and its related factors including JC & OC were also explored. According to Hackman and Oldham (1976) if the job characteristics needs are fulfilled, the employees can experience high QWL. STS theory explains relationship of QWL and JC in that, QWL increases when the employees are allowed to take more responsibility for their efforts while providing opportunities for fulfillment of essential psychological needs (Brooks & Anderson, 2005). Therefore, the higher five core JC, the higher the employees' psychological states (job meaningfulness, increased feedback and increased responsibility), and the higher the level of QWL. Based on STS theory still, the technical subsystem that includes all that employees need to achieve organizational goals is part of OC aiming at giving employees a positive work environment in which positive behavior is exhibited. Thus, employees experience happiness and wellbeing in their work hence increased QWL.

Methodology

Population and sampling

This descriptive correlational study was designed to study a population of 589 nurses who worked in Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH), Kisumu, Homa-Bay, Migori, and Siaya District Hospitals. The sample size was 238 nurses based on Yamane (1973). 286 questionnaires were distributed to collect data among which 238 were complete for data analysis; a valid response rate of 83%. Proportional stratified random sampling was used; subjects were selected by simple random sampling. The inclusion criteria were nurses who had worked in these hospitals for at least a year and were willing to participate in study.

Instruments

The questionnaire consisted of one, Demographic questionnaire with eight items as: age, gender, marital status, years of working as a nurse, years of working in hospital, unit of work, number of dependants and salary. Second, Job Diagnostic Scale (JDS) by Hackman and Oldham (1974) 7- point Likert scale of 21 items. The higher scores implied a higher level of perception of positive JC. On the other hand, low scores indicated a lower level of perception of positive JC. Third, Organizational Climate Survey (OCS); a Likert-type scale with 34 items in six dimensions, adapted by Holloway (2012) from Litwin and Stringer (1968). Some items were reversed scored before data analysis Holloway (2012). The higher scores depicted a better perception of OC and vice versa (Litwin & Stringer, 1968). Fourth, Quality of Work Life Evaluation Scale (QWLES) by Timossi et al. (2007); a 5 point Likert scale with 35 items in 8 subscales. Timossi et

al. (2007) proposed that the mean score of the levels of QWL and its dimensions be transformed into percentage by the formula: value of mean* (100/5). The reliability of JDS, OCS, and QWLES were .86, .77, and .82 respectively.

Ethical considerations

The study was approved by the Research Ethics Review Committees, Faculty of Nursing, Chiang Mai University and JOOTRH and the respective hospitals. The participants were informed of purpose of the study and methods of data collection. They were given a consent form to sign and informed of right to withdraw from the study with anonymity and confidentiality maintained.

Data collection

After ethical approval was obtained, the researcher met the directors of nursing services who were requested to inform all the nurses about the study. The questionnaires were distributed by the coordinator in each hospital appointed by the nursing director. The subjects returned the sealed envelopes with questionnaires within two weeks between December, 2012 and January, 2013.

Data analysis

Data were analyzed by SPSS13.0. Descriptive statistics described the sample characteristics while analysis of JC, OC and QWL were conducted by frequency, percentage, mean and standard deviation. Normality testing by Kolmogorov-Smirnov showed the data was normally distribution; Pearson's product-moment correlation coefficient was used to examine the relationships between QWL (JC and OC) among nurses.

Results

Demographic characteristics

The demographic characteristics of the 238 nurses, the subjects were shown in Table 1. Majority were female (85.29%), married 73.95%, mean age of 41.05years, SD=8.20. Majority of the respondents were diploma prepared (62.19%), the mean number of dependants was 5.60, S.D.=3.25 and mean number of years of work was 10.07 years, S.D.=8.24. They had worked in their respective hospitals for mean of 10.07 years; SD=7.07. Majority of the respondents (40.76%) had salary between Kenya shillings 31,026 and 35,910.

Job characteristics of the subjects

The level of overall JC as perceived by the nurses was at a high level (=5.07; S.D.=0.71). Three dimensions of JC: task identity, autonomy and feedback from agents were at a moderate level. The other four dimensions of JC: skill variety, task significance, feedback from job itself, and dealing with others were at a high level (Table 2).

Organizational climate of the subjects

The level of overall OC was at a moderate level (=2.47; SD=0.36). All its dimensions as structure, responsibility, reward, warmth, conflict and identity were also at a moderate level (Table 3).

Table 1 Frequency and Percentage of the Subjects Categorized by Demographic Characteristics (n=238)

Demographic characteristics	Frequency	Percentage (%)
Gender		
Female	203	85.29
Male	35	14.71
Age in years (range=21-60, $\overline{X}$ =41.05, SD=8.20)		
21-30	31	13.02
31-40	91	38.24
41-50	83	34.87
51-60	33	13.87
Marital status		
Single	28	11.77
Married	176	73.95
Widow	31	13.02
Separated	3	1.26
Level of education		
Enrolled	73	30.67
Diploma	148	62.19
Baccalaureate	17	7.4
Current ward/unit		
Medical unit	46	19.33
Surgical unit	47	19.75
Pediatric/Newborn unit	43	18.06
OPD/Casualty/MCH	50	21.01
Specialized unit	52	21.85
Number of dependants (range=0-20, $\overline{X}$ =5.60, SD=3.25)		
0-5	140	58.82
6-10	81	34.03
11-15	12	5.04
16-20	5	2.11
Number of years as a nurse (range=1-36, $\overline{X}$ =15.90, SD=8.24)		
1-10	78	32.77
11-20	92	38.66
21-30	59	24.78
31-36	9	3.79
Number of years in hospital (range=1-33, $\overline{X}$ =10.07, SD=7.11)		
1-10	152	63.87
11-20	66	27.73
21-30	19	7.98
31-36	1	0.42
Salary in Kenya Shillings/Kshs (1 dollar=85 Kshs)		
16,692-19,040	18	7.56
19,041-23,970	24	10.08
23,971-31,025	49	20.59
31,026-35,910	97	40.76
35,911-41,590	46	19.33
41,591-48,190	4	1.68

Table 2 Mean, Standard Deviation and the Level of Overall and Each Dimension of Job Characteristics as Perceived by the Subjects (n=238)

Job characteristics	Actual Range	$\overline{X}$	SD	Level
Overall Score of JC	2.81-6.48	5.07	0.71	High
Skill variety	2.33-7.00	5.20	1.16	High
Task identity	1.00-7.00	4.47	1.10	Moderate
Task Significance	2.00-7.00	5.51	1.24	High
Autonomy	1.00-7.00	4.84	1.35	Moderate
Feedback from job itself	1.33-7.00	5.16	1.12	High
Feedback from agents	1.33-7.00	4.63	1.38	Moderate
Dealing with others	3.00-7.00	5.81	1.12	High

Table 3 Mean, Standard Deviation, and the Level of Overall and Each Dimension of Organizational Climate as Perceived by the Subjects (n=238)

Organizational climate	Actual Range	$\overline{X}$	SD	Level
Overall score of OC	1.44-3.74	2.47	0.36	Moderate
Structure	1.50-4.00	2.67	0.43	Moderate
Responsibility	1.00-4.00	2.51	0.48	Moderate
Reward	1.00-4.00	2.07	0.69	Moderate
Warmth	1.00-4.00	2.51	0.54	Moderate
Conflict	1.00-3.50	2.41	0.53	Moderate
Identity	1.00-4.00	2.58	0.67	Moderate

Quality of work life of the subjects

The level of QWL as perceived was at a satisfactory level (=2.59; S.D.=0.56). The results of its three dimensions: fair and appropriate salary, work condition, and opportunities at work, were at an unsatisfactory level. While the other five dimensions of QWL including use of your capacities at your work, social integration, constitutionalism, space of work in life, and social relevance, were at a satisfactory level (Table 4)

The relationship between job characteristics and quality of work life; organizational climate and QWL

The results of Pearson's product-moment correlation coefficient showed that the relationship between JC, and QWL and OC and QWL were statistically significant. There was a low positive correlation between JC and QWL (r=0.17, p<0.01). There was also a moderate positive correlation between OC and QWL (r=0.32, p<0.01).

Discussion

This study found JC as perceived by the subjects to be at a high level (=5.07; SD=0.71). This finding is consistent with previous studies Thamwong (2007), Wichit (2007). A possible

explanation of this result is that these nurses had multiple responsibilities to which they were accountable (Ndetei, Khasakhala, and Omolo, 2008). Moreover, they experienced meaning fulness of their work, because inspite of high expectations of clients, the nurses valued their work and believed that it helped in bringing positive outcome to their clients (Mbidyo *et al.,* 2009)

Table 4 Mean, Standard Deviation, and the Level of Overall and Each Dimension of Quality of Work Life as Perceived by the Subjects (n=238)

Quality of work life	Actual Range	$\overline{X}$	SD	Level
Overall score of QWL	1.09-3.94	2.59	0.56	Satisfactory
Fair and appropriate salary	4.00-17.00	1.92	0.65	Unsatisfactory
Working condition	6.00-25.00	2.16	0.71	Unsatisfactory
Use of your capacities at the work	5.00-22.00	2.95	0.79	Satisfactory
Opportunities that you have at your work	4.00-17.00	2.33	0.78	Unsatisfactory
Social integration	4.00-17.00	3.03	0.73	Satisfactory
Constitutionalism	4.00-19.00	2.85	0.83	Satisfactory
Space of work in life	3.00-14.00	2.52	0.91	Satisfactory
Social relevance	5.00-45.00	2.95	0.77	Satisfactory

Table 5 Relationship Between Job Characteristics, Organizational Climate and Quality of Work Life of the Subjects (n=238)

Job characteristics/ organizational climate	Quality of work life
	R
Overall score of job characteristics	.17**
Overall score of organizational climate	.32**

**$p<0.01$

Four dimensions of JC: skill variety, task significance, feedback from job itself and dealing with agents were perceived at a high level. The result may be due to change in disease profile in Kenya characterized by an increase in disease burden in addition to emphasis in strategic plan of the MOH Kenya on enhancement of intellectual development in nursing (ICHRN Report, 2010). Therefore there was need for upgrading by nurses for variation in skill. Also, most of these public hospitals have affiliated nursing schools with in-service programs where these nurses can work, upgrade and also take care of their families concurrently as 73.95% (Table 1) were married. A moderate level of task identity, autonomy and feedback from agents was perceived by the subjects. The possible reason for the finding is, if the nurses have the autonomy and task identity they can make decisions about their jobs and this may make them be excited and seek for more engagement. Johari, Mit, and Yahya (2009) revealed that complex jobs made incumbents tend to be excited to engage and complete their work. Thus due to changing disease profiles among patients these nurses will be excited to accomplish work. Second, Stewart *et al.,* (2004) found that if knowledge was enhanced competence and confidence was fostered which strengthened autonomous decision making.

Increased involvement of these nurses in training led to acquisition of higher knowledge enabling them to utilize their knowledge to make higher level of decision in patient care hence higher autonomy. Third, use of nursing care process in management of patients in these hospitals may have also encouraged higher decisions making. Fourth, objective based performance appraisal was done once a year by nurse supervisors in these public hospitals. On the contrary, the nurse-patient ratio was high; 1:48 NNAK (as cited in Ojwang' *et al.,* 2010). Therefore, the task oriented allocations could not allow these nurses accomplish all tasks for all patients. Also, their opinions were not considered at times since doctors are regarded to be of higher status in Kenya. Moreover, routinely the nurses received no feedback from their colleagues.

The OC was perceived by the subjects at a moderate level ($\overline{X}$=2.47; S.D.=0.36). This finding is consistent with previous studies among nurses by Larnamwong (2002) and Latif (2009). This may be related to the bureaucratic structure in these hospitals Mbidyo *et al.,* (2009) high patient expectations and high nurse-patient ratios, with limited recognition. On the contrary, monthly additional payable allowances and acknowledgement of some nurses yearly also contributed to result. The six dimensions of OC including structure, responsibility, reward, warmth, conflict, and identity were perceived by the nurses at a moderate level. This was possibly due to, firstly, centralized decision making which clarifies leadership and ensures ease in tracing the lines of authority. Secondly, responsibility for the work assigned to the nurses and receipt of commuter and extraneous allowances. Thirdly, end of year get-together parties organized in these hospitals and preference of nurses to permanent tenure (Mbidyo *et al.,* 2009). On the contrary, bureaucracies, high nurse-patient ratio, limited recognition and poor work environment may have also contributed to result.

QWL was perceived by the nurses at a satisfactory level ($\overline{X}$ =2.59; S.D.=0.56). This finding is consistent with previous studies in Thailand and Albania. The results may have been attributed to by nurses' adherence to the laid rules, regulations and code ethics in day to day activity. Also, they were happy with their work since majority of them were permanent and pensionable (Mbidyo *et al.,* 2009). In addition, the nurses had an opportunity to work directly with the community through integrated referral services and outreach programs. On contrary, the nurses did not have bonuses, performance related pay, pay for overtime or pay for special duties coupled with inadequate supplies and medical equipment in these public hospitals (Ndetei *et al.,* 2008). Three dimensions of QWL were perceived by the subjects at an unsatisfactory level including; fair and appropriate salary, safe and healthy environment, and growth and security, the result may be related to the following: First, the government introduced extraneous and commuter allowances. Payment was an important factor in promotion of QWL among nurses (Brooks & Anderson, 2005). Second, the nurses have 30-days annual leave, 90 working days maternity leave, and compassionate leave which might have helped them to have a break from work. Third, in the recent past, there had been

increased involvement of the nurses in in-service training so as to acquire and utilize more knowledge and skills. Fourth, the nurses were determined to pay for their training through loans although the amount of money allocated for training of health workers is little in Kenya (Musyimi Task Force Report, 2011). On the contrary, there were discrepancies found in comparison of salary and other benefits among the health workers in these public hospitals (Mbidyo et al., 2009). Inspite of majority of the subjects (40.76%) (Table 1) getting salary between Kenya shillings 31,026-35,910, they were not able to meet the high cost of living attributable to domestic political crisis after post election violence in 2007, high prices both for food products and fuel. Also, these nurses may have been unsafe in the hospitals since most of the units had no functional fire exits (Musyimi Task Force Report, 2011). According to Vagharseyyedin, Vanaki, and Mohammmadi (2011) lack of opportunities for professional development of the nurses had led to dissatisfaction with their QWL. Only 7.14% of the nurses (table 1) were baccalaureate nurses due to limited scholarships. The subjects perceived a satisfactory level of development of human capacity, social integration, constitutionalism, work and total life space and social relevance. The findings may have been related to minimum feedback to nurses since performance appraisal was done once a year. Even though the cost of training is high (Ndetei et al., 2008) nurses paid for their training through loans. Also, they were happy with their work since majority of them are permanent and pensionable (Mbidyo *et al.,* 2009). Moreover, they are entitled to annual, maternity, compassionate leave, and day offs apart from being able to organize for flexible duties through their managers.

The result showed that there was a significant low positive correlation between JC and QWL ($r=.18$, $p<0.01$). Thus, the higher the level of JC, the higher the level of QWL as perceived by nurses in these hospitals. This finding can be explained by STS theory, the origin of QWL. Brooks and Anderson (2005) argued that, QWL increases as employees take more responsibility for their efforts while providing opportunities for fulfillment of essential psychological needs. Therefore, the higher five core JC the higher the employees' job meaningfulness, increased feedback and increased responsibility; and the higher the QWL.

The result showed that there was a significant statistical relationship between OC and QWL. This suggested that a higher OC resulted in higher QWL as perceived by the nurses in the hospitals. This can be explained from the STS theory that promotes a parallel approach addressing the technical aspects of work environment (Brooks & Anderson, 2005) these are components of OC. OC provides employees with a positive work environment in which positive behavior is exhibited thus they experience happiness and wellbeing in their work hence increased QWL.

Implications

The results of the study could provide valuable information for nurse administrators to develop and execute programs to improve two dimensions of JC thus autonomy and feedback from agents in order to enhance QWL of these

nurses as follows. To increase autonomy of nurses they should encourage increased nurses' participation in continuous medical education and on job training within hospital. In addition, the administrators should encourage participation of the nurses in achievement of results through management by objectives and ensure the nurses get feedback from their colleagues as well. To improve OC, first, they should review and propose to administrators at the ministry to improve the nurses' benefits through schemes like pay for performance and allowances for overtime and special duties to improve their satisfaction with rewards. Second, they should ensure nurses work for equal hours weekly. Third, they should advocate for budget allocation for procurement of equipment, computers and supplies to enhance nurses' satisfaction with work environment. Fourth, they should involve nurses in policy formulation and execution as well as develop strategies for clarification of policies and philosophies to clarify on structure.

Recommendations

Based on the study findings, recommendations are; first, the same study should be conducted in every level of health care institution among nurses in Kenya. Second, a predictive study on factors related to quality of work life among the nurses in these public hospitals can be done in the future. Third, a deeper insight on factors related to quality of work life might be obtained through qualitative study.

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