

# Quality of Work Life and Job Performance among Nurses in the Tertiary Care Hospital, Maldives

## คุณภาพชีวิตการทำงานและการปฏิบัติงานของพยาบาล ในโรงพยาบาลระดับตติยภูมิ ประเทศมัลดีฟส์

โซลี	ชะฟาติมาร์ BSN*	Soliha	Fathimath	BSN*
รัตนาวดี	ซอนตะวัน Ph.D**	Ratanawadee	Chontawan	Ph.D**
บุญพิชชา	จิตต์ภักดี Ph.D**	Bunpitcha	Chitpakdee	PhD***

### บทคัดย่อ

การปฏิบัติงานของพยาบาลมีความสำคัญอย่างยิ่งในการให้บริการสุขภาพที่มีคุณภาพ การศึกษาที่ผ่านมาพบว่าคุณภาพชีวิตการทำงานมีอิทธิพลต่อการปฏิบัติงานของพยาบาล การศึกษาเชิงพรรณนาหาความสัมพันธ์ครั้งนี้มุ่งที่จะศึกษาระดับของคุณภาพชีวิตการทำงานและการปฏิบัติงานและศึกษาความสัมพันธ์ระหว่างคุณภาพชีวิตการทำงานและการปฏิบัติงานของพยาบาลในโรงพยาบาลระดับตติยภูมิประเทศมัลดีฟส์ กลุ่มตัวอย่างประกอบด้วยพยาบาลจำนวน 216 คน ที่ปฏิบัติงานอยู่ในโรงพยาบาลระดับตติยภูมิ เครื่องมือวิจัยได้แก่แบบสำรวจคุณภาพชีวิตการทำงานของพยาบาลซึ่งมีค่าสัมประสิทธิ์ของความเชื่อมั่นเท่ากับ 0.90 และแบบวัดการปฏิบัติงานของพยาบาลซึ่งมีค่าสัมประสิทธิ์ของความเชื่อมั่นขององค์ประกอบการปฏิบัติงานตามหน้าที่หลักและการปฏิบัติงานตามบริบทเท่ากับ 0.88 และ 0.90 ตามลำดับ การวิเคราะห์ข้อมูลใช้สถิติเชิงพรรณนาและค่าสัมประสิทธิ์สหสัมพันธ์ของสเปียร์แมน

### ผลการวิจัย พบว่า

1. คุณภาพชีวิตการทำงานโดยรวมและทั้งสี่ด้านตามการรับรู้ของพยาบาลอยู่ในระดับปานกลาง
2. การปฏิบัติงานตามหน้าที่หลักโดยรวมอยู่ในระดับสูงในขณะที่การปฏิบัติงานตามบริบทโดยรวมอยู่ในระดับปานกลาง
3. คุณภาพชีวิตการทำงานโดยรวมและรายด้านมีความสัมพันธ์เชิงบวกอย่างมีนัยสำคัญกับการปฏิบัติงานตามหน้าที่หลัก คุณภาพชีวิตการทำงานโดยรวมและรายด้านมีความสัมพันธ์เชิงบวกอย่างมีนัยสำคัญกับการปฏิบัติงานตามบริบท

ผลการศึกษาครั้งนี้ผู้บริหารโรงพยาบาลและผู้บริหารทางการพยาบาลสามารถใช้เป็นข้อมูลพื้นฐานในการพัฒนากลยุทธ์เพื่อปรับปรุงคุณภาพชีวิตในการทำงานที่จะส่งเสริมการปฏิบัติงานของพยาบาลต่อไป

\* Indira Gandhi Memorial Hospital, KanbaAisaaraniHigun, Male', Maldives  
\*\* Faculty of Nursing, Chiang Mai University, Chiang Mai 50200, Thailand  
\*\*\* Corresponding author: E-mail: fsoliha@hotmail.com



## Abstract

Job performance of nurses is essential in the provision of quality health care. Studies found that quality of work life (QWL) influences nurses' job performance. This descriptive correlational study aimed to explore the level of QWL and job performance, and to examine the relationship between QWL and job performance among nurses in the tertiary care hospital in the Maldives. The sample consisted of 216 nurses working in the tertiary care hospital. Research instruments were the Quality of Nursing Work Life Survey (QNWL) and the Nursing Performance Scale. The reliability coefficient of the QNWL was 0.90. The reliability coefficients of the Nursing Performance Scale in the components of task performance and contextual performance were .90 and .88 respectively. Data were analyzed using descriptive statistics and Spearman's rank-order correlation coefficient.

### The results of this study showed that:

1. Overall QWL and all four dimensions of QWL were rated by nurses as moderate.
2. Overall task performance was high, whereas overall contextual performance was moderate.
3. There was a significant positive relationship between overall and each dimension of QWL and overall task performance ( $r_s = .39, p < 0.01$ ). There was a significant positive relationship between overall and each dimension of QWL and overall contextual performance ( $r_s = 0.41, p < 0.01$ ).

The results of this study can be used as baseline information for hospital administrators and nurse administrators to develop strategies to improve quality of work life in order to enhance job performance of nurses.

**Key Words:** Contextual performance, job performance, quality of work life, quality of nursing work life, task performance,

## Background and Significance

Within today's challenging healthcare environment, in almost every country, nurses constitute the largest single group and provide the majority of health services (International Council of Nurses, 2007). In the work setting, nurses are confronted with many focal issues such as excessive workload, poor work

conditions, employee's well-being, shortage of nurses and high staff turnover rates (Brooks & Anderson, 2005).

In the Maldives, one of the most prominent issues associated with the health workforce, in its effort to provide health care is the high turnover of professionals, especially severe shortage of medical doctors and nurses (Ministry

of Health & Family, 2010). Therefore, nurses are being recruited from neighboring countries (World Health Organization, 2010). An analysis of the country's situation of staff nurses in the year 2010 showed that both public and private sectors were employed by 1868 nurses and among them, 61% were temporary (expatriate) nurses (Ministry of Health & Family, 2011). The demand for temporary nurses demonstrates that the domestic efforts are inadequate to provide health services to the people of the Maldives. Therefore, the shortage is projected to grow more severe as future demand increases, furthermore, there is only one nursing school in the country that cannot produce the required number of nurses (Athifa, 2005).

In Maldives, there is the only one referral hospital located in the capital city, Male', to provide tertiary care to the people of the Maldives (Ministry of Health & Family, Maldives, 2010). Among the workforce of the hospital, 40% constitute both temporary and permanent nurses who represent a significant component of the hospital staff role in delivering nursing care to inpatient and outpatient departments (Human Resource, IGMH, 2011). At present, nurses' are facing multiple challenges in the clinical setting due to increased patient load, shortage of medical supplies and equipments, and shortage of beds in inpatient wards/units.

Providing quality health care has become a global phenomenon in the nursing organization, and to achieve safe, high quality and efficient health services, job performance of nurses' needs to be improved (International Council of Nurses, 2007). Job performance is defined as those behaviors performed by nurses that

contribute directly to the organization's technical core (task performance), and those behaviours that contribute to the organisational, social or psychological environment of the hospital in which the technical core must function (contextual performance). In nursing, based on the two-factor theory of Bowman and Motowidlo's job performance (task performance and contextual performance), Greenslade proposed six dimensions of job performance: three dimensions of task performance and three dimensions of contextual performance (Greenslade, 2008).

The literature on job performance and quality of work life (QWL) shows a positive relationship between both variables (Beh & Rose, 2007; Kheradmand et al., 2010; Duangkamnerd, 2008). It suggests that the higher the employees' QWL, the greater job performance the employee will exhibit (Beh & Rose, 2007). To assess nurses QWL, Brooks and Anderson (2005) proposed four dimension of QWL for nurses based on Socio-Technical System (STS) theory. According to them, STS theory identifies many theoretical antecedents of nurse QWL, as it includes both social and technical issues of health care work environments. In a health care setting, aspects that address social issues of concern to nurses who work in hospitals may include supervisory-subordinate relationships, nurse-physician relationships, skill levels of employees, and workers' attitudes and expectations of the work environment. Technical aspects of work may include procedures, skills, knowledge, technology, and equipment (Brooks and Anderson, 2005). In nursing, there are only two studies found exploring the relationship



between QWL and job performance (Rastegari, Khani & Eslamian, 2010; Nakamon, 2003). The findings of these studies indicated a positive association between QWL and job performance of the nurses. However, the existing studies used different theories to examine the relationship between these concepts. Therefore, the studies exploring the relationship between QWL by using Brooks and Anderson four-components of QWL and Greenslade's six-component of job performance among nurses have not been found. Furthermore, no study has been found examining the relationship between QWL and job performance among nurses in Maldives.

This study aimed to examine the QWL and job performance among nurses and the relationship between QWL and job performance among nurses in the tertiary care hospital in Maldives. The result could benefit nurse administrators to plan efficient and effective strategies to enhance QWL that may affect on nurses' job performance.

### Conceptual Framework

In this study the concept of quality of nursing work life (QNWL) was based on Brooks and Anderson's (2005) which derived from Socio-Technical System (STS) theory. QNWL consisted of 4 dimensions: 1) work life/home; 2) work design; 3) work context; and 4) work world. Literature suggests that the higher the employee's quality of work life, the greater job performance the employee will exhibit. Job performance was derived from the performance taxonomy of Greenslade (2008). Job performance consisted of six dimensions: three dimensions

of task performance (social support, information provision, and technical care), and three dimensions of contextual performance (interpersonal support, job-task support, organizational support) (Greenslade, 2008). In this study, the relationship between QWL and job performance (task and contextual performance) of nurses was examined.

### Methodology

#### Population and Sample

The study was conducted in the tertiary care hospital, Indira Gandhi Memorial Hospital which is situated in the capital of Maldives. From the total of 528 nurses in IGMH, the target population of this study was 382 registered nurses (118 permanent nurses and 264 temporary nurses) from 20 wards/units. The remaining 146 nurses were excluded as they work in the position of nurse managers, deputy nurse managers and enrolled nurses, and nurses who work in the Reproductive Health Centre and Blood Bank.

According to formula of Yamane (1967), the sample size in this study was 195 nurses. Considering the possible loss of subjects, 20 percent (39 nurses) was added, making 234 nurses. The inclusion criteria for selection of nurses in this study was registered nurses under nursing council of Republic of Maldives practicing in the clinical setting of IGMH with full time working, rotating shifts and who has been practiced more than one year, and were willing to participate in the study.

This is a descriptive correlational study conducted between January and February 2012. Proportionate stratified random sampling was

used to select nurses from each ward/unit. According to the proportion of population, 71 permanent nurses and 163 temporary nurses were determined from the 20 wards/units. The study was approved by the Research Ethics Review Committee in Faculty of Nursing, Chiang Mai University, Thailand, and Maldives National Health Research Committee. A total of 234 questionnaires were distributed to the sample nurses. The response rate was 220 (94%), and among them, 216 (92%) questionnaires were completed for data analysis.

### **Research Instrument**

The instrument used in this study consisted of three parts as follows:

(1) The demographic data form which was developed by the Brooks and Anderson (2005) survey and modified according to the researcher's situation. The information consisted of age, gender, marital status, education level, number of dependent children living at home, current ward/unit, professional position, employment status, and years of working as a nurse, responsible for the care of elderly parents and/or spouse, and rotating shifts.

(2) The QWL instrument used for this study was the questionnaire Brooks and Anderson (2005) developed to examine nurses QWL. The instrument consisted of 42 items on a six-point Likert-scale, ranging from "strongly disagree" (value of 1) to "strongly agree" (value of 6). The QWL questionnaire consisted of four dimensions, work life/home life, work design, work context, and work world. To interpret the score of QWL, the total score of QWL and subscales of QWL was categorised into three levels as low,

moderate and high. A low total scale score indicates a low overall QWL, while a high total scale score indicates a high QWL and for each subscale the same is true, a high score indicates a more favorable environment. The total score of QWL ranges from 42-252 (Brooks and Anderson, 2005).

(3) The Nursing Performance scale of Greenslade (2008) was used to measure job performance. It consisted of 25 items: the three dimensions of task performance included 11 items, and the three dimensions of contextual performance included 14 items. Theoretically, the task and contextual performances are two different behaviors nurses performs (Greenslade, 2008), therefore, the total score of task and contextual performance was interpreted separately as follows:

a) The three dimensions of task performance: social support (4 items), information provision (4 items), and technical care (3 items) were rated as a 7-point Likert scale ranging from 1 = poor to 7 = excellent, to describe how effective nurses are at each of the task. The total score and subscales of task performance was categorised into three levels as low, moderate and high as permitted by Greenslade the author (personal communication, October 23, 2011). The total score of task performance ranged from 11-77.

b) The three dimensions of contextual performance: job task support (4 items), interpersonal support (5 items); and organisational support (5 items) were rated as a 7-point Likert scale ranging from 1 = not at all to 7 = a great deal, to describe how often nurses perform these activities. The total score and subscales



of contextual performance was categorised into three levels as low, moderate and high as permitted by the author (Greenslade, personal communication, October 23, 2011). The total score of contextual performance ranges from 14 to 98. The Cronbach's alpha coefficient of overall QWL was .90, and subscales of work life/home life, work design, work context, and work world were 0.63, 0.73, 0.90, and 0.76 respectively. The Cronbach's alpha coefficient of overall task performance was 0.90, and contextual performance was .88.

The researcher obtained permission to use the original instrument of Quality of Nursing Work Life Survey of Brooks and Anderson (2005) and Nursing Performance Scale of Greenslade (2008) as all nurses in IGMH can understand English language and all the nursing documentations are in English. The original questionnaires developed in English, in simpler and clarified questions, allowing its application to individuals with a low schooling level, 7th grade level so that nurses at every level can understand the questions without any difficulty. In IGMH, according to Maldives Nursing Council criteria, all the temporary nurses are recruited based on International English Language Testing System (IELTS) and must have the score of 5.5 or above, and permanent nurses are selected for nursing education based on the Cambridge University 'O' level of United Kingdom.

### **Ethical Considerations**

The study was approved by the Research Ethics Review Committee in Faculty of Nursing, Chiang Mai University, Thailand. Permission to

collect data was obtained from the Maldives National Health Research Committee and Male' Health Services Corporation. Furthermore, before the data collection, an informed consent was obtained from the nurses who were willing to participate in the study after informing about the purpose, benefits and method of research. Moreover, anonymity and confidentiality of all the information was maintained by using numerical codes in the questionnaires instead of using subjects' names.

### **Data Analysis**

Data was analyzed by using Statistical Software. Both descriptive and inferential statistics were used in this study. A significance alpha was set at the level of 0.05. Spearman's rank-order correlation was used to examine the relationship between QWL and each dimension of QWL and task and contextual performance.

### **Results**

#### **Demographic data of the subjects**

The sample of this study consisted of 216 subjects. The majority of the subjects were female (91.20%) with the average mean age of 30.19 years old ( $SD=4.45$ ). Most of the subjects were married (78.70%) and more than half of the subjects (53.24%) had two children, and 48.15% had children less than five years old. Majority of the subjects (87.04%) had diploma level education, and only two subjects (0.93%) earned a master degree in nursing. Most of the subjects (72.22%) were temporary nurses. The length of years of work experience of the subjects ranged from 1 to 22 years with an average of 7.80 years ( $SD=4.10$ ), illustrating

38.43% of subjects had working experience between 6 to 10 years. In addition, majority of the subjects (76.85%) had working experience in the present clinical setting of 1 to 5 years with an average experience of 3.83 years (SD=2.96). Approximately all the respondents (94.91%) worked on rotating shifts. More than half of the subjects (50.46%) were doing shift in-charge duties. Seventy five percent of the subjects were responsible for the care of their elderly parents/ spouse.

#### Quality of work life of the subjects

The overall mean score of QWL (Mean = 169.75, SD=18.66) and each dimension of QWL as perceived by the subjects were at a moderate level (Table 1).

#### Job performance of the subjects

The overall mean score of task performance as perceived by the subjects was at high level (Mean= 57.76, SD=9.39). Among the three dimensions of task performance, information provision and technical care were at a high level, whereas social support was at a moderate level (Table 2).

The overall mean score of contextual performance as perceived by the subjects was at a moderate level (Mean= 64.45, SD=12.95). Likewise, all the three dimensions of contextual performance as perceived by the subjects were at a moderate level (Table 3).

Relationship between QWL and each dimension of QWL and task performance

**Table 1** Mean, Standard Deviation and the Level of Overall and Each Dimension of Quality of Work Life as Perceived by the Subjects (n=216)

Quality of work life	Actual range	Mean	SD	Level
Overall QWL	117.00 – 219.00	169.75	18.66	Moderate
Work life/home life	18.00 – 40.00	28.16	3.64	Moderate
Work design	25.00 – 53.00	38.70	5.07	Moderate
Work context	52.00 – 114.00	84.44	11.13	Moderate
Work world	8.00 – 29.00	18.43	3.19	Moderate





The result of Spearman's Rank-order coefficient showed that the relationship between overall and each dimension of QWL and task performance were statistically significant. There

was moderate positive correlation between overall quality of work life and task performance ( $r_s = 0.39, p < 0.01$ ). There was a weak positive correlation between home/work life and task

**Table 2** Mean, Standard Deviation, and the Level of Overall and Each Dimension of Task Performance as Perceived by the Subjects (n=216)

Task performance	Actual range	Mean	SD	Level
Overall task performance	28 - 77	57.76	9.39	High
Social support	10 - 28	18.81	4.20	Moderate
Information provision	09 - 21	18.28	4.74	High
Technical care	09 - 21	18.28	2.77	High

performance ( $r_s = 0.15, p < 0.05$ ), work design and task performance ( $r_s = 0.29, p < 0.01$ ), and work world and task performance ( $r_s = 0.19, p < 0.01$ ).

There was a moderate correlation between work context and task performance ( $r_s = 0.43, p < 0.01$ ). The result of Spearman's Rank-order coefficient

**Table 3** Mean, Standard Deviation, and the Level of Overall and Each Dimension of Contextual Performance as Perceived by the Subjects (n=216)

Contextual performance	Actual range	Mean	SD	Level
Overall contextual performance	26 - 97	64.45	12.95	Moderate
Interpersonal support	09 - 35	24.81	4.87	Moderate
Job-Task support	04 - 28	17.70	4.98	Moderate
Organizational support	08 - 35	21.94	5.41	Moderate



also showed that the relationship between overall and each dimension of QWL and contextual performance were statistically significant.

There was moderate positive correlation between overall quality of work life and contextual performance ( $r_s = 0.41, p < 0.01$ ). There was a weak positive correlation between home/work life and contextual performance ( $r_s = 0.22, p < 0.01$ ), work world and contextual performance ( $r_s = .24, p < 0.01$ ). There was a moderate correlation between work design dimension and contextual performance ( $r_s = 0.30, p < 0.01$ ), and work context dimension and contextual performance ( $r_s = 0.41, p < 0.01$ ) (Table 4).

## Discussion

### Quality of Work Life

This study found that the overall QWL and each dimension of QWL as perceived by the subjects in the tertiary care hospital of Maldives were at a moderate level. These findings were consistent with the previous studies in United States by Brooks and Anderson (2004), and Brooks *et al.*, (2007); and studies conducted in Iran by Khani, Jaafarpour, and Dyrekvandmogadam (2008) and Rastegari, Khani, Ghalriz and Eslamian (2010).

The QWL in this study were at moderate levels might be due to several reasons.

Firstly, it may be due to the reviewing of policies and procedures in the hospital under

Table 4

Relationships Between Overall and Each Dimension of Quality of Work Life and Task Performance, and Contextual Performance as Perceived by the Subjects (n=216)

Quality of work life	Task performance	Contextual performance
	r	r
Work life/home life	0.15*	0.22**
Work design	0.29**	0.30**
Work context	0.43**	0.41**
Work world	0.19**	0.24**
Overall score of QWL	0.39**	0.41**

\*\* $p < 0.01$ , \* $p < 0.05$



the new nursing leadership. According to Smith, Hood and Piland (1994) transformational leadership had a significant influence on nurses QWL, and these leaders can recognize the need for change in the working environment (Tichy and Devanna (1990). UK nurse expert, Ambler began her role as a nursing director in the tertiary care hospital in mid-March, 2011 for on one year contract. She had implemented several interventions/changes to improve nurses work environment, and priorities were given to restructure of the nursing workforce plan and establishment of ideal nurse patient ratio and skill mix. Yet, nurses feel undervalued in relation to their demanding work responsibilities in the job. A study conducted in Maldives to generate knowledge in formulating a nursing workforce policy in Maldives, the stakeholders viewed there was a vast difference in the way the healthcare organizations values between nurses and doctors (Athifa, 2005). In the hospital, doctors have superior status and they have more authority of power than nurses, and hospital administrators pay more attention to the medical service rather than nursing service (Niyaza A 2012, oral communication, 1<sup>st</sup> June).

Secondly, availability of leaves for nurses might improve nurses' satisfaction on work life /home life. In the hospital, all nurses are eligible for 60 days maternity leave, 30 days annual leave, 30 days sick leave, and 10 days emergency leave with salary ((Human Resource, IGMH, 2011). Though, in Maldives healthcare system, nurses' shift duties are compulsory and have to do full time duties. Therefore, nurses do not have enough time to look after children and older family members. According to Athifa (2005)

after starting a family, nurses are forced to see other alternatives for family care which cannot be arranged easily in Maldives as child care is not developed in the country. Vagharseyyedin, Vanaki and Mohammadi (2011) found inflexible and demanding work schedules were one of the sources of dissatisfaction among nurses with their QWL.

Thirdly, an explanation for nurses perceived a moderate level of work design can be due to the work on nurse-patient ratios since mid-2011 in the hospital. To ensure safe and quality patient care, and to meet the requirements of the mandatory ratios, 48 permanent nurses and 19 temporary nurses were recruited in the year 2011 (Nursing department, IGMH, 2012). So at present there were adequate nurses in each department which helps them to spend time in giving direct patient care. A study conducted among Iranian nurses found that increased workload has been reported as the factor that contributed to nurses' dissatisfaction and ultimately affect their QWL (Vagharseyyedin, Vanaki & Mohammadi, 2011)

Lastly, a moderate level of work world perceived by nurses can be due to the image of nursing profession viewed by the public. From its beginning, nursing is one of the most challenging and remarkable profession in the Maldives (Rasheed, 1999). Many Maldivians view nursing as a feminine and caring professionals' that is dedicated to care for the people of the Maldives. Even though, nurses are valued by the people, in Maldivian culture, public demand for medical services rather than giving importance to nursing service. Nurses were not recognized as leaders or professionals who were independent



in their practice.

### **Job Performance**

Regarding the nurses job performance, the study found that overall task performance, and among the two dimensions of task performance including; information provision and technical care were at high levels. This can be explained that nurses practice according to the procedure manual guidelines which were developed to standardize nursing knowledge and maintain consistency of nursing task behaviors. Also, nurses are thorough with the daily task performances because as a routine nurses have to receive patients on admission, provide all informational support to patients/families, perform procedures such as assisting patients with activities of daily living (example, bathing, toileting and feeding), medication administration, vital signs, dressings and other procedures. However, a moderate level of a dimension of social support was found among nurses in this study can be the reason that generally nurses have to spend more time with patients and families than other health professionals in listening to their concerns, anxieties and fears related to the disease and other concerns as there are no social workers and shortage of health professionals in the hospital.

The findings of overall and each dimension of contextual performance, interpersonal support, job-task support and organizational support were perceived at moderate levels by nurses. The possible reason for this explanation is, maintaining interpersonal skills training has become an important aspect in the nurses' professional development in IGMH. Nurses take

in-service classes intermittently at ward/unit level and share special knowledge with other nurses. Moreover, at organizational level, there are committees such as infection control and patient safety committees. From each ward/unit, a nurse is a representative to attend the meetings and her responsibility is managing the infection control measures at ward/unit along with other nurses. In spite of this, many nurses have diploma and these nurses may not have the ability to propose innovative ideas and actively participate in activities and meetings that improve the overall quality of the hospital. Moreover, nurses' association meetings are held in the hospital and outside of the hospital to encourage nurses to discuss the issues/problems, to brain storm better strategy to improve nursing care. Yet, few nurses turn up to attend the meetings (Rishfa, 2011).

### **Relationship Between Quality of Work Life and Job Performance**

The results of this study showed there was significant correlation between overall QWL with overall task performance of the subjects. The finding indicated the higher the level of QWL, the higher the level of task performance as perceived by nurses in the hospital. This result supported by the socio-technical system (STS) theory. According to Brooks and Anderson (2005) QWL has strong theoretical foundations that can be traced back to socio-technical systems theory. The theory describes that one must modify technical and social systems (equipments, the environment) to improve work life of the employees which can lead to greater task productivity (Brooks and Anderson, 2005).

The results of this study showed there was



significant correlation between overall QWL with overall contextual performance of nurses. Within this context, this means that nurses who are satisfied of their overall QWL, improves their involvement in extra-role behaviors' that support to achieve the organizational goal. According to Borman and Motowidlo's (1993) theory description, behaviors that are valuable to organizations are contextual behaviors as it helps support and maintain the psychological and social context in which task activities are performed, and employees with more effective contextual performance are likely to be more satisfied with their jobs.

### Conclusions and implications

The level of QWL and contextual performance of the nurses in the tertiary care hospital were at moderate levels, whereas the level of task performance was high as perceived my nurses. The study showed statistically significant relationship between overall QWL and each dimension of QWL with task performance

and contextual performance. The result of this study provides basic information for hospital administrators and nursing administrators regarding QWL and job performance of nurses. Hence, nursing administrators can take the findings into consideration when designing administrative interventions. Nurse administrators, in collaboration with the human resource department can develop and implement employee benefit programs based on strong leadership, good communication, and extensive participation to improve the QWL of nurses for an effective job performance. Nurses satisfaction with their working hours should be enhanced by providing flexible schedules or self-scheduling options and should consider the consistency of assigning nurses to rotating shifts. Nurse managers need to establish strategies to reduce nurses' workload by reducing non-nursing tasks and variety of interruptions in the daily work setting. Medical resources and daily consumables need to be within reach according to the demands of work setting.

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