

# The Relationship between Quality of Work Life (QWL) and Routinization from the Perspectives of Nurses at Saudi Arabia 2024

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## ABSTRACT

**Background:** Routinization of work and quality of work life are a critical aspect to enhance nurses' success and satisfaction in the aspect of student learning. It has been seen that a good quality of work life and routinization balance results into high achievement of the faculty and also improved student performance. **Aim:** This study aims to assess routinization and quality of work-life of the nurse. Also, assess the relationship between Quality of work life (QWL) and routinization in primary healthcare. **Methods:** A descriptive correlational research design was conducted at East Jeddah hospital. A convenient sample was elicited including all available nurses. Out of 350 nurses 259 were assigned and agree to participate in this study who were working at the pre mentioned settings. Two tools were used to collect the necessary data; Quality of work life Questionnaire and Routinization Questionnaire. **Results:** This study reveals that there is a highest positive significant correlation between routinization and overall QWL in terms of work environment, work culture and climate, relation and co-operation, training and development, compensation and reward, facilities, job satisfaction and security, autonomy of work, and adequacy of resources where  $P=0.001$ . In addition, approximately 65% of the explained variance of routinization is related to QWL, and the most two prominent variables affecting routinization are work culture and climate, relation and co-operation where the model is significant ( $F = 42.547, p < 0.001$ ). **Conclusion and recommendations:** The findings suggest that variations in QWL are associated with routinization of work. Organizations of nurses should provide a supportive work environment to help their nurses staff to develop their self, enhance their creativity

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**KEYWORDS:** Routinization, quality of work life, nurses.

## 1. Introduction

In the hospital, nurses make up the largest group (Vagharseyyedin, et al., 2011). ) Five to sixty percent of all hospital human resources are nurses (Kusnanto, & Kes, 2004).), who work around the clock and seven days a week and engage with patients for longer periods of time (Łaguna, et al., 2015) The nurse is a practitioner with the ability, responsibility, and authority to provide nursing care at different nursing service levels, according to (Nursalam, 2014).

Nurse performance issues have long been a topic of discussion in the community. A worldwide problem is poor nursing care or performance (Lee, et al., 2013).). Because the work environment is always changing, nurses are among the employees whose lives are completely impacted by the quality of work life (QWL) (Saleh, et a., 2016). By offering incentives, job stability, and growth possibilities, QWL is defined as a favorable condition and workplace environment that supports and encourages employee happiness (Dehghan Nayeri, et al., 2011). QWL is a human resource management concept that enhances the work life of nursesstaff .( Parsa, et al., 2014).)

According to Geetha and Mani (2016) , QWL is a person's subjective assessment of their physical and psychological attractiveness at work. According to Brooks (2001) (6), it is the degree to which people participate in the workplace and meet their personal and professional requirements while accomplishing organizational objectives. According to Swamy (2013) , the main characteristic of QWL is the positive work atmosphere that fosters and supports contentment by offering incentives, employment security, professional development, and chances for nurses advancement. Nurses well-being at work is a direct result of QWL.

The work environment, organization culture and climate, relationships and cooperation, training and development, compensation and rewards, facilities, job satisfaction and job security, autonomy of work, and adequacy of resources are the nine dimensions that make up QWL, according to GSwamy et al. (2015) . Regarding the workplace, it should be safe and healthy; it should be a physical, social, and professional setting where teachers can communicate, coordinate, and work together to maintain the continuity and integrity of nurses instruction . In this sense, an organization's culture is a collection of the collective behaviors of its members. Its values, vision, norms, opportunities for advancement, rewards, and evaluation standards are all directly controlled by the organization and governed by its rules ( Gavrilyuk, et al., 2015).

The relationship and collaboration between educators and management centered on communication on workplace decisions, disagreements, and problem solving. Without taking into account a worker's race, sex, physical appearance, or other

characteristics, acceptance is determined by their skills, work-related attributes, abilities, and potential (8, 9, 10). The job's opportunities for educators' growth and management's support to carry out their duties in a way that promotes personal empowerment and skill development are known as training and development (8,9). The economic interests of educators are shown by remuneration and awards, which motivate them to work hard and boost their level of pleasure based on the amount of money provided (Saleh, et al.,2016).

Job security and job satisfaction: Teachers like job stability and prefer not to be subject to capricious personal policies and remain at the whims of their employers, which is reflected in their definition of job security. On the other hand, job satisfaction refers to how positively educators perceive their work (Vagharseyyedin,et al.,2011). autonomous work groups, the freedom of educators to voice novel concepts or controversial viewpoints, the freedom to pursue a research path wherever it takes them, regardless of the repercussions, and the freedom to impart the truth as they perceive it. Under this presumption, nurses autonomy "legitimizes claims of university intellectuals on a special expert position relating to the production and evaluation of knowledge and refers to boundaries of the scientific community power"

QWL is linked to job design and routine, as explained by RAI (2015) (13) in more detail. A routine activity is one that is repeated. Organizational routine, on the other hand, is a series of interconnected and repetitive acts performed by several actors (14). Routinization, according to Ohly et al. (2006) , is "automaticity in behavior that includes unintentionality, uncontrollability, lack of awareness, and efficiency." It grows as a result of practice and repeated application of a behavior or skill. Mental resources are released, the attentional burden is decreased, performance demands less conscious thinking, and performance speeds up as a result of the skill acquisition process (Nursalam, 2014) It was demonstrated by Betsch et al. (2001) that this automaticity has certain drawbacks, such as ignorance and decision-making instability. However, by repeatedly putting a behavior or skill into practice, this automaticity boosts productivity. Additionally, nurses are the most powerful and influential forces in education, and one of the most essential things that can be done to improve education is to pay attention to their working conditions. For example, unfavorable conditions in the classroom cause a lot of issues and result in nurses failure. In order to ensure the optimum benefits for the institutions, it is vital to check the routinization status and QWL in order to create a better and more flexible working environment ( Sulistyowati, 2012).

## **2. Material and methods**

The aim of this study is to assess routinization and quality of work-life from the perspectives of Saudi Arabia nurses . Also, assess the relationship between Quality of work life (QWL) and routinization.

Methods:

## Research design:

A descriptive correlational research design was used at East Jeddah hospital

### Setting:

East Jeddah hospital, The hospital is one of the largest and most advanced health facilities in Jeddah province and includes an integrated system of diagnostic and therapeutic services. A number of hospital's departments have obtained accreditation of the Saudi Commission for Health Specialties (SCHS) as training centers, namely: internal medicine, surgery, neurosurgery, orthopedic, ophthalmology, ENT and dentistry department. The hospital also has an expanded maternity and children department and neonatal department, as well as other major medical departments. The hospital is enhanced with highly qualified medical staff and state-of-the-art equipment and supplies. It has bed capacity to 300 beds.

Also, the hospital features several treatment centers, including developmental and behavioral disorder, pain treatment, oncology, one-day surgery, burn unit, well-equipped laboratory and outpatient clinics. In addition, the emergency department has been expanded to receive as many patients as possible.

The new bed capacity is distributed as follows: ICU 62 beds, surgery department 80, obstetrics and gynecology department 40 beds, and the emergencies 41 beds.

Participants: A convenient sample was elicited including all available nurses. Out of 350 nurses working at East Jeddah hospital 259 were assigned and agree to participate in this study who were working at the pre mentioned settings

Tools: two tools were used to collect the necessary data; tool (1): Quality of work life questionnaire: it was developed by Swamy et al. (2015) to assess employees QWL. It consists of 50 items divided into nine dimensions; work environment (6 items), work culture and climate (7 items), relation and co-operation (6 items), training and development (4 items), compensation and reward (5 items), facilities (5 items), job satisfaction and security (8 items), autonomy of work (6 items), and adequacy of resources (3 items). The responses measured through five point likert scale ranging from (1) strongly disagree to (5) strongly agree. The overall scoring system ranging from 50 to 250; low overall QWL range from (50-117), moderate (118-183), high (184-250).

Tool (2): Routinization questionnaire: developed by Muller and Price (1986) . It was used to assess nature of work variety and similarity in the nursing faculty nurses . It consists of four items, measured through a five point- Likert scale ranging from (0) never to (4) always. The overall scoring system ranging from 0 to 16; the higher score indicating routinization of work. Low overall routinization range from (0-5), moderate (6-11), high (12-16). Reverse coding done for item2 and 4.

In addition, socio-demographic and work-related data was developed by the researcher, related to age, gender, position, working department, and years of experience and hand delivered to nurses from different nurse departments .

**Reliability:** Internal reliability of the study instruments was assessed using the Cronbach's alpha correlation value. Two tools were found to be reliable, with correlational coefficients for the Routinization questionnaire and QWL being 0.85 and 0.88, respectively. The statistical significance limit was chosen at  $p < 0.05$ . To further evaluate the tools' clarity and applicability and to estimate the time needed to complete the study questionnaires, a pilot study was carried out on 22 nurses (10%) who were not included in the study subjects. The final tools were left unchanged in light of the pilot study's outcomes.

**Data collection** To gather the required data, written consent was acquired from the administrative authority in the designated location. The researchers gave the questionnaires to nurses who consented to take part in the study. Following full instruction, each nurse took roughly fifteen minutes to finish the questionnaires. Data was gathered from nurses during the April to June 2024 year three months after they were accepted utilizing the questionnaires.

**Ethical considerations;** Ethical approval was obtained from the research Ethics Committee of the Directorate of Health Affairs in Jeddah. Accordingly, ethical principles that guide nursing research practices were all observed in all the research activities, and informed consent was taken from the participants. All participants were given an explanation of the study's purpose by the researchers, ensuring the privacy and confidentiality of the data. Participants' anonymity was allowed.

**Data analysis** The researchers used version 26 of the Statistical Package for the Social Sciences (SPSS) to code the data and perform statistical analysis. The study's internal dependability tools were tested using the Cronbach's alpha correlation coefficient. Demographic and professional traits were described using frequency and percentages. To quantify the variables under investigation, the arithmetic mean and standard deviation (SD) were employed as indicators of central tendency and dispersion, respectively. The nature of the association between routinization and QWL was examined using the Pearson correlation coefficient analysis ( $r$ ). The predictive ability of independent factors on the dependent variable was examined using linear regression analysis ( $R^2$ ). The F-test was used to test the  $R^2$  modification. The variables added considerable prediction, as indicated by a significant F value for  $R^2$ . The dependent person's nonnormal behavior. The Kolmogorov–Smirnov test was used to confirm that the dependent variable was nonnormal ( $p < 0.000$ ). P-values less than 0.05 were deemed significant. A weak association is indicated by a Pearson correlation coefficient ( $r$ ) of 0.1, a moderate relationship by a  $r$  of 0.3, and a strong relationship by a  $r$  of 0.5.

### 3. Results

Table (1) Based on the demographic features of the nurses who were studied, approximately half of them were between the ages of 30 and 40. On the other hand, over one-third (35.9%) of them were under thirty. Women made up the majority of nurses (86.6). They made up between 9.6% and 16% of the various departments.

Thirty-one percent of nurses had between five and less than ten years of experience, and twelve-three percent had more than twenty years.

Table (1): Distribution of the studied cases according to demographic data (n = 259)

Demographic characteristics		No.	%
Age	Less than 30	93	35.9
	From 30-40	129	49.8
	From 41 to 50	17	6.5
Sex	Male	24	9.2
	Female	225	86.87
Working department	Nursing administration	16	6.1
	Pediatric	31	11.96
	Critical care units	39	10.05
	Out patients clinics	36	13.89
	Surgery theaters	24	9.2
	Gerontology	35	13.51
	Medical surgical	32	12.35
	Obstetric	26	10.03
Years of experience	Less than five years	76	29.34
	5 to less than 10 years	78	30.11
	10 to less than 20 years	73	28.18
	20 to more	32	12.35

The majority of nurses, as shown in Table 2, felt that their overall quality of work life was moderate, with a mean percent score of  $58.94 \pm 16.42$  across all dimensions: adequacy of resources ( $64.84 \pm 20.49$ ), relationship and cooperation ( $63.60 \pm 15.16$ ), training and development ( $62.01 \pm 10.72$ ), job satisfaction and job security ( $62.37 \pm 19.46$ ), compensation and reward ( $61.92 \pm 25.32$ ), autonomy of work ( $61.91 \pm 19.64$ ), work culture and climate ( $60.01 \pm 16.14$ ), work environment ( $50.78 \pm 16.37$ ), and facilities ( $43.61 \pm 16.58$ ).

Table (2): Nurses perception of their overall QWL and its dimensions (n=259)

Dimensions of QWL	Min. – Max	Mean $\pm$ SD.	Mean $\pm$ SD. (%)
Work environment	6.0 – 23.0	18.19 $\pm$ 3.93	50.78 $\pm$ 16.37
Work culture and climate	10.0 – 28.0	23.80 $\pm$ 4.52	60.01 $\pm$ 16.14
Relation and co-operation	9.0 – 24.0	21.26 $\pm$ 3.64	63.60 $\pm$ 15.16
Training and development	4.0 – 16.0	13.92 $\pm$ 1.72	62.01 $\pm$ 10.72
Compensation and reward	5.0 – 20.0	17.38 $\pm$ 5.06	61.92 $\pm$ 25.32
Facilities	5.0 – 20.0	13.72 $\pm$ 3.32	43.61 $\pm$ 16.58
Job satisfaction and job security	8.0 – 32.0	27.96 $\pm$ 6.23	62.37 $\pm$ 19.46
Autonomy of work	6.0 – 24.0	20.86 $\pm$ 4.71	61.91 $\pm$ 19.64
Adequacy of resources	3.0 – 12.0	10.78 $\pm$ 2.46	64.84 $\pm$ 20.49
Overall Quality of work life	62.0 – 199.0	62.0 – 199.0	58.94 $\pm$ 16.42

The majority of nurses reported a moderate mean percent score of routinization ( $59.05 \pm 7.06$ ) with Mean  $\pm$  SD ( $9.45 \pm 1.13$ ), and Min-Max (2.0 – 14.0), according to Table 3.

Table (3): Nurses perception of their overall Routinization (n=219)

Routinization variable	Min. – Max	Mean ± SD.	Mean ± SD. (%)
Routinization	2.0 – 14.0	9.45 ± 1.13	59.05 ± 7.06

According to Table 4, there is a substantial positive association ( $r=0.472$ ,  $p<0.001$ ) between routineization and overall work-life quality. Routinization also had the highest positive significant correlation with all of the QWL dimensions, including autonomy of work, work environment, work culture and climate, relationship and cooperation, training and development, compensation and reward, facilities, job satisfaction and security, and adequacy of resources, where the corresponding r values were 0.349,  $r = 0.482$ ,  $r = 0.236$ ,  $r = 0.371$ ,  $r = 0.454$ ,  $r = 0.526$ ,  $r = 0.452$ ,  $r = 0.541$ ,  $r = 0.430$ ,  $r = 0.472$ , and  $p < 0.001$  for each dimension.

Table (4): Correlation between quality of work life and routinization (n = 219)

Quality of work life	Routinization	
	r	P
Work environment	0.349*	<0.001*
Work culture and climate	0.482*	<0.001*
Relation and co-operation	0.236*	<0.001*
Training and development	0.371*	<0.001*
Compensation and reward	0.454*	<0.001*
Facilities	0.526*	<0.001*
Job satisfaction and job security	0.452*	<0.001*
Autonomy of work	0.541*	<0.001*
Adequacy of resources	0.430*	<0.001*
Overall quality of work life	0.472*	<0.001*

r: Pearson coefficient

\*: Statistically significant at  $p \leq 0.05$

This table shows that, with the exception of sex, there was a statistically significant difference between QWL and all demographic factors. With the exception of age and nursesstanding, there was no statistically significant difference between routinization and any of the demographic factors. Regarding age, there was a statistically significant difference between age and both QWL and routine, with the 40–50 age group having the highest mean ( $65.35 \pm 8.46$ ) and  $60.88 \pm 3.29$ . Conversely, the age group under 30 years old had the lowest mean ( $55.76 \pm 18.04$ ) and  $57.30 \pm 7.92$ . The critical care department had the highest mean ( $65.03 \pm 7.17$ ), while the nursing education department had the lowest mean ( $51.50 \pm 18.95$ ), according to working department.

Table (6): Relation between quality of work life, routinization and demographic data (n = 219)

Demographic data		Quality of work life	routinization
		Mean ± SD.	Mean ± SD.
Age	Less than 30	55.76 ± 18.04	57.30 ± 7.92
	From 30-40	59.78 ± 16.15	59.92 ± 6.82
	From 41 to 50	65.35 ± 8.46	60.88 ± 3.29

	F (p)	3.857*(0.023*)	4.405*(0.013*)
Sex	Sex		
	Male	60.29 ± 13.48	59.82 ± 6.35
	Female	58.85 ± 16.62	58.99 ± 7.12
	t (p)	0.316 (0.752)	0.424 (0.672)
Working department	Nursing administration department	55.77 ± 19.37	57.93 ± 57.93
	Nursing education department	51.50 ± 18.95	58.33 ± 7.22
	Critical care department	65.03 ± 7.17	60.78 ± 3.70
	Psychiatry and mental health department	57.35 ± 18.11	59.38 ± 5.38
	Community nursing department	61.48 ± 16.0	56.51 ± 13.22
	Gerontology department	63.64 ± 11.78	59.46 ± 4.88
	Medical surgical nursing department	57.50 ± 16.89	60.35 ± 6.07
	Obstetric department	56.02 ± 19.31	58.65 ± 8.12
	F (p)	2.075*(0.048*)	1.008(0.427)
Years of experience	Less than five years	55.84 ± 17.73	57.58 ± 8.31
	5 to less than 10 years	56.85 ± 18.19	59.56 ± 6.61
	10 to less than 20 years	64.44 ± 10.63	60.12 ± 6.59
	20 to more	58.93 ± 17.34	58.81 ± 4.98
	F (p)	3.639* (0.014*)	1.580 (0.195)

t, p: t and p values for Student t-test

F,p: F and p values for ANOVA test

\*: Statistically significant at  $p \leq 0.05$

#### 4. Discussion:

Quality of work life (QWL) is a complex measure that reflects how an employee feels about several aspects of their job. These include work-related content, working conditions, adequate and equitable compensation, opportunities for advancement, duty differentiation, participation in decision-making, job safety, occupational stress, organisational security in employment and interpersonal relationships, and work-life stability [1–3]. Routineization and QWL are regarded as critical elements that impact the performance of nursesnursing educators and improve organisational success (18). In this regard, the current study shows that routinisation and QWL have a substantial positive association. Furthermore, routinisation pattern accounts for about 65% of the explained variance of overall QWL. This can be as a result of the quality of work life institution's features, which include a safe workplace with easily available resources and services. Additionally, it increases the educator's autonomy, which fosters a positive workplace culture that offers a stable, independent workplace and reduces uncertainty—two key characteristics of routinization. In addition, QWL is affected by the nature of work (routinized, monotonous....ect) one act or do.

The conventional literature supports this by recommending that work routines have activist organisational efficiency and, by implication, on the quality of working life that results from the overall performance of the organisation (19). In contrast, scientific theories acknowledged that task routinisation had a negative effect on QWL. Additionally, the job characteristics theory is full of arguments that routine labour reduces QWL by impeding creativity, contribution, responsibility, and other

creative terms on the career, which in turn results in lower production (20). Additionally, Sandhya and Nanjundeswaraswamy (2016) (22) and Singhraul and Soni (2017) (21), respectively, elucidated a positive significant relationship between QWL and work kind. Additionally, Bree (2010) (23) found no connection between routine and job security.

Unexpectedly, the current study found that most nurses/nurse educators were thought to be moderately routine. By employing particular standardised procedures for every mission in education, research, and clinical nursing practice—which offer recurrence and similarity to complete tasks—this may be connected to work as a nurse on a certified faculty. Additionally, a work flow was found in the faculty's structure, which is the primary dominant dimension that causes routinisation. This outcome is consistent with research by Enomoto and Conley (2014) (24) that suggests procedures included in accrediting processes can provide more than just stabilising components in an educational institution. Also, Davis et al, (2016) (25) concluded that accreditation encourages regular self-examinations by a school they become part of a routine and iterative (or cyclical) process of diagnosing, planning, implementing, evaluating, and revising. From other point of view Jaafari-poooyan (2014)(26) clarified that one of the major disadvantage of accreditation was routinization because it leads to no thinking of innovation, stuck in the requirements imposed by accreditation to do activities in preset way.

Regarding to the level of QWL the present study showed that majority of nurses had a moderate level of QWL. Also, there are a significant relationship between age, nurses position, years of experience of nurses/educators and QWL. This may be due to salary, other economic benefits as fringe benefits, sitting arrangements, teaching and research related arrangements, general facilities, job related policies, management practices, administrative efficiency, work related aspects, chance of growth, work environment, interpersonal relations, participation in decision making, contribution of university to society, and personal growth.

his finding was corroborated by Rao et al. (2013) (27) who explained that the majority of respondents at the University of Jammu (about 69%) had a medium to high QWL. In a study on faculty members' QWL, Singhraul and Soni (2017) (21) and Yavari Y et al. (2009) (28) found that faculty members' QWL varied significantly depending on their years of experience and age. However, Rahimi Hamid et al. (2007) (29) and Jerome S. (2013) (30) came to the conclusion that there is no discernible variation in the faculty members' QWL based on their age, gender, department, location, educational attainment, and income.

## **5. Conclusion and Recommendations:**

This study sheds light on the expected impacts of QWL on nurses' routines, including work environment, work culture and climate, relationships and cooperation, training development, compensation and reward, facilities, autonomy, job satisfaction and security, and the sufficiency of resources. According to the

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results of the study, routinization can be enhanced by adjusting and modifying the aspects of work-life quality. Healthcare organizations can improve staffing nurse routines by implementing appropriate programs that offer both monetary and non-monetary rewards. Give the hospital the chance to make the best use of its resources, and adjust the payment schedule based on the quantity and quality of the teachers' work as well as the circumstances in the community. Provide faculty members the chance to participate in decision-making. Additionally, it is advised that some actions be prepared with regard to enhancing the quality of work life and its efficiency should be evaluated.

### Implications of this study

The findings of this study are crucial because they allow nursing organizations to offer a helpful QWL to their staff, assisting them in developing their routines, which improves their performance and career..

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