



Quality of Life of Emergency Department Nurses in Makassar Hospitals on Work Stressors and Job Satisfaction

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Abstract

Hospitals as organizations can place clients and caregivers under a serious burden of stress, which then affects their physical and emotional health. Working conditions in nursing show that work stress can have a big impact on the quality of life of nurses. The aim of this research was to determine the relationship between work stress, job satisfaction and individual characteristics with the quality of life of nurses in the Emergency Unit at Makassar General Hospital. The research method is descriptive using a cross sectional design with a quantitative approach. The results of the study concluded that there was a relationship between age (p value = 0.04), marital status (p value = 0.02), work stress (p value = 0.004) and job satisfaction (0.04) with the quality of life of nurses. However, there was no relationship between gender (p value = 1.00) and level of education (p value = 0.9) with nurses' quality of life. The most dominant factor related to quality of life is work stress. Work stress will affect the quality of life of nurses who work in the emergency room. Work stress affects the quality of life of emergency room nurses. Job satisfaction is related to the quality of life of emergency department nurses. The nurse's age is related to the quality of life of emergency department nurses. The gender of the nurse is not related to the quality of life of emergency department nurses. Nursing education is related to the quality of life of emergency department nurses. Nurses' marital status is related to the quality of life of emergency department nurses.

Keywords: Quality of Life, Nurses, Emergency Unit, Job Stressors and Job Satisfaction

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1. Introduction

The individual's quality of life can usually be assessed from their physical, psychological, social relationships and environmental conditions (Larasati, 2009). Meanwhile, other factors are the influence of individual characteristic variables such as marital status, education level, age and gender on quality of life (Rifiani & Sulihandari, 2013). Quality of life is also influenced by stress levels and job satisfaction (Cimete, Gencalp & Keskin, 2013). The research results show high levels of work stress for nurses, which can affect their quality of life. According to the results of quality of life (QOL) research, male and female nurses have different qualities of life, male nurses have a higher quality of life than female nurses. Job factors, satisfaction and other positive attitudes of nurses will influence all dimensions of the nurse's quality of life and work stress (Junaidy & Surjaningrum, 2014).

Work stress is stress that arises due to stimulation within the work environment or outside of work which causes stress and cannot be overcome, so that it will cause disturbances which have further consequences from this stress, namely affecting the smoothness of performance (Christian, 2005). High intensity between nurses and patients and families, especially in difficult and complex patients, is one of the causes of work stress in nurses in the Emergency Unit (Kurniadi, 2013).

Apart from work stress, currently hospitals are experiencing various problems related to nursing staff and nursing services. These problems are related to the shortage of nurses, job dissatisfaction with nurses and the poor working environment of nurses.

Various studies conducted on nurses' job satisfaction show that many nurses experience job dissatisfaction. Research in various hospitals shows that more than 40% of nurses experience job dissatisfaction and 33% of nurses aged less than 30 years intend to leave their jobs (Wuryanto, 2010). Job satisfaction contributes to work performance, when an individual feels satisfied with their work, a worker will try as hard as possible





with all their abilities to complete their tasks, which will ultimately result in good performance and achievements for the company/organization.

Events from inside and outside the workplace can cause work stress in the Emergency Unit for employees. Work stress experienced by individuals is a reciprocal relationship between something that is within the individual and something that is outside of the individual. The relationship between something inside and outside the individual also applies to events that cause work stress in emergency department nurses. Emergency room nurses are different from other nurses. The level of work and knowledge of emergency department nurses is more complex compared to nurses in other parts of the hospital, because they are responsible for maintaining patient homeostasis to fight through critical/terminal conditions that are close to death (Kristanto, Dewi, & Dewi, 2012). Due to the complexity, activity and dynamicity, intensive care units continuously cause stress and the use of sophisticated technical equipment is considered one of the causes of stress for emergency department nurses. The results of research by Farhadian show that the average emergency unit nurse experiences work stress (Javadi, Parandeh, Ebadi A, & Z Haji Amini, 2010).

Clinical Support Services consist of intensive care, blood services, nutrition, pharmacy, instrument sterilization and medical records. Characteristics of emergency unit nurses, namely having a better level of knowledge and skills than other nurses in handling patients who have critical conditions. Emergency unit nurses must at least have a Basic Training Cardiac Life Support certificate. Nurses are also susceptible to experiencing Post Traumatic Stress Disorder compared to general nurses. Based on Mealer's research, the results showed that out of 230 emergency unit nurses, there were 54 respondents who experienced PTSD (24%), while of the 121 respondents from general nurses there were 17 respondents who experienced PTSD (14%). With a shortage of nurses providing nursing care in the emergency unit, the high workload will affect nurses' work stress, job satisfaction and affect the quality of life of emergency unit nurses in hospitals.

2. Research Methods





This descriptive research uses a cross sectional design with a quantitative approach, namely research to study the relationship between cause and effect factors that occur on the research object and are collected at the same time. The analysis used was univariate to describe the frequency distribution of all variables, bivariate analysis to determine the relationship between independent and dependent variables, namely the Chi-Square test and multivariate analysis to see the most dominant factors influencing the quality of life of nurses using the predictive logistic regression test. team, willing to be a respondent, while the exclusion criteria was withdrawal.

Data were collected using questionnaires on individual characteristic variables, work stress with the Nursing Stress Scale developed by Damit, job satisfaction with the Muller Satisfaction Scale developed by Damit and quality of life with WHOQOL Breef. The population was all emergency unit nurses at three type B hospitals, the total sample was 34 nurses, the sampling method was purposive sampling, with the inclusion criteria being executive and chief nurses during the research.

3. Results and Discussion

a. Results

Table 1
Relationship between Job Stress, Job Satisfaction, Nurse Age,
Gender and Status Wedding with Quality of Life Nurse

	Quality of Life		Total	P		OR		
	Not good	Good		Value	(95%CI)			
	f	%	f	%	f	%		
Tall	12	66.7	6	33.3	18	100	0.004	14.0
Low	2	12.5	14	87.5	16	100		2,370-82,717
Satisfaction Work								
Low	12	57.1	9	42.9	21	100		7,333
Tall	2	15.4	11	84.6	13	100	0.04	1,291-41,652
Age Nurse	14	51.9	13	48.1	27	100		
Mature							0.02	0.481
Young								





Mature intermediate	0	0.0	7	100	7	100		.326-.712
Type Kelmain Man	1	33.3	2	66.7	3	100		0.692
Woman	13	41.9	18	58.1	31	100	1.00	0.057-8.470
Education Nurse								
D3	10	41.7	14	58.3	24	100	0.9	0.1
S1	3	37.5	5	62.5	8	100		
S2	1	50.0	1	50.0	2	100		
Status Wedding								
Marry	6	26.1	17	73.9	23	100		
Not yet	8	72.7	3	27.3	11	100	0.027	0.132
Marry								0.026-0.669

From table 1 it can be seen that the results of statistical tests carried out on the variable work stress with the quality of life of nurses (p value = 0.004), job satisfaction with the quality of life of nurses (p value = 0.04), age of nurses with the quality of life of nurses (p value = 0.02), gender of the nurse with the quality of life of the nurse (p value = 1.00), education of the nurse with the quality of life of the nurse (p value = 0.9) and marital status of the nurse with the quality of life of the nurse (p value = 0.027).

- ❖ Description Factor Most Dominant Which Influence Quality Life Nurse emergency room

Table 2
Model Stage End Quality Life Emergency Room Nurse

No	Variable	B	S.E	Wald	Sign.	Exp(B)
1.	Age	21,556	13406.778	,000	,999	2300693
2	Stress Work	2,996	1,008	8,827	,003	20,000

Four variables were included in the predictive logistic regression modeling. It was found that the variable that most dominantly influences the nurse's quality of life variable is the work stress variable, with a sign of 0.003, then the second most dominant is the nurse's age with a sign value of 0.999.





With the modernization of life and the increasing use of advanced technology, the workplace has become increasingly competitive. Thus, physical, mental, and spiritual problems caused by work-related stress also increase. Job stress can lead to low levels of job satisfaction, high levels of undesirable events, and unfavorable physical and mental health outcomes. In the twenty-first century, one of the main factors endangering health is high levels of work stress, and nursing is one of the high-stress occupational fields. High work stress can result in high turnover rates and low service quality and organizational efficiency (Chen et al., 2014).

Hospitals as organizations can place clients and caregivers under a serious burden of stress, which then affects their physical and emotional health. Working conditions in nursing show that work stress can have a big impact on the quality of life of nurses. Throughout the world, there are many studies of quality of life and related factors and some of these studies have studied the quality of life of nurses (Javadi et al., 2010).

Work stress experienced by emergency unit nurses is a condition where emergency unit nurses have to maintain patient homeostasis, where all patients treated in the emergency unit are patients with low GCS. Emergency unit nurses also have to provide total care nursing care and that is a big challenge that causes work stress for nurses. Another problem that arises is the limited number of nurses working in the emergency unit. Some of these conditions cause nurses to experience high levels of stress, thus affecting the dimensions of their lives and the quality of their lives.

Moorse in Wuryanto (2010) stated that basically job satisfaction depends on what a person wants from their job and what they get. The results of the study found that there was a relationship between job satisfaction and the quality of life of nurses. Low job satisfaction, leading to high levels of burnout, turnover intent, and even illness. Hospital nurses often experience burnout caused by a lack of job satisfaction, which can lead to turnover (Chen et al., 2014).

Emergency unit nurses' job satisfaction tended to be low in this study, this result is also in accordance with research by Noras & Sartika which stated that nurse satisfaction was lacking (Noras & Sartika, 2012). By increasing nurses' job satisfaction with their





work, it will affect the quality of life of nurses. Nurses with high job satisfaction will perceive their quality of life as high, and vice versa, if nurses feel their job satisfaction is low they will have a low quality of life too.

The results of statistical tests show a relationship between age and quality of life for emergency room nurses. The results of this study are in line with research conducted by Yu, Hung, Wu, Tsai, Wang, Lin to explore the quality of life in seven hospitals in Yunlin and Chiayi districts with results Age is significantly related to nurses' quality of life.

Changes in age affect the physical, health and physical strength reaches its peak, psychologically the desire and effort to stabilize emerge, often experiencing emotional tension due to the complexity of problems, mental abilities such as reasoning, memory and creativity are at the peak. In middle-aged nurses, it was found that there was a contribution from age factors to individuals' subjective quality of life, which was because individuals in middle age had passed their youth, so they tended to evaluate their lives more positively than when they were young. The higher a person's age, the higher their quality of life status (Yu et al., 2008).

The results of statistical tests showed no relationship between gender and the quality of life of emergency room nurses. The results of this study are in line with the results of research conducted by Moradi, Fini & Maghaminejad which examined factors related to the quality of life of nurses in Iran with the results that gender had no relationship with the quality of life of nurses (Noras & Sartika, 2012).

Gender is one of the components that differentiates nurses. In terms of needs, male and female nurses will be different, from an emotional perspective they will also be different, which of course will affect the difference in quality of life between male nurses and female nurses. However, in this study it was found that there was no significant relationship between the nurse's gender and the nurse's quality of life.

The results of statistical tests showed no relationship between the level of education and the quality of life of nurses. The results of the study are in line with the results of research conducted by Jafari at Zanjan University Hospital in Iran, which stated





that there was no significant relationship between the level of education and the quality of life of nurses.

This research shows that the level of education of nurses does not affect the quality of life of nurses, where the respondents in this research are executive nurses, all respondents have the same position in providing nursing care without differentiating the education level of the nurses. All nurses are treated the same whether they are D3, S1 or S2 nurses so that their quality of life when it comes to education level is not significantly related. The implementation of providing nursing care to patients does not yet use absolute clinical authority, nurses with undergraduate or diploma III backgrounds will both provide nursing care to patients.

The results of statistical tests showed a significant relationship between marital status and nurses' quality of life. The results of this study are in line with the results of research conducted by Cimete, which found a significant relationship between quality of life and nurses' marital status. Several studies have found that marital status is a predictor of overall quality of life. Empirical research in America generally shows that married individuals have a higher quality of life than unmarried individuals (Lee, 1998 in Nofitri 2009).

Marital status is one of the needs of individuals, so it will be a good predictor for individuals in carrying out daily activities. Individuals who are married will tend to have good life satisfaction and this will affect the quality of life. With married status, there will be a division of roles with a life partner, housework tends to decrease along with cooperation with the partner, so that the focus on work as a professional nurse will be maximized. Based on the results of predictive logistic regression analysis of a number of variables related to nurses' quality of life, it was found that the variable that had the most influence on quality of life was work stress. The results of this study are in line with several studies that have been conducted by Cimete, saying that work stress is the best predictor that affects the quality of life of nurses (Cimete, Gencalp, & G Keskin, 2003).

Job stress in this study was found to be the main factor in influencing the quality of life of emergency department nurses. Work stress will affect all dimensions or domains





of a person's quality of life. Work stress will contribute to the physical domain, namely someone who experiences work stress will experience health problems such as physical weakness, being susceptible to disease. Work stress has an effect on the psychological domain, someone who experiences work stress will have a depressed psychological condition and this will affect their mental health. Work stress will affect the social relations domain, someone who experiences work stress has poor social relations with other people because they are in unpleasant conditions, work stress will affect the environmental domain because someone who experiences work stress tends not to pay attention to their environment. Apart from work stress and job satisfaction, there are several other factors that influence the quality of life of nurses, namely the nurse's age, the nurse's marital status and the most dominant factor influencing the quality of life of emergency department nurses is the work stress experienced by nurses.

4. Conclusion

From the description above, several conclusions can be drawn: Work stress affects the quality of life of emergency department nurses. Job satisfaction is related to the quality of life of emergency department nurses. The nurse's age is related to the quality of life of emergency department nurses. The gender of the nurse is not related to the quality of life of emergency department nurses. Nursing education is related to the quality of life of emergency department nurses. Nurses' marital status is related to the quality of life of emergency department nurses.

5. Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.





Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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