Investigation of Relationship between Quality of Life and Clinical Practice of Nurse in the Tamin Ejtemaei Hospital of Zahedan

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Abstract: The quality of life is one of the critical concepts for a health life. It effects on the method of behavior and the human performance. In some employees so nurse the people needs to patience as having a healthy spirit and body plays an effective role on nursing function. Based on this discussion this study attempts to examine the relationship between quality of life and clinical practice in social security hospital in Zahedan the study population consisted of nurses working Zahedan Social Security. Sample is 191 people that is selected by Morgan table and this study applied simple random sampling. The instrument is The World Health Organization Scales, quality of life and self-Nurses for Cheraghi et al (2008). Alpha coefficient calculated for Quality of Life scale and clinical practice is respectively 0.82 and 0.87 that shows high reliability. Data analysis was performed using Pearson correlation coefficient. The finding indicated that: Between quality of life and clinical practice in the Social Security Hospital in Zahedan, there is a significant relationship. As well as there is a significant relationship. The physical health, mental health, environmental health, social and clinical practice in the Social Security Hospital in Zahedan.

Keywords: Quality of Life, Clinical Practice, Job Performance.

Introduction

The desired quality of life has been and is always human desire. At first, the well-being and longer life meant the better quality of life. However, today the quality of life contrasts with quantity and is defined based on the excessive dimensions of health, it means a number of years of life that is always satisfaction, happiness and pleasure. The World Health Organization defines the quality of life as people's perceptions of their position in relation to the objectives and value systems accepted by them, according to the he objective conditions of life (Ranjbar et al., 2011). According to the health model, the desired quality of life should be included the physical, emotional- spiritual, social, moral and occupational dimensions, and in health service provider organizations, the quality of life is of the main factors affecting the performance of employees and finally the quality offering of health

care (Ghasemi et al., 2011). As Khani et al in their study explained that the workload, interpersonal communication, independence, low income and lack of empowerment programs are among the nursing problems, and these are also effective on nurses' quality of work life (Hessam et al., 2012).

Promotion and performance of an organization depends on the abilities and physical- mental health and employee performance of that organization. Of these, nurses constitute the largest portion of the human resources of the health system and vital role in the maintenance, care and improving the health of patients. The nurses are the biggest predictors of patient satisfaction from the cares made in hospitals. And the physical and mental health of patients is concerned the quality care (clinical practice) by nurses. Nurses' job performance, involving three individual-organization variables associated with each other, which includes that the skill, effort and the nature of working conditions.

The nurses are considered as the most contented occupational groups among groups of working in hospitals. The work life of nurses is influenced by four factors, including the social, administrative, managerial and cultural specific conditions, which emergence of problems and shortcomings in these areas causes dissatisfaction and finally burnout and turnover or quite (Dargahi et al., 2007). The spiritual well-being of nurses is as psychological component of quality of life that defines as people's perception of their own lives in the area of emotional behaviors and psychiatric performances and mental health dimensions, and consists of two components. First, the cognitive judgment that shows how advancing people in their lives. And the second component includes a person's level of pleasant experiences. This means that the first component is performance and the second includes the mental health of the people. In fact, the nursing practice is a combination of cognitive skills, interpersonal, ethical and legal that causes to advance the nursing cares from traditional method to the scientific and patient-centered methods (Atashzadeh Shorideh & Ashktorab, 2011).

Occupations in where there are the widespread social and interpersonal relations and their staffs are responsible to the care and treatment affairs, naturally, are a platform for developing a variety of the physical and mental diseases. The nurses are among occupational groups who are exposed to stress and psychological problems, including depression, anxiety and fatigue. Stress and increasing the depression causes to reduce the job performance, disruption of personal relationships, as well as decreasing the attention and concentration, degradation of problem-solving skills, declining the abilities to communicate with patients, professional performance degradation, thereby disrupting their quality of life (Kavosi Kosha et al., 2014).

The evaluation of effective clinical performance of nurtures has always been known as a problem. The main problem is the lack of clear definition of objectives and inherent performance in the art of nursing and the lack of objective measurement criterion. In traditional evaluation, measurement criterion is the minimum clinical practice (correct function) that once saying that a nurse has the correct performance, the next targets of clinical evaluation will not estimate. Falak and Faiefi used a valuation tool that called the criterion of achievement to the objective for measuring the behavioral changes due to the nursing education in their investigation. They believe that many practical approaches are inadequate to reflect the changes evident due to training (Khademolhosseini, 2012).

In fact, nurses' quality of life means that nurses enable to satisfy their essential needs by working in hospitals, and ultimately to achieve their organizational goals (Mohammadi, et al., 2014). Understand and thus improving the nurses' quality of life is an important factor to achieve the high levels of quality of care for patients. Quality of work life for the nurses means that they can eliminate the important needs of individual through experience and examination by themselves in organization. In fact, nurses that have a good quality of life can optimize and make health the today performance of hospitals, to guarantee their position. On the other hand, nurses when improve the quality of their lives, can communicate with other colleagues and patients effectively. Considering the importance of the quality of working life to increase the interest of nurses in the work environment causes its positive effects on health service delivery systems, and ultimately improving the capacity and efficiency of hospitals.

Given that nurses' performance are very important, and their quality of life can affect the nursing clinical practice, this study will answer this question: What is the relationship between quality of life and their clinical practice in social security hospital in Zahedan?

Methodology

The research method of this study is descriptive method by correlational approach. The population in this study included all male and female nurses in social security hospital in Zahedan in 2015 that their number is 380 people. The sample in this study is the male and female nurses of social security hospital in Zahedan in 2015. The sample size in this study 191 people has been considered. This sample size was selected based on Morgan table. The method

sampling is simple random sampling one. This means that we referred to the hospital and distributed randomly questionnaires among nurses. In this study, the following questionnaires were used to collect data tool:

The World Health Organization Quality of Life Questionnaire: This questionnaire is a self-administered tool designed by the World Health Organization to assess the quality of life. Expressions relating to the World Health Organization Quality of Life Questionnaire subscales are:
- Physical health subscale: 18, 17.16, 15, 10, 4, 3.
- Mental health subscale: 26, 19, 11, 7, 6, 5.
- Social relations subscale: 22, 21, 20.
- Environmental health subscale: 25, 24, 23, 14, 13, 12, 9, 8.

In questions of 26, 4, 3, grading is done in reverse order.

Clinical practice questionnaire: This questionnaire with titled the clinical practice questionnaire was made in 2009 by Cheraghi et al the questionnaire has 37 items to evaluate the self-efficacy of clinical practice is very suitable.

Based on test results, given that the alpha coefficient calculated for the quality of life questionnaire and clinical practice are 0.82 and 0.87, respectively, it can be concluded that the reliability of the questionnaire in this research is at an high acceptable level.

In order to analyze the data, Pearson's correlation coefficient was used to test the hypothesis was used as well as some indicators such as frequency, percentage, mean, variance, standard deviation.

Results

In this section, we test the research hypotheses and assumptions. To investigate the relationship between nurses' quality of life and clinical practice, the test of Pearson correlation coefficient is used. Results are offered in Table 1:

Table 1. The results of Pearson correlation coefficient test.

Variable	Clinical practice	
	Pearson correlation coefficient	P-value
Quality of Life	0.359	0.001

As shown in Table (4-3), the correlation coefficient between nurses' quality of life with clinical practice component is 0.359, and an interface that is relatively moderate and in the positive direction (straight) and at the level of 0.01 is significant ($P = 0.01 < 0.001$). So we can say that there is a significant relationship between nurses' quality of life with their clinical practice at the social security hospital in Zahedan.

To investigate the relationship between the nurses' quality of life with clinical practice, the test of Pearson correlation coefficient is used. The results are shown in Table 2:

Table 2. The results of Pearson correlation coefficient test.

Variable	Clinical practice	
	Pearson correlation coefficient	P-value
Physical health	0.190	0.009
Mental health	0.339	0.001
Social relations	0.199	0.006
Environment health	0.288	0.001

As in Table 2 can be seen:

The correlation coefficient between physical health with clinical practice component is 0.190 that is a poor relationship and in the positive direction (straight), and significant in 0.01 level ($P = 0.009 < 0.01$). Therefore, we can say that there is a significant relationship the physical health of nurses with their clinical practice in social security hospital in Zahedan.

The correlation coefficient between mental health with component of clinical practice is 0.339 with relatively moderate relation and in the positive direction (straight), and significant at 0.01 level ($P = 0.001 < 0.01$). Therefore,

there is a significant relationship between the mental health nurses with clinical practice in social security hospital in Zahedan.

The correlation coefficient between the social relations with component of clinical practice is 0.199 that is a weak positive relationship (direct), and significant in 0.01 level (P = 0.006 < 0.01). Therefore, the nurse's' social relations and their clinical practice at the social security hospital in Zahedan have a significant relationship.

The correlation coefficient between environmental health with clinical practice component is 0.288, which is weak positive relationship (direct) and significant in 0.01 level (P = 0.001 < 0.01). This shows that nurses' clinical practice with environmental health at the social security hospital in Zahedan have significant relationship.

Discussion and Conclusion

The results showed that:
• There is a significant relationship between the nurses' quality of life and their clinical practice in social security hospital in Zahedan.
• Physical health of nurses and their clinical practice in social security hospital in Zahedan have a significant relationship.
• Relationship between nurses' mental health with their clinical practice in social security hospital in Zahedan are significant.
• Nurses' social relations with their clinical practice in social security hospital in Zahedan have a significant relationship.
• Environmental health with the nurses' clinical practice at the social security hospital in Zahedan has significant relationship.

For discussion should be stated that nurses among the health care workers, which are constantly placed in situations that require decision-making. Many of these are management decisions; some of them are professional, and clearly some of the moral decisions. Therefore, performances and qualifications of nursing may be considered as clinical practices and have been separated from morality. While in fact, the nurses' quality of life and their clinical practice are not separated. Because, nurses have the most human relationship with the patient in the aspects of the duration and depth of their relationship, and also the importance of ethical care to the extent that sometimes have the advantages toward the technological aspects and the nurses' quality of life. Furthermore, the nurses provide the health services, and in this way people understand that their views and experiences are useful and valuable. Importance of the subject is that the clinical governance is the first and foremost factor to help the clinical services and move towards service quality through local knowledge and national and international modeling. In fact, to recognize the outstanding nursing services as well as the understanding of national and local infrastructures will provide the quality services. In this case, aspects of the competitive spirit that biases in the allocation of resources to some specific services should be abandoned. The rights of nurses are influenced by the quality of health services, and clinical governance focuses and considers the quality of clinical services. This means that systematic procedures should be in place and in all hospital to assist the personnel and promote the development of qualified activities. For this purpose, the clinical governance guidelines to provide a clear agenda for their work and efforts in the development and implementation of clinical practice and health services in organizations. Especially for primary care nurses who are responsible for evaluating the clinical information is the comprehensive is the conflicting expert advice. In fact, each of the experts has their own specific values and different perceptions of their clinical experience, which affects their recommendation, thus between the views of professionals to create the nurses' quality of life is a meaningful approach. The results of this study conform to the research by Kalatin and Kazbin (2013) with titled the nurses' quality of life employed at hospital to determine their quality of life. They showed that quality of life is a multidimensional concept of culture, positions, goals, business, expectations and perceptions, which including the physical, emotional and social relations of people in the family and outside the family, and is effective on their performance and behavior.

Conflict of interest
The authors declare no conflict of interest.

References

Atashzadeh Shorideh, F., & Ashktorab, T. (2011). The factors affecting the nursing process by nurses: A qualitative study. Knowledge & Health, 3(6), 23-17.

Dargahi, H., Gharib, M., & Goudarzi, M. (2007). The investigation of the nurses' quality of work life in the hospitals of Tehran University of Medical Sciences. Faculty of Nursing and Midwifery, Tehran University of Medical Sciences, 2(13), 21-13.

Ghasemi, N., Kejyaf, M. B., & Rabiee, M. (2011). The effectiveness of the therapy group based on quality of life on the well-being and, mental health. Journal of Clinical Psychology, Years 3, 2, 34-23.

Hessam, M., Asayesh, H., Rouhi, G., Shariat, A., Nasiri, H., & Sho'ori Bidgoli, A. (2012). The investigation of relationship between quality of nursing work life and the nursing profession turnover. Journal of Nursing Management, 3(1), 36-27.

Kavosi Kosha, Z., Qaderi, A. R., & Moayani Zadeh, M. (2014). The relationship between psychological well-being and job performance of nurses and comparing them in special and ordinary sections. Researches in clinical psychology and counseling, Year 4, 1, 194-175.

Khademolhosseini, S. M., Mokhtari Nouri, J., & Feizi, F. (2012). Journal of Educational Strategies, 3(5), 175-171.

Mohammadi, J., Ghazanfar, F., & Azizi, A. (2014). Center for Nursing Cares Research, Iran University of Medical Sciences, Iran Journal of Nursing, 27(91&90), 64-54.

Ranjbar, F., kakavand, A., Borjali, A., & Bermas, H. (2011). Resiliency and quality of life of mothers of the mental retardation children. 1(1), 187-178.