


## Analysis of Determinant Factors of Quality of Nursing Work Life of Nurses at Airlangga University Hospital Surabaya

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### ABSTRACT

**Introduction:** QNWL was very important in reducing staff turnover, increasing job satisfaction and pride in work, so ultimately providing financial performance benefits of improving the financial condition of the organization. This study aimed to analyze the determinants of individual factors, work environment, work stress, and the reward system for QNWL at Airlangga University Hospital, Surabaya. **Method:** This research was an cross-sectional study with a sample of 107 respondents using a cluster random sampling technique. The independent variables were individual factors, work environment, work stress, and reward system, while the dependent variable was QNW. The research was conducted at Airlangga University Hospital, Surabaya. The instrument used was a questionnaire. This research was analyzed using a logistic regression test with a significance level of < 0.05. **Result:** The results of this study indicated that nurses at Airlangga University Hospital had overall QNWL scores and QNWL dimensions (work life home life, work context, work design, and work world) that were in the good category. In addition, there was a significant relationship between gender and QNWL ( $p=0.032$ ), education and QNWL ( $p=0.000$ ), and position in nursing and QNWL ( $p=0.044$ ). **Conclusion:** The determinant factors that influence QNWL in nurses at Airlangga University Hospital are gender, education, and position in nursing. It is expected that Airlangga University Hospital can pay attention to equality of workload by not distinguishing gender, adjusting job desks to the education they have, and providing rewards for nurse performance.

**Keyword:** Determinant factors, Hospital, Nurses, QNWL

## INTRODUCTION

The largest workforce in the health care system is nurses, with an estimated 19.3 million nurses out of a total of 43.5 million health workers worldwide (1). Without the contribution of the nursing workforce, the quality of patient care and hospital services cannot be improved (2). Nurses as the largest health workers in health services should have a good quality of nursing work life (QNWL). A good QNWL, will reduce staff turnover, increase job satisfaction and pride in work and ultimately provide benefits to financial performance or improve the financial condition of the organization (3). However, only a few organizations focus enough on this aspect or adequately assess and address the factors that affect the quality of work life (4).

Nurses who are dissatisfied with the quality of nursing work life can have serious consequences that affect the nurse's personal life, which in turn can affect the quality of nursing care and threaten patient safety. Several studies conducted in hospitals show that the quality of work life of nurses is mostly in the low to moderate range. In the study by Hayulita et al (2023), the results of the quality of nurses' work-life were in the moderate category (65.9%) and the high quality of work-life category (34.1%).

Quality of Nursing Work Life (QNWL) is the extent to which nurses can meet important personal needs through their experiences in the work organization while achieving organizational goals and making meaningful contributions to the organization where they work. QNWL is the degree of satisfaction with work life in the form of increased productivity and decreased turnover. Nurse satisfaction with the quality of nursing work life will have a positive impact, such as increasing the quality of care provided, increasing productivity and performance, increasing retention rates, and reducing turnover (5).

The quality of nurses' work life is influenced by several factors, both internal and external factors. Based on the literature review by Maf'ula et al, there are eight determinants of

the quality of nurses' work life, namely experience (years of experience), education level, monthly income, social support, work environment, health status, stress level, and skills (6). Maf'ula et al concluded that the strongest determinant of nurses' quality of work life across studies was the work environment. The work environment is positively related to nurses' quality of work life, the healthier the work environment, the higher the quality of nurses' work life (6). In contrast to the work environment, stress levels or work stress are also predictors that are negatively related to nurses' quality of work life. Based on the results of a survey by PPNI in 2018, around 50.9% of nurses working in Indonesia experience work stress, often have headaches, are tired, and cannot rest because the workload is too high and takes up time and low salaries without adequate incentives (7).

Another important factor that can affect nurses' quality of work life is individual factors. Individual factors can help identify specific factors that contribute to nurses' quality of work life in a clinical setting. The reward system can also affect the quality of work life. This is because the reward system affects increasing work motivation, which will ultimately directly improve the performance of nurses and the organization. Unfair and inappropriate rewards will affect nurses' performance (8). Research on the Quality of Nursing Work Life has been widely conducted, but most of them only focus on internal factors, especially individual factors. Therefore, this study aims to analyze the influence of the relationship between determinant factors on individual factors (age, gender, education, marital status, number of children, burden of responsibilities at home, position in nursing, work experience, and length of service), work environment factors, work stress factors, reward system factors on the quality of nursing work life (QNWL) of nurses at Airlangga University Hospital.

## METHOD

This study used a descriptive-analytical research design with a cross-sectional

approach. The population in this study were all nurses in the inpatient ward of Airlangga University Hospital, Surabaya, totaling 147 people. The sample in this study was selected by cluster random sampling according to the inclusion criteria. The inclusion criteria in this study were 1) Inpatient nurses (executors, team leaders, and room heads); 2) Inpatient nurses with a minimum of 1 year of work (career level PK I); 3) Inpatient nurses with Diploma III-S2 education. The sample determination used the Slovin formula of 107 nurses.

The independent variables in this study were individual factors (age, gender, education, marital status, ownership of children, burden of responsibilities at home, position in nursing work experience, and length of service), work environment factors, work stress factors, and reward systems in inpatient nurses at Airlangga University Hospital, Surabaya. The dependent variable in this study was the

## RESULT

Based on table 1, it was found that the majority of nurses were 26-35 years old (72%), female (88.8%), education level was Bachelor's/S1 Nursing (57%), marital status was married (55.1%), the majority did not have children (65.4%), the majority had one dependent with a total of (60.7%), the position in nursing was mostly implementing (85.0%), work period was 1-5 years (79.5%), the majority had work experience in more than 2 rooms (48.6%).

Based on table 2, it was found that the work environment in the inpatient room of Airlangga University Hospital was almost entirely in the good category with a total of 93 respondents (86.9%). A total of 13 respondents were in the sufficient category (12.1%) and the less category was 1 respondent (0.9%).

Table 3 shows that there are nurses at Airlangga University Hospital who experience work stress conditions in the high category, namely 7 respondents

Quality of Nursing Work Life (QNWL). Data were collected using a questionnaire in the form of a data checklist sheet for individual factors, the work environment questionnaire using the Sherry opinion component in Hamim, the work stress questionnaire developed from the research questionnaire by Pramudya in Rahimasari, the reward system questionnaire compiled by Royani, and the QNWL questionnaire using the Brooks & Anderson questionnaire which had been modified by Nursalam (9) (10) (11) (12). The data that has been collected will be analyzed using the SPSS (Statistical Package for the Social Sciences) system using a logistic regression test with a significance level  $<0.05$ . This study obtained an ethical approval certificate from the Health Research Ethics Commission (KEPK) of Airlangga University Hospital, Surabaya, on May 22, 2024, with Number 074/KEP/2024.

(6.5%). While in the moderate category there are 17 respondents (15.9%) and low 83 respondents (77.6%). Based on table 4, it was found that the percentage of the reward system in the inpatient ward of Airlangga University Hospital was almost entirely in the high category, 102 respondents (95.3%) and in the low category, 5 respondents (4.7%).

Based on table 5, it was found that the QNWL in the inpatient room of Airlangga University Hospital was mostly in the sufficient category with 48 respondents (44.9%), the good category with 32 respondents (29.9%), and the less category with 27 respondents (25.2%).

Table 6 explains the determinant factors that affect QNWL are gender, education, and position in nursing. Gender has a significance value of ( $p=0.032$ ), education has a significance value of ( $p=0.000$ ), and position in nursing has a significance value of ( $p=.0444$ ).

**Table 1. Description of Individual Factor Variables of Nurses at Airlangga University Hospital, Surabaya in June 2024 (n=107)**

Variable	Category	Frequency (f)	Percentage (%)
Age	20-25 Years	26	24.3
	26-35 Years	77	72
	36-45 Years	4	3.7
Gender	Male	12	11.2
	Female	95	88.8
Education	Diploma 3/D3	45	42.1
	Strata 1/ S1 Nursing	61	57
	Strata 2/S2	1	0.9
Married Status	Married	59	55.1
	Unmarried	48	44.9
Ownership of Children	No Children Yet	70	65.4
	One Child	28	26.2
	> 1 Child	9	8.4
Dependents	None	11	10.3
	One Dependents	65	60.7
	> One Dependents	31	29
Position in Nursing	Head of Room	3	2.8
	Team Leader	13	12.1
	Implementer Nurse	91	85
Length of Service	1-5 Years	85	79.4
	6-10 Years	16	15
	> 10 Years	6	5.6
Work Experience	1 Rooms	36	33.6
	2 Rooms	19	17.8
	> 2 Rooms	52	48.6

**Table 2. Description of Work Environment Variables of Nurses at Airlangga University Hospital, Surabaya in June 2024 (n=107)**

Variable	Category	Frequency (f)	Percentage (%)
Work Environment	Less	1	0.9
	Enough	13	12.1
	Good	93	86.9

**Table 3. Description of Work Stress Variables of Nurses at Airlangga University Hospital, Surabaya in June 2024 (n=107)**

Variable	Category	Frequency (f)	Percentage (%)
Job Stress	Less	83	77.6
	Enough	17	15.9
	Good	7	6.5

**Table 4. Description of Nurse Reward System Variables at Airlangga University Hospital, Surabaya in June 2024 (n=107)**

Variable	Category	Frequency (f)	Percentage (%)
Reward System	Low	5	4.7
	High	102	95.3

Table 5. Description of QNWL Variables of Nurses at Airlangga University Hospital, Surabaya in June 2024 (n=107)

Variable	Category	Frequency (f)	Percentage (%)
QNWL	Less	27	25.2
	Enough	48	44.9
	Good	32	29.9
	<b>Total</b>	107	100

Table 6. Determinant Factors Affecting QNWL Using Multinomial Logistic Regression Test

Variable	Estimate	Wald	dF	Sig.	Information
Age	-34.810	0.000	1	0.992	Not significant
Gender	-2.314	4.617	1	<b>0.032</b>	<b>Significant</b>
Education	-33.519	1902.604	1	<b>0.000</b>	<b>Significant</b>
Marital status	-0.827	0.637	1	0.425	Not significant
Children	-17.149	0.000	1	0.992	Not significant
Dependents	0.636	0.256	1	0.613	<b>Significant</b>
Position in nursing	-15.179	0.000	1	<b>0.044</b>	Not significant
Year of service	35.012	0.000	1	0.989	<b>Significant</b>
Experience	0.867	1.164	1	0.281	Not significant
Work environment	18.237	0.000	1	0.989	Not significant
Job stress	-15.116	0.000	1	0.990	Not significant
Reward system	0.127	0.007	1	0.931	Not significant

## DISCUSSION

This study found that age has no relationship with QNWL. This is in line with research by Suleiman et al and Al-Maskari et al (13) (14). The majority of the ages in this study were in the age range of 26-35 years. This age range is productive in working but is still quite unstable in being responsible and not yet able to control complex situations at work (15). Based on the theory of Brooks and Anderson, older nurses have higher QNWL than younger nurses. This is because older nurses are better able to adapt to their work environment compared to younger nurses. In addition, younger employees tend to be less satisfied because of high expectations and their inability to adapt. Based on the results of the study, young nurses have higher QNWL. This is not the theory stated by Brooks and Anderson because young nurses can adapt to changes and innovations in the provision of care, young nurses have technical skills and up-to-date knowledge, related to newer training and developments in health care practice, and can develop evidence-based nursing service practices (evidence-based practice).

Airlangga University Hospital has more young nurses, but in nursing service practices, senior nurses and older nurses who are considered to have more insight are more often asked for opinions in decision-making.

This study found a relationship between nurse gender and QNWL. This is in line with previous studies which stated that there is a significant relationship between nurse gender and QNWL, namely research by Sharhraky et al and Moradi, et al (16) (17). The study showed that male nurses had lower QNWL compared to female nurses. This is in line with research by Prihastuty et al which stated that female nurses had higher QNWL than male nurses (18). This study is also by the theory of Brooks and Anderson which states that QNWL in women is higher because the roles carried out in the life order between the two sexes are different. In settings outside the hospital, women tend to do housework and take care of children while men tend to be workers. In hospitals, male nurses are often involved in heavier nursing work such as lifting or moving patients and other things that require physical strength. Different

workloads can affect stress and fatigue levels, which in turn affect QNWL. At Airlangga University Hospital, there are more women than men. The researchers assume that female nurses are better able to balance work with home life than male nurses. To improve the QNWL of male nurses, there needs to be equality in the workload between male and female nurses in carrying out the same tasks and roles in the hospital. In addition, further research is needed to determine the cause of male nurses having lower QNWL than female nurses so that efforts can be made to improve the QNWL of male nurses.

This study found a significant relationship between education and QNWL. This is in line with the research conducted (17). Based on the theory of Brooks and Anderson, each level of education has different authority in the health service system. Differences in authority allow for differences in responding to work. A higher level of education allows nurses to gain more experience in the hospital. According to Nursalam et al., the level of education is closely related to the work performance of nurses so it can affect QNWL. Nurses with a higher level of education can gain more knowledge, growth opportunities, and attention to work quality which will have a good impact on nursing services (19). With adequate education, nurses tend to have higher self-confidence in carrying out their duties. Higher education is often accompanied by greater professional recognition, both from colleagues and from institutions, which increases feelings of self-worth and pride in work. Most nurses at Airlangga University Hospital are at the Diploma 3 (D3) and S1 Nursing education levels. Both levels generally work as implementing nurses. While S2 nurses generally hold positions as head of the room or managerial positions. According to researchers, differentiating job descriptions based on education level, not only increases nurses' QNWL but also improves the quality of service provided to patients. This creates a more balanced, productive, and satisfying work environment for all nurses, regardless of their education level.

This study found that marital status did not

have a significant relationship with QNWL. The results also showed that most nurses were married. Based on Brooks and Anderson's theory, having a marital status will increase a nurse's QNWL. This is because having a partner will make you feel more comfortable in dealing with work stress or challenges in the work environment. Marital status is one source of social support and support is needed to increase enthusiasm and desire to work. Married nurses may also face additional financial responsibilities, such as paying for a home mortgage or children's education costs, this can be a motivation for a nurse to work. Research conducted by Amin states that married employees can sacrifice by dividing their time and can survive in their workplace to provide for their family's life so this has an impact on QNWL (20). Married nurses have dual roles, namely first as a nurse in the hospital and second as a responsible parent or caregiver at home, such as taking care of a spouse and children. In this case, nurses must be able to balance work at home and work in the hospital. Based on the results of the study, it can be concluded that nurses at Airlangga University Hospital can adapt to carrying out two roles at once, namely as workers and also as family members and heads of families. Marital status also makes nurses make family a support or motivation in working.

This study found no significant relationship between having children and QNWL. This is in line with the study conducted by Kaddourah et al. which stated that there was no relationship between having children and QNWL (21). The results of the study also showed that most of the nurses who were respondents did not have children. Based on the theory of Brooks and Anderson, having children can provide nurses with additional motivation to work hard and achieve a good balance between work and personal life. Nurses who have children often get emotional and practical support from their families. This support can reduce stress and provide a better balance between work and personal life, thereby increasing QNWL. Contrary to this theory, according to research conducted by Puspita et al. nurses who have children tend to have high stress, especially women (22). Nurses who have

children have responsibilities outside of work, which can affect the nurse's ability to achieve a balance between work and personal life. Nurses who have children often have to adjust their work schedules to the needs of their families, which can add pressure and stress. The results of this study are by Puspita's statement and do not correspond to the theory of Brooks and Anderson. According to researchers, not having children gives nurses more time to develop themselves such as pursuing further education and professional training, flexibility in arranging their work schedules, and easier to adjust to work shifts or sudden schedule changes, in addition, nurses may also face lower levels of stress related to the balance between work and personal life than nurses who already have children. This study shows that there is no relationship between the burden of dependents and QNWL. This is by research conducted by Suleiman et al, namely that there is no significant relationship between the burden of dependents and QNWL (13).

The results of the study showed that most respondents had dependents with the majority having one dependent. The burden of dependents is not only interpreted as family or children but also on a large scale such as other people who live in the same house and are a burden for someone. Based on the theory of Brooks And Anderson (2005) One of the factors that drive increased burnout is high workload and dependents. High workload and dependents can make someone more susceptible to stress. Just like the number of children, the burden of dependents can also be additional stress for a nurse. The burden of responsibilities makes nurses have to manage dual responsibilities at home and work and can cause mental fatigue, which hurts job satisfaction and overall quality of life. Contrary to this theory, according to Nasl et al., workers' burden of responsibilities affects motivation and work quality. The more responsibilities a person has, the higher their work motivation and work quality (23). The results of the study showed that most respondents at Airlangga University Hospital had one responsibility with high QNWL. According to the researcher, despite having a burden of

responsibilities, nurses can achieve high QNWL with good management strategies between tasks at home and in the hospital, adequate leave can also help nurses manage their time better between work and family responsibilities, and appropriate salary to meet family needs.

This study found that there was a significant relationship between nursing positions and QNWL. These results are in line with research conducted by Johnstone and Sadat et al (24) (23). The results of the study also showed that some respondents had nursing positions as implementing nurses. Based on Brooks and Anderson's theory, nursing positions help someone adapt to the world of work, positions are directly proportional to work experience. Nurses with good and extensive experience often occupy positions in nursing. The higher the position in nursing, the more experience a nurse has and the higher the nurse's QNWL. In contrast to this theory, according to Prihastuty et al. nurses who have lower nursing positions have high QNWL, namely being more able to balance work with home life, and are still influenced by unstable emotions and higher expectations, so in responding to problems they are more realistic and rational (18). The results of the study showed that lower nursing positions, namely implementing nurses, have QNWL in the high category. This is inversely proportional to the theory of Brooks and Anderson. According to researchers, this is because the workload and responsibilities of team leaders and head nurses are greater than those of implementing nurses. The large workload and responsibilities can trigger work stress and result in a low QNWL of a nurse.

This study shows that length of service does not have a significant relationship with QNWL. This result is in line with research conducted by Al-Maskari et al and Kaddourah et al which showed no significant relationship between the length of service and QNWL (14) (21). The results of this study indicate that nurses at Airlangga University Hospital mostly have a short length of service, which is around 1-5 years. Based on Brooks and Anderson's theory, nurses with longer service periods usually

have more experience and competence in their work. This experience can increase self-confidence and job satisfaction, which contribute positively to QNWL. With a long period of service, it is possible to increase the nurse's insight and competence so that nurses better understand the conditions related to work. Research by Prihastuty et al states that nurses who have a longer period of service have a high QNWL, namely being able to balance work with home life compared to those with short periods of service (18). However, in contrast to the statement and theory above, the results of this study indicate that nurses at Airlangga University Hospital mostly have a short working period of around 1-5 years but have high QNWL. This can happen if nurses have just joined the profession or organization but already feel satisfaction and well-being in their work. Nurses with long working periods can feel stagnant in their work or experience burnout and may experience a decrease in QNWL. Therefore, organizations need to provide support programs and opportunities for job rotation or career development to reduce this risk.

This study showed no significant relationship between work experience and QNWL. This is in line with research conducted by Suparto et al which showed that work experience did not have a significant relationship with QNWL (25). The results of the study showed that nurses at Airlangga University Hospital mostly had work experience > 2 rooms. Based on Brooks and Anderson's theory, more work experience will increase competence and confidence in carrying out nursing tasks. Nurses with more experience feel more confident in making clinical decisions and handling challenging situations, which increases job satisfaction and QNWL. By this theory, according to Widayati, a person's experience in working makes a person more confident in carrying out their work (25). The length of time a nurse works is directly proportional to the increasingly close family ties that are formed with other work teams, thus fostering a quality work life. Work experience from a long time working makes nurses accustomed to their work. Nurses with longer work experience make them more "relaxed" in enjoying their

work (26). The results of the study showed that nurses at Airlangga University Hospital mostly have work experience > 2 rooms with a short work period of 1-5 years but have high QNWL. It can be concluded that room rotation often occurs in nurses at Airlangga University Hospital. This has a positive impact on the QNWL of nurses at Airlangga University Hospital because nurses have experience in various units and can develop extensive knowledge and skills, reducing boredom and saturation that may occur if working in the same unit in the long term. However, hospitals also need to pay attention to this condition which will cause nurses to have to adapt continuously and lack strong relationships between teams.

This study showed that there was no relationship between the work environment and QNWL. This is in line with research conducted by Akter et al and Winarsih et al (27) (28). The results of the study showed that the work environment at Airlangga University Hospital is in a good category. The work environment parameters are also in the good category, the parameters of this variable are communication, leadership, recognition, collaboration, teamwork, decision-making, competence, and facilities. Based on Brooks and Anderson's theory, a positive and supportive work environment is a key factor in improving QNWL. A good work environment includes physical, social, managerial, and policy aspects that all contribute to creating optimal working conditions for nurses, improving well-being, job satisfaction, and the quality of services provided. Communication at Airlangga University Hospital is mostly done during the handover of tasks (handover/handover), where clear communication is needed about patient needs and interventions that have and have not been implemented. Leadership at Airlangga University Hospital is in the good category, the results show that leaders (team leaders and room heads) are responsible for making decisions taking action, and encouraging nurses to work according to their abilities. Collaboration and teamwork at Airlangga University Hospital are also in the good category, which means that the relationship between nurses and the relationship between professionals is going

well. However, in other professions, especially doctors, it still leads to delegation and providing therapeutic advice to patients. Decision making at Airlangga University Hospital, generally implementing nurses will ask the team leader or room head who has a higher position or senior nurses who have more experience. Nurses at Airlangga University Hospital are also provided with special training that can improve their knowledge and skills. Facilities also play a role in improving nurses' QNWL, adequate facilities such as medical equipment, restrooms, and good sanitation also contribute to comfort and job satisfaction.

This study shows that there is no relationship between work stress and QNWL. This is by research conducted by Sadat et al (29). Based on the results of the study, it was also found that the work stress experienced by the majority of nurses at Airlangga University Hospital is classified as low. Overall the work stress parameters are also in the low category, but in the behavioral parameters, there are around 20.6% of nurses who experience the high category. It can be concluded that the nurses experienced behavioral changes such as changes in sleep patterns and changes in eating patterns that occurred in the last month. Based on the theory of Brooks and Anderson, high work stress will cause a nurse's QNWL to decrease. High work stress can affect the performance of nurses and the quality of care they provide. When nurses feel stressed, they may be less focused, make more mistakes, and be less able to provide quality care. This not only affects QNWL but also hurts the patients they serve. According to Widayati, nurses who experience work stress negatively affect organizational culture, reduce teamwork, and increase conflict between employees. High work stress can reduce employee performance and productivity. Stressed employees may have difficulty focusing, making decisions, and completing tasks on time (30). The results of the study are by the theoretical statement above, namely that nurses at Airlangga University Hospital experience low work stress and QNWL in the high category. However, there is no relationship between the two variables, according to the

researcher this is because there are other variables that have a more dominant influence on the results of the study. In addition, according to the researcher, nurses respond to work stress in different ways. Some nurses may be able to manage stress effectively without disrupting their QNWL, while others may be more susceptible to the negative impacts of stress. This study shows that there is no relationship between the reward system and QNWL. This is in line with research conducted by Suleiman et al and Salahat et al (13) (2). The results of the study also showed that the parameters of the reward system were almost all in the high category. Nurses at Airlangga University Hospital perceived the parameters of incentives, achievement, responsibility, influence, and self-growth in the high category. Meanwhile, the recognition parameter is in the low category. Based on Brooks and Anderson's theory, appropriate rewards can increase employee motivation and productivity, which in turn can increase job satisfaction and the ability to enjoy life outside of work. In this theory, rewards are seen as a tool to improve overall quality of life, not just in the context of work. The better the reward system, the higher the nurse's QNWL. The results of the study do not match the theory above because the nurse's statement regarding the reward system on the recognition parameter is in the low category. It can be concluded that nurses at Airlangga University Hospital still do not feel recognized and appreciated for their contributions. Recognition is a powerful motivator. Nurses not only want how well they have achieved their goals or carried out their work but also how well the appreciation they receive for their achievements.

## CONCLUSION

The determinant factors of nurses including gender, education, and position in nursing are related to QNWL. Female gender, S1 Nursing education, and the position of implementing nurse are considered to have better QNWL. Meanwhile, the work environment, work stress, and reward system factors have no relationship with QNWL. Thus, it can be concluded that the determinant factors that influence QNWL in nurses at Airlangga University Hospital are

education, gender, and position in nursing. As for recommendations for further researchers, further research needs to be conducted in more depth on work stress, reward systems, and work environment. Further researchers can also analyze other factors related to QNWL.

#### Conflicts of interest

None

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