

Quality of Working Life: Perceptions of Professional Nurses at Phramongkutklao Hospital

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Background and Objective: The 10th National Economic and Social Developmental Plan considered quality of human. Quality of human life was affected by quality of working life (QWL). Professional nurses had responsibility for patients' quality of life. Thus, professional nurses should have a quality of working life more effectively before they could help patients. Personal factors have relationships with the quality of working life. Thus, the present study was to describe the level of the QWL, to examine the relationships between job characteristics, organizational climate, organizational commitment, and job satisfaction with the QWL and to predict the QWL among professional nurses at Phramongkutklao Hospital.

Material and Method: Two hundred and thirty-one professional nurses, who had worked for at least 3 years, were selected by stratified random sampling from 12 departments at Phramongkutklao Hospital. The questionnaires were developed, consisting of personal factors, job characteristics, organizational climate and commitment, job satisfaction and QWL. Content validity was examined by 9 experts. Reliability was obtained at 0.97 by means of Cronbach's alpha coefficient.

Results: The over all mean score of the level of quality of working life among professional nurses was at a moderate level (mean = 3.412, SD = 0.459). Personal factors were age, status, education, position, experience, salary and wards were no relationships with the QWL. Job satisfaction was positive and related at a high level, while organizational commitment, organizational climate, and job characteristics were positive and related at a moderate level to the QWL significantly at 0.001 level ($r = 0.724, 0.694, 0.640, \text{ and } 0.334$). Multiple regression analysis factors affecting QWL indicated that professional nurses associated negative factors with job characteristics and positive factors with job satisfaction, organizational commitment, and organizational climate at 62.10 percent ($R^2 = 0.621$).

$$\text{QWL} = 0.762 + 0.336 \text{ Job satisfaction} + 0.265 \text{ Organizational climate} \\ + 0.250 \text{ Organizational commitment} - 0.118 \text{ Job characteristics}$$

Conclusion: In order to develop the QWL among professional nurses at Phramongkutklao hospital, nursing administrators should promote their job satisfaction, organizational commitment, organizational climate, and job characteristics. Professional nurses who have better QWL, are more likely to stay in their positions and provide better nursing care.

Keywords: Quality of working life (QWL), Predictors, Professional nurses

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Historically, work has been an important part in the life of human beings. People have thought and felt that our work represents our value in society. Issues about the quality of working life (QWL) and its importance in organizations have been debated and

experimented with for decades. Today, the QWL is viewed an essential dimension of the quality of life. A high QWL is essential for organizations to attract and retain workers. QWL is comprehensive and program-designated to improve worker's satisfaction, strengthen workplace learning and help workers better manager change and transition⁽¹⁾. In health care organizations, such as hospitals, QWL has been described as referring to the strengths and weaknesses in the total work environment⁽²⁾.

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The 10th National Economic and Social Developmental Plan of Thailand emphasized the quality of life⁽³⁾. However, quality of life was affected by QWL of that person. Personals are the most important and valued factors for organizational management. Working provides people the opportunity to use their abilities, skills, and creativity throughout their productivity. In return, they would fulfill and satisfy their life. Health professionals such as nurses are exposed to critical influence and pressures when socialized into a work environment. The QWL affects quality of life in four areas: Competency, Health, Time and Wealth⁽⁴⁾. Managers who help workers to improve their quality of life at home as well as at the workplace will receive reward in loyalty, productivity and retention^(5, 6). The QWL is a concept that concerns workers' management and emphasizes the outcomes of both workers and organizations⁽⁷⁾. However, the QWL has been changing over time, job characteristics, and expectation of stakeholders^(8,9). Professional nurses have the responsibility for patients' quality of life, so they should have a quality of working life more effectively before they can help patients. Thus, the human resource department in healthcare organizations must have some programs for improving the QWL of their staffs.

From a review of literature, the most QWL studies in Thailand preferred the concept of QWL by Walton's definitions⁽¹⁰⁻¹⁴⁾. Walton⁽⁷⁾ pointed out that QWL emphasized humanistic values and social responsibilities and suggested the QWL was eight dimensional constructs as shown in Fig. 1.

Indicators of QWL

Walton⁽⁹⁾ provides an analytical model of analysis of the important experiments on QWL and



Fig. 1 The eight dimensional constructs of Walton's QWL

considers eight conceptual categories that include factors of motivation, summarized as shown in Table 1.

QWL and the well being in career

A career was the sequence of a person's work experiences that rose from the interaction among workers, organizations, and society.

Personal factors are defined as age, income, status, education level, work position, work experience, and ward that influence personal lives and careers⁽¹⁰⁻¹⁴⁾.

Kirimaki et al⁽¹⁵⁾ revealed that an economically feasible TQM implementation may not necessarily be after the well being. They stated "the well being" in terms of job satisfaction, work motivation, and organization commitment.

According to literature reviews in this study, workers' well-being is job characteristics, organizational climate, organizational commitment, and job satisfaction⁽¹⁰⁻¹⁴⁾.

Job characteristics are defined as individual in job difference, job identity, job importance, job independence, and job opportunity; which, affect the willingness of carrying out their careers⁽¹²⁾.

Organizational climate is defined as environment, warmth and support, reward and punishment, conflict solving, and democracy in the workplace that play the important supportive roles or threaten the person's working^(10,12).

Organizational commitment is defined as belief in organizational objectives and the willingness for success of organizational objectives, and the need of being an organizational member⁽¹⁴⁾.

Job satisfaction is defined as the satisfaction individuals derive from intrinsic and extrinsic aspects of personal careers, including pay, advancement and developmental opportunities⁽¹⁶⁾.

Phramongkutklao Hospital is the largest army hospital of the thirty-seven army hospitals in Thailand. The army nurses are both professional nurses and army officers. Their characteristics might be different from the professional nurses in civilian hospitals. Thus, their perceptions of QWL may be similar or different from other professional nurses. There are several frameworks used by health care organizations to improve their performance through the development of their workers. Such frameworks include performance management mechanisms, workers' career development, workers' involvement and continuous improvement. This is the first study about the relationship of job characteristics, organizational climate, organizational commitment, and job satisfaction with the QWL.

Table 1. Conceptual categories in quality of working life (QWL)

Conceptual categories	Indicators of QWL
1. Fair and appropriate compensation	Internal and external fairness Justice in the compensation Allotment of productivity profits Proportionality between wages
2. Work conditions - Reasonable hours of working	Safe and healthful physical environment Absence of unhealthy
3. Use and development of capacities	Autonomy Relative self-control Multiple qualities Information on the total process
4. Chance of growth and security	Possibility of career Personal growth Perspective of wage advance Job Security
5. Social integration in the organization	Absence of prejudice Equality Mobility Relationship Communitarian sense
6. Constitutionalism Rights of protection to the worker	Personal privacy Labor laws Freedom of expression Impartial treatment
7. Work and the total space of life	Balanced paper in the work Stability of schedules Few geographic changes Time for leisure of the family
8. Social relevance of the work in the life	Image of the company Social responsibility of the company Responsibility for the products Job practices

Source: Walton⁽⁹⁾

The purpose of the present study was to describe the level of QWL to examine the relationships between personal factors, job characteristics, organizational climate, organizational commitment, and job satisfaction with the QWL, and to find which variables are able to predict the QWL from perceptions of the professional nurses at Phramongkutklao Hospital.

Research hypothesis

1. Personal factors have relationships with the quality of working life.

2. Job characteristics, organizational climate, organizational commitment, and job satisfaction have relationships with the quality of working life.

3. Job characteristics, organizational climate, organizational commitment, and job satisfaction are able to predict the quality of working life.

Thus, the conceptual framework of the present study is as presented in Fig. 2.

Material and Method

The present study was descriptive research.

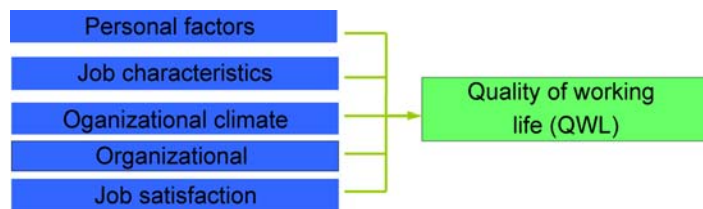


Fig. 2 The conceptual framework

The target population was 550 professional nurses who worked at least 3 years at Phramongkutklao Hospital, Bangkok, Thailand. A sampling group was calculated using Taro Yamane's formula at a level of significance 0.95. A total of two hundred and thirty-one professional nurses were selected by stratified random sampling from 12 departments of Phramongkutklao Hospital.

The questionnaires were developed from several researches through literature review⁽⁹⁻¹⁴⁾ and consisted of personal factors, job characteristics, organizational climate, organizational commitment, job satisfaction and quality of working life. A five-point of Likert's scale, with 1 being "strongly disagree" and being 5 "strongly agree" was used. Content validity was examined by 9 experts. The questionnaires were pre-tested on 30 professional nurses. The coefficient values of job characteristics, organizational climate, organizational commitment, job satisfaction and quality of working life were 0.87, 0.92, 0.79, 0.90, and 0.94. The overall reliability was obtained at 0.97 by means of Cronbach's alpha coefficient, thus meeting Nunnally's⁽¹⁶⁾ recommendation of > 0.7 as the acceptable reliability level. The final questionnaire had a total of 105 items measuring six factors (five independent and one dependent).

After obtaining permission from an Institutional Review Board (IRB) committee of Phramongkutklao Hospital, data was collected from 1-11 September, 2007. The quantitative data was analyzed by using frequency, percentage, mean, standard deviation Pearson's product moment correlation coefficient, Chi-square test, and stepwise multiple regression analysis.

Results

The return respondent was 226 of which 5 were incomplete. Thus, the final usable sample was 221 from 232 sampling requirements, which had a returned rate of 95.25 %.

The majority of respondents were aged 21-30 years (40.3%), followed by 31-40 years (33.9%), 41-50

years (22.2%) and 50-60 years (3.6%). The youngest was 24 years and the oldest 53 years. Marital status was singles (60.2%), married (37.6%), and divorced/separated (3.2%). Their education was bachelor degree (76.2%) and masters degree (20.8%). Their positions were staff nurses (74.2%), sub-head nurses (10.8%), 10.9% were head nurses, 0.5% were heads of department, and 2.7% were non-position. The respondents had more than 15 years of total tenure employment (33.5%); followed by 3-5 years (25.3%), 6-10 years (21.3%) and 11-15 years (19.9%). They had worked an average of 12.5 years (SD = 5.4) in their career with a minimum of 3 years and a maximum of 33 years.

The salaries were >16000 baht per month (46.6%), followed by 10001-13000 baht per month (27.1%), 7000-10000 baht per month (13.6%), and 13001-16000 baht per month (12.7%). The extra-money from overtime work was 3001-5000 baht per month (28.5%); followed by 1001-3000 baht (23.5%), 5001-7000 baht (20.4%), < 1000 baht (11.3%) and none (5.0%).

Their wards were Medical ward (15.8 %), followed by Surgical ward (14.0%), Operation room (12.2%), Trauma & Emergency room (11.3%), Pediatric ward (10.4%), Obstetric & Gynecologic ward (7.7%), OPD (7.7%), Orthopedic ward (6.8%), ENT ward (4.5%), Psychological ward (3.6%), Eye ward (3.2%), and Physical rehabilitation ward (2.7%).

Level of QWL

Based on the five-point scale used, the minimum QWL rating was 2.171 and a maximum of 5. The mean QWL was 3.412 (SD = 0.459), implying that overall the level of QWL is good. For each conceptual category of the QWL rating was between 2.540 and 3.790. The findings in Table 2 indicate the mean ratings for the conceptual categories of QWL.

Correlation of QWL

Based on the conceptual framework of the present study, the QWL was independent variables

Table 2. The mean ratings for the conceptual categories of QWL

Conceptual categories of the QWL	Mean	SD	Level
1. Fair and appropriate compensation	2.594	0.721	Moderate
2. Work conditions - Reasonable hours of working	3.669	0.546	High
3. Use and development of capacities	3.094	0.684	Moderate
4. Chance of growth and security	3.553	0.624	High
5. Social integration in the organization	3.072	0.794	Moderate
6. Constitutionalism - Rights of protection to the worker	3.740	0.598	High
7. Work and the total space of life	3.790	0.576	High
8. Social relevance of the work in the life	3.769	0.639	High
QWL	3.412	0.459	Moderate

$p < 0.001$

Table 3. Descriptive statistics, correlations of QWL and the predictor variables

Variables	Mean	SD	r			
			Job charac.	Org. climate	Org. commitment	Job satisfaction
QWL	3.412	0.460	0.334**	0.640**	0.694**	0.724**
Job characteristics	4.266	0.404	1			
Org. climate	3.713	0.513	0.498**	1		
Org. commitment	3.740	0.561	0.419**	0.560**	1	
Job satisfaction	3.672	0.481	0.462**	0.640**	0.757**	1

** $p < 0.001$

of five dependent variables: personal factors, job characteristics, organizational climate, organizational commitment, and job satisfaction. The findings reversed that the personal factors: age, income, status, education level, work position, work experience, and ward, were not relate to the QWL at 0.01 level. Thus, the research hypothesis #1 was rejected.

The descriptive statistics, correlations of QWL and the other predictor variables are shown in Table 3. The findings in Table 3 indicate that the QWL is positively related to job characteristics ($r = 0.334$, $p = 0.001$), organizational climate ($r = 0.640$, $p < 0.001$), organizational commitment ($r = 0.694$, $p < 0.001$), and job satisfaction ($r = 0.724$, $p < 0.001$). Job characteristics, organizational climate, and organizational commitment relate to QWL at moderate level; while, job satisfaction relates to the QWL at high level.

According to these correlation results, all dependents or the four predictor variables are also positively related to each other at moderate to high level. The highest correlation is between organizational commitment and job satisfaction ($r = 0.757$, $p < 0.001$). The lowest is between job characteristics and organizational commitment ($r = 0.419$, $p < 0.001$).

Determinants of QWL

To find out the determinants of QWL, a stepwise regression method was used.

The four predictor variables of the QWL are job characteristics, organizational climate, organizational commitment, and job satisfaction. As prediction in the coefficients table (Table 4), the estimated model is as below:

$$\begin{aligned} \text{QWL} = & 0.762 + 0.336 \text{ Job satisfaction} \\ & + 0.265 \text{ Organizational climate} \\ & + 0.250 \text{ Organizational commitment} \\ & - 0.118 \text{ Job characteristics} \end{aligned}$$

The R-squared of 0.621 implied that the four predictor variables explain about 62.10% of the QWL. This is quite a respectable result. The ANOVA table revealed that the F-statistics (88.358) is very large and the corresponding p-value is highly significant (0.001) or lower than the alpha value of 0.05. This indicated that the slope of the estimated linear regression model line is not equal to zero confirming that there is linear relationship between QWL and the predictor variables.

As depicted in Table 4, the Beta value for Job satisfaction is the highest (0.351), followed by organizational commitment (0.305) and organizational

Table 4. Estimates of coefficients for the model

QWL	B (Unstandardized coefficients)	Std. error	Beta (Standardized coefficients)	t	p-value
Constant	0.762	0.214		3.568	<0.001
Job satisfaction	0.336	0.067	0.351	4.980	<0.001
Org. climate	0.265	0.052	0.296	5.137	<0.001
Org. commitment	0.250	0.053	0.305	4.692	<0.001
Job characteristics	-0.118	0.057	-0.104	-2.086	0.038

R = 0.788; R² = 0.621; Adj. R² = 0.614

climate (0.296); while, beta value for job characteristics is the smallest (-0.104) indicating that it made the least contribution to QWL.

Based on the collinearity diagnostic table obtained, none of the model dimensions has condition index above the threshold value of 30.0, none of tolerance value smaller than 0.10 and VIF statistics are less than 10.0. This indicated that there is no serious multicollinearity problem among the predictor variables of the model. The normal P-P plot of regression standardized residuals revealed that all observed values fall roughly along the straight line indicating that the residuals are from a normally distributed. The scatter-plot (standardized predicted values against observed values) indicated that the relationship between the dependent variables and the predictors is linear and the residuals variances are equal or constant. Since there is no multicollinearity problem between the predictors included in the model and the assumptions of normality, equality of variance and linearity are all met, hence, it is reasonable to conclude that the estimated multiple regression model is valid and quite respectable.

Discussion

In this study, personal factor; age, status, income, educational level, work experience, work position, and ward did not correlate with QWL. This indicates that this sample group perceived that personal factors did not affect their level of QWL. However, some past researchers have observed that individuals advance in age to the maturity stage of their career^(8,10,12,14). Prior research, for example Rose et al⁽⁸⁾, has found that being married leads individuals to give their personal lives priority over their work lives⁽¹¹⁾, but Klinfaung⁽¹²⁾ found that married status and educational level of Army nurses were not related to QWL. Some research indicated that salary related to QWL^(8,10).

Without a doubt, the most important determinant of QWL is job satisfaction, followed by organizational commitment, organizational climate, and job characteristics. This finding was supported by many studies^(6,8,10-14) as mentioned above.

The results of the present study support that the healthcare administrators should improve each factor that affects the QWL of their professional nurses.

First, for job characteristics, their performance evaluation and reward need to be developed, while job identity as well as holistic nursing care should be maintained. Second, for organizational climate, ward environment for example equipments and person, should be provided adequately, while warmth and friendly climate in team work and fair promotion are needed to maintain and increase. Third, for organizational commitment, the willingness for success of organizational objectives is needed to develop as well as maintain their belief and acceptance in mission and value of organize. Finally, for job satisfaction, the motivating factors for example salary, extra income, social welfare, as well as the hygiene factors such as commitment in team work support, accept, and fair evaluation from administrators, need to be improved and maintained.

It is concluded that the essential determinants of QWL appears to be career related, taking into account the professional nurses' meet the expectations of their career development. Some suggestions for future research are the study which has the potential value for further research. To ensure representation, the study should be replicated to cover a bigger sampling; and random from the 37 Army hospitals around the country, and the results should be compared to those found in the present study. Future research should further explore the perception of career and understand that changes may take place in that perception as life events occur and in what way family

life and social values relate to career elements of the Thai Army professional nurses.

Conclusion

The results of the present study could be more effectively utilized for the promoting QWL among professional nurses. An essential role of health administrators was protecting workers' QWL. In order to develop the QWL among professional nurses at Phramongkutklao Hospital, nursing administrators should promote their job satisfaction, organizational commitment, organizational climate, and job characteristics. Professional nurses, who feel supported by their administrations and believe they had the appropriate tools and information to do their jobs, have better professional QWL. In turn, they are more likely to stay in their positions and provide better nursing care. In health care organizations, quality of work life has been described as referring to the strengths and weaknesses in the total work environment.

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คุณภาพชีวิตการทำงาน: การรับรู้ของพยาบาลวิชาชีพโรงพยาบาลพระมงกุฎเกล้า

วัลลภา บุญรอด

ภูมิหลังและวัตถุประสงค์: แผนพัฒนาเศรษฐกิจและสังคมแห่งชาติ ฉบับที่ 10 ได้ให้ความสำคัญกับการพัฒนาคุณภาพคน คุณภาพชีวิตของคนได้รับอิทธิพลจากคุณภาพชีวิตการทำงาน หากบุคคลได้ทำสิ่งที่พึงพอใจและอยู่ในสภาพแวดล้อมที่ดีก็จะช่วยให้บุคคลนั้นมี “คุณภาพชีวิตการทำงานที่ดี” พยาบาลวิชาชีพ มีบทบาทหน้าที่สำคัญในการให้การพยาบาลและการพัฒนาคุณภาพชีวิตของประชาชน ดังนั้นพยาบาลต้องมีคุณภาพชีวิตของตนเองที่ดีก่อนรวมถึง “คุณภาพชีวิตการทำงาน” ดังนั้นการศึกษาค้นคว้าคุณภาพชีวิตการทำงานจากการรับรู้ของพยาบาลวิชาชีพโรงพยาบาลพระมงกุฎเกล้านี้มีวัตถุประสงค์ เพื่อศึกษาระดับคุณภาพชีวิตการทำงาน ความสัมพันธ์ระหว่างปัจจัยต่าง ๆ กับคุณภาพชีวิตการทำงานของพยาบาลวิชาชีพ และการพยากรณ์คุณภาพชีวิตการทำงานของพยาบาลวิชาชีพโรงพยาบาลพระมงกุฎเกล้า

วัตถุประสงค์และวิธีการ: การวิจัยเชิงบรรยาย (descriptive research) กลุ่มตัวอย่างคือ พยาบาลวิชาชีพ ที่มีประสบการณ์การทำงานในโรงพยาบาลพระมงกุฎเกล้า ตั้งแต่ 3 ปีขึ้นไป จำนวน 232 คน โดยการสุ่มแบบแบ่งชั้นสัดส่วนตามแผนกการพยาบาลจากประชากร 550 คน เครื่องมือที่ใช้เป็นแบบสอบถาม ประกอบด้วย แบบสอบถามปัจจัยส่วนบุคคล ปัจจัยด้านลักษณะงาน ปัจจัยด้านบรรยากาศขององค์กร ปัจจัยด้านความผูกพันต่อองค์กร ปัจจัยด้านความพึงพอใจในงาน และคุณภาพชีวิตการทำงาน โดยดัดแปลงมาจากวรรณกรรมในอดีต ตรวจสอบความตรงตามเนื้อหาโดยผู้ทรงคุณวุฒิ 9 ท่าน และวิเคราะห์ค่าความเที่ยงของแบบสอบถามทั้งฉบับโดยหาค่าสัมประสิทธิ์แอลฟาของครอนบาคมีค่าเท่ากับ 0.97 วิเคราะห์ข้อมูลโดยการหาค่าคะแนนเฉลี่ย และส่วนเบี่ยงเบนมาตรฐาน หาค่าความสัมพันธ์โดยใช้สถิติทดสอบไค-สแควร์ สัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน และวิเคราะห์การถดถอยพหุคูณแบบเพิ่มตัวแปรเป็นขั้นตอน

ผลการศึกษา: คุณภาพชีวิตการทำงานคุณภาพชีวิตการทำงานของพยาบาลวิชาชีพโดยรวมอยู่ในระดับปานกลาง ($\text{mean} = 3.412$, $\text{SD} = 0.459$) ปัจจัยส่วนบุคคล ได้แก่ อายุ สถานภาพสมรส วุฒิการศึกษา ตำแหน่งหน้าที่ในปัจจุบัน ระยะเวลาที่ทำงานในโรงพยาบาล เงินเดือน รายได้พิเศษนอกจากเงินเดือน และแผนกที่ปฏิบัติงานไม่มีความสัมพันธ์กับคุณภาพชีวิตการทำงานของพยาบาลวิชาชีพโรงพยาบาลพระมงกุฎเกล้า ที่ระดับนัยสำคัญทางสถิติ 0.05 ส่วนปัจจัยด้านความพึงพอใจในงานมีความสัมพันธ์ทางบวกในระดับสูง ปัจจัยด้านความผูกพันต่อองค์กรมีความสัมพันธ์ทางบวกในระดับปานกลาง ปัจจัยด้านบรรยากาศขององค์กรมีความสัมพันธ์ทางบวกในระดับปานกลาง และปัจจัยด้านลักษณะงานมีความสัมพันธ์ทางบวกในระดับปานกลางกับคุณภาพชีวิตการทำงานของพยาบาลวิชาชีพอย่างมีนัยสำคัญทางสถิติที่ระดับ 0.001 ($r = 0.724, 0.694, 0.640$ และ 0.334) ตามลำดับ ตัวแปรที่รวมพยากรณ์คุณภาพชีวิตการทำงานของพยาบาลวิชาชีพโรงพยาบาลพระมงกุฎเกล้าได้อย่างมีนัยสำคัญทางสถิติที่ระดับ 0.001 ได้แก่ ความพึงพอใจในงาน ความผูกพันต่อองค์กร บรรยากาศขององค์กร และลักษณะงาน โดยรวมกันพยากรณ์ได้ถึงร้อยละ 62.10 และสมการในรูปคะแนนมาตรฐานคือ

$$\begin{aligned} \text{คุณภาพชีวิตการทำงาน} = & 0.762 + 0.336 \text{ ความพึงพอใจในงาน} + 0.265 \text{ บรรยากาศขององค์กร} \\ & + 0.250 \text{ ความผูกพันต่อองค์กร} - 0.118 \text{ ลักษณะงาน} \end{aligned}$$

สรุป: การพัฒนาคุณภาพชีวิตการทำงานของพยาบาลวิชาชีพโรงพยาบาลพระมงกุฎเกล้า ผู้บริหารและผู้มีส่วน

เกี่ยวข้อง ต้องดำรงรักษาและส่งเสริมปัจจัยด้านความพึงพอใจ ความผูกพันต่อองค์กร และบรรยากาศองค์การ
ในขณะเดียวกันต้องเร่งพัฒนาลักษณะงานของบุคลากรให้มีประสิทธิภาพเพิ่มขึ้น เพื่อที่จะรักษาบุคลากร และเพิ่ม
คุณภาพการพยาบาล
