

DOI: <http://dx.doi.org/10.33846/hn80204>
<http://heanoti.com/index.php/hn>



RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn80204>

Quality Work Life Balance of Nurses in Selected Hospitals in Niger State, Nigeria During Covid-19 Pandemic

Tanko Titus Auta^{1(CA)}

^{1(CA)}Faculty of Allied sciences, Department of Nursing Sciences, Bingham University Karu, Nasarawa State, Abuja, Nigeria; tomatitus0@gmail.com (Corresponding Author)

ABSTRACT

Quality of Nursing Work Life (QNWL) is the ability to meet up the organisational goals and obligations through the knowledge, skills and experience of nurses without compromising their own social life.

Research objective of this study was determine the quality work life balance of staff nurses in Niger State during Covid-19 along depersonalization, emotional exhaustion and personal achievement. The study was conducted in selected hospitals in Niger State, Nigeria, with the view to find out the quality work life balance of nurses during covid-19 pandemic. Descriptive cross-sectional design was employed for the study over all finding revealed that participants' quality work life balance under depersonalisation, emotional exhaustion, and personal achievement was moderate or in the stage of equilibrium. Major finding of the study shows that depersonalization, emotional exhaustion and personal accomplishment among the participants were moderate with the total mean of \pm SD 2.70 \pm 0.86), \pm SD 2.70 \pm 0.77), and \pm SD 3.53 \pm 0.54) respectively. Although finding of the variables under study were moderate, that notwithstanding, there is need for the management of the hospitals to put more efforts and strategies to address grey areas that include salary, allowances, provision of PPE equipment, physical and mental exhaustion, feelings of helplessness, fear and insecurity in readiness for any pandemic eventuality and as well avoid placing professionals with no experience in the care of critically-ill patients during any pandemic. The study recommended that training of nurses, especially the younger ones to combat any emergency was necessary, provision of all the necessary equipment including private protective equipment, employment of more hands to lessen workload, and further research be conducted to cover all the hospitals in the state

Keywords: COVID-19 pandemic; quality of work life; nurses

INTRODUCTION

Work-life balance is very important in the life of professionals, especially nurses. Work of nurses during pandemic varies from normal routine work. Routine life style is disrupted leading to imbalance in life and work. Poor work-life balance can lead to severe distress, depression, and have a negative impact in nurses' life. Other than that, assessing QWL allows employers to identify challenges or barriers within the work environment that may affect issues such as job satisfaction or employee retention, Hence a high quality of work life (QWL) is crucial for an organization's ability to attract and retain employees.⁽¹⁾

The concept of quality of life has been evolving in recent years, one example is the concept of health-related quality of life (HRQOL), which is defined as "a comprehensive concept that includes all factors that affect a person's life". Moreover, the scope of quality of life extends beyond health-related considerations, to include organisational behaviour, work environment, salary incentive, supervision, relationship with managers among others which is a crucial area of research in QWL development. Nurses are the most diverse workforces and the life wire in the health industry, as well as the largest group and front-line work force in health care system globally. Their absence in the health sector, could lead to poor quality of hospital services to the patients' care.⁽¹⁾

Hospitals are basically the health industries shouldered with the responsibility of providing health care services. Nurses are the most significant group among healthcare professionals, and the stability of their team significantly affects the quality of care. On the other hand, health care is one of the most complex activities in which human beings engaged. Surface to say that nurses have been trained to provide patient care and improve

their patients' quality of life, to some extent, their own needs and quality of work life sometimes is been largely ignored.⁽¹⁾

Quality of Nursing Work Life (QNWL) is the ability to meet up the organizational goals and obligations through the knowledge, skills and experience of nurses without compromising their own social life. Quality work life as the extent to which nurses are able to meet important personal needs through their experience in the organization and the extent to which nurses are able to meet important organizational goals. World Health Organization (WHO) defined an individual's Quality of Life (QOL) as their subjective perception of their life situation within the cultural and value systems of their environment.⁽²⁾

This perception is contextualised in relation to personal goals, expectations, norms, and concerns. Quality of work life (QWL) refers to an employee's perception and evaluation of their work in the context of their life.⁽³⁾ QWL extends to encompass an individual's life, which, in turn, may influence their work experiences. Therefore Quality of work life (QWL) is a measure of an employee's quality of life within the context of work, that seek to assess factors of the work environment as well as factors of life outside of work. QWL also considers the relationship between work and life outside of work for employees.⁽⁴⁾

As can be seen from various scholars, the concept of Quality of Work Life (QWL) is multidimensional and encompasses an employee's feelings about various aspects of their work and a crucial concern for health service organisations as it affects the productivity of achieving optimal care especially when there is outbreak of pandemic diseases in any form. Given that individuals possess diverse needs in connection to their work, the level of QWL experienced can vary, contingent upon the fulfillment or non-fulfillment of these needs, consequently, as the QWL of the workforce emerges as a critical consideration for employers to address.⁽³⁾

Recognising and understanding the nuanced dimensions of QWL is pivotal for employers seeking to create environments that foster the well-being and satisfaction of their employees, ultimately contributing to a more positive and productive workplace. Additionally, attention to nurses' quality of work life (QWL) is critical to the delivery of quality healthcare services, helping to prevent nurse turnover, increase motivation and retention, and improve productivity for both nurses and organizations.

Depersonalisation is the persistent feeling that either the outside world is not real, or one is not really inside his body. A passing feeling of this sort is normal, but certain professionals, such as nurses might find that it persists beyond that. Nurse turnover is related to nurse burnout. Nurses are more overloaded with patients today than ever before. Patients today have more diagnoses than ever before. An increased workload means an increase in stress. If there is an increase the workload for a high-stress job, the stress-level can become untenable. An untenable stress level yields burnout. A burnout is precisely a complete physical and mental response to persistent stress. Regardless, it increases the workload for nurses because they have to pay attention to each diagnosis for each patient not just each patient.

If depersonalization becomes persistent, it could significantly interfere with one's daily activities and personal relationships. Serious sufferers of depersonalisation-derealisation disorder may require medical attention and medication.

There are many connections to be made between depersonalisation-derealisation disorder and the nursing profession. Because trauma is believed to be a main cause, one might wonder if it's possible to avoid some semblance of depersonalisation with a profession that deals with constant trauma. It is certainly possible, however, for nurses to remain aware of depersonalisation and take efforts to deal with it.

For instance, a study on Work-life Balance of the nurses during pandemic found that only 27.7% of the nurses had very good work-life balance while a majority (30.9%) of the nurses had good work-life balance. If Work-life Balance of the nurses is not guaranteed, employees may be exposed to depersonalisation, in the work place.⁽⁵⁾ The most nurses' scores experienced low to moderate depersonalisation, which was in line with results of a previous study cited in Cilingir et al. (2012) which showed increased scores of depersonalisation during the outbreak of Covid-19.⁽⁶⁾

The COVID-19 pandemic has seen a great number of protocols, policies, and procedures implemented in the hospitals which are constantly being revised. Hence, the nurses would have found it challenging to maintain very good work-life balance.

Though no supporting studies are documented regarding work-life balance of the nurses during pandemic in Niger state, however, pre pandemic studies have reported that majority of the nurses had dissatisfaction with their work-life balance.^(7,8)

Emotional exhaustion is the state of feeling emotionally drained and worn out due to the accumulated stress resulting either from work or personal life. A on emotional exhaustion and corona fear, data was collected from 202 Indian healthcare workers using standardised scales. The results indicate that Covid-19 fear has a significant positive relationship with job satisfaction and a significant negative association with quality of work. Covid-19 fear had an indirect, negative effect on job satisfaction via reduced quality of work. Emotional exhaustion in healthcare workers reduced healthcare workers' Covid-19 fears, suggesting a numbing effect of emotional exhaustion on the arousal of emotions.⁽⁹⁾

Affective events theory suggests that work environment and work events activate affective states in employees that, in turn, influence their job-related attitudes and performance. A corollary of the basic propositions of affective event theory is that structural factors that contribute to emotional exhaustion and depersonalisation would also lead to emotional numbing. Despite the fact that more than 3/4 of the nurses experienced low to moderate emotional exhaustion, women are more vulnerable to emotional exhaustion which was consistent with a study in China during the Covid-19 pandemic.^(6,10) On the contrary, there isn't enough evidence of burnout as a job phenomenon in women. This role of gender is also related to the culture in different societies.⁽¹¹⁾

Meanwhile, female nurses in Iran are also responsible for the main role of housekeeping and caring for their children, and sometimes their elderly parents. As such, the tendency for them to be more vulnerable to emotional exhaustion is inevitable.^(6,12) On the other hand, the study examined the subscales of the workload questionnaire and observed increased scores for mental demand, physical demand, temporal demand, and frustration, leading them to conclude that the COVID-19 pandemic negatively affected staff workload and mental health. The current study is among the first, to the best of researcher's knowledge in Niger State, Nigeria, that tries to identify quality work life balance of nurses during Covid-19 pandemic in terms of emotional exhaustion.⁽¹³⁾

The ability of Covid-19 fear to simultaneously increase the meaningfulness of the job for healthcare workers and reduce their quality of work life suggests that healthcare administrators need to espouse policies that simultaneously enable healthcare workers to perceive strong emotions that make the meaning of their job salient and buffer them from the emotional, cognitive, and physical demands consequences.

A personal accomplishment is a goal one has reached or an objective one is trying to attain and usually comprises various professional and personal goals, including educational aims, career aspirations, and personal growth. Personal achievements are, as the name suggests, successes in one's personal life, it can be something that is successful, or that is achieved after a lot of work or effort. This can include demonstrating an ability to solve a problem. When asked about their greatest achievement, nurses often reflect on the moments where their skills, compassion, and determination made a tangible difference in the lives of their patients and the quality of care provided.

Study on professional quality of life in nurses on the frontline against COVID-19 revealed that good wages can increase professional identity in nurses. Research has shown that good wages and personal accomplishment of professional nurses on the frontline against COVID-19 can improve work enthusiasm, thereby increasing job satisfaction and compensation system (CS) and reducing burnout (BO) in nurses. In addition to improvement of the wages and benefits for nurses on the frontline against COVID-19, the managers are also advised regularly surveying job satisfaction of nurses, promptly solving the problems of such nurses, supporting their work and creating a culture centred on motivation to increase their work satisfaction and avoid cultural fit (CF).⁽¹⁴⁾

Finding of a study on personal accomplishment of nurses revealed that personal accomplishment was higher in married nurses. This result is in line with previous studies that showed there is a correlation between burnout and staff members who are single. While a previous study reports marital status (married/single) as having no relationship with the dimensions of burnout. It seems that culture has a significant effect and we have different results in diverse societies. Furthermore, the score of personal accomplishment in head nurses was higher than other nurses, as supported by a previous study, and official hiring nurses with experience in general wards experienced higher personal accomplishment. The regression analysis showed that the having employee spouses was a significant variable in the model ($B = 9.05$), and personal accomplishment in nurses who had employee spouses was nine times higher than other nurses.⁽⁶⁾

Similarly, results of a study on a national study of personal accomplishment, burnout, and satisfaction with work-life integration among advance practice nurses relative to other workers revealed that of the 976 (47%) APNs who completed the survey 64% had high personal accomplishment, 36.6% had symptoms of overall burnout, and 60.6% were satisfied with their WLI.⁽¹⁵⁾

In recent decades, Quality of Work Life (QWL) has garnered increased attention, particularly within healthcare settings. Research shows that positive outcomes for healthcare organizations, providers, and patients can be achieved by implementing practices that can lead to accomplishment of employees' personal achievement as well as being able to meet up with the organisational goals and also promote a healthy quality of work life. Therefore, any study on nurses' QoL must be supported by policy makers. At the time of Covid-19, there is a growing need for nurses across the world, and we are seeing an increasing trend of migration among nurses from developing countries to other countries. This will have a detrimental effect on both developed and developing societies after Covid-19. In developing countries, detailed plans should be made to retain nurses and reduce their migration. Results of a study showed that a good solution to managing lack of nurses in the healthcare system can be achieved when the salary and benefits of the system and the working conditions in the healthcare sector improve.

It is important to acknowledge that the quality of work life of nurses is a crucial aspect to consider. Nurses in regular positions frequently encounter death, conflicts with colleagues, patient and family issues, and some professional discrimination. Nurses must make a concerted effort to adapt to all relevant factors in order to

maintain the quality of service provided to patients. Nurses commonly face challenges that can reduce their quality of work life and ultimately impact their job performance.

This study is anchored on Maslach's theory on burnout and Brooks' quality nurse work life balance. The researcher chose the two due to their relevance to this study in connection to burnout and quality nurse work life balance. Burnout is considered as a feeling of depletion of emotional energy and a feeling that one's emotional resources are inadequate to deal with the situation commonly conceptualised as a multidimensional syndrome that consisted of three components: emotional exhaustion, depersonalization, and reduced personal accomplishment. This model provides a framework for understanding how the nurses express their emotional exhaustion, depersonalization, and reduced personal accomplishment owing to stress and burnout syndrome.⁽¹⁶⁾

Emotional exhaustion, depersonalisation, and personal accomplishment have negative impact and lacking feeling of self-achievement particularly at work. This can predispose to lose self-confidence. Once that happens, the nurses can develop depersonalization which may lead to negative or cynical attitude towards her clients. However, negative impact of job strains can be reversed through good supervision, leadership and relationship with a supervisor can help reduce strain from work insecurity or workload.

It can also be done when employees feel 'heard', understood, get rewards for good performance, and positive feedback because all these aspects can influence the wellbeing of workers. While⁷ narrated that as the largest single employee component of hospitals, nurses are critical to the functioning of the organisation and improving employee productivity continues to be a common theme in the health care literature. And that, any increased productivity will be transitory if achieved at the expense of the quality of nurses' work life (QNWL) since improvement in the QNWL is prerequisite to improved productivity. The conceptual components from concept of QNWL that differentiate QNWL from the concept of job satisfaction should be explored.⁽⁷⁾

This research sought to determine quality work life balance among staff nurses in selected hospitals in Niger state during covid-19 pandemic. Specifically, the study sought to identify the demographic profile of the participants in terms of: age; gender; marital status; religious affiliation; educational attainment; years of experience; and monthly salary and to find out quality work life balance among staff nurses. The research objectives is to determine the quality work life balance of staff nurses in Niger State during Covid-19 along depersonalization, emotional exhaustion and personal achievement.

METHODS

Descriptive cross-sectional design was employed for the study. This design describe a variable in a study and are purely used to characterise and identify the Quality work life Balance of nurses in Selected Hospitals in Niger State during Covid-19 Pandemic in Niger state. Typically, this study design was used to find out quality work life balance of nurses in selected hospitals in Niger State during Covid-19 pandemic.

In this study, researcher examine a group of participants and depict what already exists in the population without manipulating any variables or interfering with the services. Cross-sectional studies are also unique because researchers are able to look at numerous characteristics at once.

Frequency and mean/ standard deviation were used for treatment of data. Below is the decision mean used for quality work life balance of nurses in selected hospitals in Niger State during Covid-19 pandemic: a) 1-1.75: weak factors; b) 1.76-2.50: fair factors; c) 2.51-3.25: moderate factors; d) 3.26-4.00: strong factors.

This research was carried out by applying the principles of health research ethics, namely: a) respecting the autonomy of respondents as signs of pressure; b) act fairly towards respondents; c) does not cause harm to the respondent; and d) provide benefits for respondents.

RESULTS

Age bracket of 31-35 constituted the majority respondents; female were higher than the male gender; married couples were higher than the single; moslems were higher than the christians; under educational attainment, RN were the majority, followed by RN/M while BSc holders. In terms of rank, ACNO and PNO were the majority of respondents. It should be noted that the major workforce were staff nurse I, II and SNOs. PNO and ACNO are managerial level staff who are mostly concerned with supervision. In terms of years of experience, 11-21 years and above were the majority. Salary of between #190,000-#250,000 and above were the majority. Respondent with higher salary were on managerial level who perform less work (table 1).

Meanwhile, the distribution of respondents based on depersonalization is presented in Table 2, with a mean score of 2.70, which means they are in the moderate category. The distribution of respondents based on emotional exhaustion is presented in Table 3, with a mean score of 2.70, which means they are in the moderate category. The distribution of respondents based on personal accomplishment is presented in Table 4, with a mean score of 3.53, which means they are in the strong category.

Table 1. Response on demographic data

Demographic characteristics	Category	Frequency	Percentage
Age	25-30	47	20.9
	31-35	54	24.0
	36-40	36	16.0
	41-45	41	18.2
	46 and above	47	20.9
Age	Male	73	32.4
	Female	152	67.6
Marital status	Single	45	20
	Married	175	77.8
	Separated	4	1.8
	Divorce	1	0.4
Religious affiliation	Christian	58	25.8
	Moslem	166	73.8
	Others	1	0.4
Educational attainment	RN	99	44
	RN/M	72	32
	BSc	46	20.4
	MSc	7	3.1
	PhD	1	0.4
Designation/rank	Staff nurse II	37	16.4
	Staff nurse I	42	18.7
	SNO	22	9.8
	PNO	57	25.3
	ACNO	67	29.8
Years of experience	1-5	56	24.9
	6-10	40	17.8
	11-15	45	20
	16-20	39	17.3
	21 and above	45	20
Monthly salary	#80,000-#90,000	36	16
	#100,000-#140,000	22	9.8
	#150,000-#180,000	17	7.6
	#190,000-#200,000	50	22.2
	#250,000 and above	100	44.4

Table 2. Response of participants on depersonalization

Items/variables	Mean ± SD
I feel I treat some patients as impersonal "object"	2.59 ± 1.47
I have become more callous towards people since I took this job	2.39 ± 1.59
I feel some patients blame me for some of their problems	2.45 ± 1.49
In my work, people bother me with personal problem that I don't want to be bothered	2.86 ± 1.25
I try to keep away from the personal problems of my patients	3.24 ± 1.50
Mean	2.70 ± 0.86

Table 3. Response of participants on emotional exhaustion

Items/variables	Mean ± SD
I feel emotionally drained by my work	2.76 ± 1.22
I feel used up at the end of the day	2.59 ± 1.23
I feel fatigued when getting up in the morning to face another day on the job	2.91 ± 1.14
Working with people all day is really a strain for me	2.76 ± 1.24
I feel burned out from my work	2.67 ± 1.22
I feel frustrated by my job	2.47 ± 1.40
I feel I'm working too hard in my job	2.75 ± 1.32
I feel like I'm at the end of my rope	2.71 ± 1.44
Working with people directly puts too much stress on me	2.72 ± 1.29
Total	2.70 ± 0.77

Table 4. Response of participants on personal accomplishment

Items/variables	Mean \pm SD
I can easily understand how my patients feel about things	4.1 \pm 1.05
I deal very effectively with problems of my patients	4.19 \pm 1.09
I feel I'm positive influence on other people's lives through my work	4.20 \pm 1.07
I worry that this job is hardening me emotionally	2.91 \pm 1.23
I feel exhilarated after working with my patients	3.06 \pm 1.32
I can easily create a relaxed atmosphere with my patients	4.04 \pm 1.24
I don't really care what happens to some patients	1.95 \pm 1.43
I have accomplished many worthwhile things in this job	3.76 \pm 1.32
Mean	3.53 \pm 0.54

DISCUSSION

Depersonalisation

The finding of the study shows that depersonalisation among the participants was moderate with the total mean being 2.70. This indicative that the response of participants on depersonalisation was on an equilibrium phase. The Depersonalisation was not pronounce as to affect their quality work balance. However, this is a signal of threat, hence improvement is require to raise the standard above this.

This finding support the a study on work-life balance of the nurses during pandemic who found out that only 27.7% of the nurses had very good work-life balance while a majority (30.9%) of the nurses had good work-life balance. If work-life balance of the nurses is not guaranteed, employees may be exposed to depersonalisation, in the work place.⁽⁵⁾ The current study also agrees with another study where the finding of their study revealed that most nurses' scores, experienced low to moderate depersonalisation,⁽⁶⁾ which is also in line with results of a previous study where there was an increased scores of depersonalisation during the outbreak of Covid-19. The COVID-19 pandemic has seen a great number of protocols, policies, and procedures implemented in the hospitals which are constantly being revised.⁽⁶⁾

Sudden, unforeseen changes in the health care industry, especially in nursing led to various crises such as inadequate staffing and changeover of staff. Hence, the nurses would have found it challenging to maintain very good work-life balance.

Though no supporting studies are documented regarding work-life balance of the nurses during pandemic in Niger state, but pre pandemic studies have reported that majority of the nurses had low job satisfaction with their work-life balance. However, other studies reported that nurses had moderate and very good quality of work-life in their studies.^(5,7,8)

Emotional Exhaustion

Finding from the study under emotional exhaustion was, mean of 2.70 from indicating that participants experience moderate emotional exhaustion and this did not affect so much their quality work life balance. However, participants' expectation for improvement on salary and other incentives including employment of more hands from the management was conspicuous on their faces.

Finding of the current study is in congruence with other studies who narrated that despite the fact that more than 3/4 of the nurses experienced low to moderate emotional exhaustion, affective events theory suggests that work environment and work events activate affective states in employees, which in turn influence their job-related attitudes and performance. Thus a corollary of the basic propositions of affective event theory, is that structural factors that contribute to emotional exhaustion and depersonalisation would also lead to emotional numbing.^(6,10)

In another development,⁽⁶⁾ reported in a study where women are more vulnerable to emotional exhaustion, but ⁶ in Maslach did not consider the importance of gender in predicting burnout. However, other researcher⁽¹¹⁾ opined that there isn't enough evidence of burnout as a job phenomenon in women. In relation to the current study, even though emotional exhaustion did not observe the relationship between gender and emotional exhaustion in the finding, the female participants being the majority in the study could be more expose to the emotional exhaustion. It will be so because of the female gender's role both in home and work place as well as some relation to the culture in different societies.

This assertion supports other researches^(6,12) whose narration showed that female nurses in Iran are also responsible for the main role of housekeeping and caring for their children, and sometimes their elderly parents just like in Africa, Nigeria inclusive where caring for family and elderly person is the prerogative of female gender. As a result, the female gender in the current study may be predispose to emotional exhaustion than the male folk.

Similarly, a study was conducted by another researcher on emotional exhaustion and Corona fear, data was collected from 202 Indian healthcare workers using standardised scales and analysed using Smart PLS 2.0. The

results indicate that Covid-19 fear has a significant positive relationship with job satisfaction and a significant negative association with quality of work. The study results validate the hypotheses that Covid-19 fear simultaneously acts as a job resource and job demand. In relation to the current study, even the emotional exhaustion was moderate, the fear of contacting Covid-19 cannot be aborted among the participants. Covid-19 fear had an indirect, negative effect on job satisfaction via reduced quality of work.⁽⁹⁾

Emotional exhaustion in healthcare workers reduced healthcare workers' performance and influence their job-related attitudes and provision of quality care. Another variable that may be considered among nurses caring for covid-19 patients is their mental and physical demand which may lead to frustration. On a study to examine the subscales of the workload with questionnaire to observed increased scores for mental demand, physical demand, temporal demand, and frustration, the study concludes that the COVID-19 pandemic negatively affected staff workload and mental health. Mental workload made the highest contribution, while the feeling of frustration had the lowest contribution. They also reported in a study to measure the mental workload of nurses in the emergency department of a hospital and reported that the dimension of overall performance had the lowest score, while frustration had the highest score.⁽¹³⁾

Though the current study did not measure the participants' mental status, it is not uncommon for the nurses caring for covid-19 patients to experience both physical and mental demand. The ability of Covid-19 fear to simultaneously increase the meaningfulness of the job for healthcare workers and reduce their quality of work life suggests that healthcare administrators need to espouse policies that simultaneously enable healthcare workers to perceive strong emotions that make the meaning of their job salient and buffer them from the emotional, cognitive, and physical demands consequences.

Personal Accomplishment

Finding of the study under personal accomplishment was, mean of 3.53. This implies that, though not completely, the participants were able to accomplish their personal achievement as well as being able to meet up with the organisational goals. This finding supports other findings⁽¹⁵⁾ on a national study of personal accomplishment, burnout, and satisfaction with work-life integration among advance practice nurses relative to other workers which revealed that of the 976 (47%) Advance practice nurses (APNs) who completed the survey 64% had high personal accomplishment, 36.6% had symptoms of overall burnout, and 60.6% were satisfied with their work life integration (WLI). In multivariable analysis, work hours (for each additional hour odds ratio [OR] 1.03, and working in an outpatient setting (overall $p = 0.03$; referent hospital: outpatient, OR 1.80; other/unknown, OR 1.41, $p = 0.13$) were independently associated with having higher odds of burnout. Work hours were also independently associated with lower odds of satisfaction with WLI (for each additional hour OR 0.94, $p < 0.001$). Advance practice nurses were not more likely to have burnout or have greater struggles with WLI than other workers. Research conducted on the QoL of nurses can improve the delivery of health care to the clients. Although the current study did not address relationship of participants with salary incentives, it is obvious that those with higher salary will avail personal accomplishment than those with lower salary.

To corroborate the statement above, if good wages and personal accomplishment can be achieved by nurses, professional quality of life in nurses on the frontline against COVID-19 will improve work enthusiasm, thereby increasing job satisfaction and CS and reducing BO in nurses. Furthermore, personal accomplishment for nurses with more years of experience will be greater than those on the managerial levels. This statement can be supported by other findings⁽⁶⁾ where the score of personal accomplishment in head nurses was higher than other nurses, and official hiring nurses with experience in general wards experienced higher personal accomplishment where the regression analysis showed that having employee spouses was a significant variable in the model ($B = 9.05$), and personal accomplishment in nurses who had employee spouses was nine times higher than other nurses. Although the finding of the current study under Personal Accomplishment was moderate, the participants were able to accomplish some of their personal achievement as well as being able to meet up with the organisational goals, there were still high expectations for improvement on salary and other incentives from the management.

Above all, in recent decades, Quality of Work Life (QWL) has garnered increased attention, particularly within healthcare settings. Research shows that positive outcomes for healthcare organisations, providers, and patients can be achieved by implementing practices that can lead to accomplishment of employees' personal achievement as well as being able to meet up with the organisational goals and also promote a healthy quality of work life. Therefore, any study on nurses' QoL must be supported by policy makers. At the time of Covid-19, there is a growing need for nurses across the world, and we are seeing an increasing trend of migration among nurses from developing countries to other countries. This will have a detrimental effect on both developed and developing societies after Covid-19. In developing countries, detailed plans should be made to retain nurses and reduce their migration.

Results of a study showed that a good solution to managing lack of nurses in the healthcare system can be achieved when the salary and benefits of the system and the working conditions in the healthcare sector improve.

It is important to acknowledge that the quality of work life of nurses is a crucial aspect to consider. Nurses in regular positions frequently encounter death, conflicts with colleagues, patient and family issues, and some professional discrimination. Nurses must make a concerted effort to adapt to all relevant factors in order to maintain the quality of service provided to patients. Nurses commonly face challenges that can reduce their quality of work life and ultimately impact their job performance.

Implications

Routinely, the nursing work includes situations of stress, anxiety and even depression, which are directly related to frustration, physical and mental exhaustion, feelings of helplessness and professional insecurity experienced during the pandemic, mainly by young professionals with no experience in the care of critically-ill patients. The results also indicated the need for attention to the mental health of the professionals due to the increasing workload and the treatment of an illness hitherto unknown. As such, managers of the healthcare industry must provide the necessary quality of work-life attributes to address the depersonalization of the nursing staff. The approach would make the nursing staff own the work responsibilities and improve their work performance at local, national and global level. The managerial implications and study limitation reported for future managerial and scholarly engagements.

Conclusion

The study was conducted in selected hospitals in Niger State, Nigeria, with the view to find out the quality work life balance of nurses during covid-19 pandemic. Over all finding revealed that participants' quality work life balance under depersonalization, emotional exhaustion, and personal achievement was moderate or in the stage of equilibrium. That notwithstanding, there is need for the management of the selected hospitals to put more efforts and strategies to address grey areas such PPE, equipment, physical and mental exhaustion, feelings of helplessness, fear and insecurity in readiness for any pandemic eventuality and as well avoid placing professionals with no experience in the care of critically-ill patients during any pandemic.

REFERENCES

1. Li P, Wang Y, Zhang M. Translation and validation of the Work-Related Quality of Life Scale (WRQoLS-2) in a nursing cohort. *Contemp Nurse*. 2022;58(5-6):435-445.
2. Sibuea ZM, Sulastiana M, Fitriana E. Factor affecting the quality of work life among nurses: A systematic review. *Journal of Multidisciplinary Healthcare*. 2024;17:491-503.
3. Van LTH, Volrathongchai K, Huy NVQ, Duc TNM, van Hung D, Lien TTM. Quality of work life among nurses working at a provincial general hospital in Vietnam: a cross-sectional study. *Cent Eur J Nurs Midwifery*. 2020;11(4):188-195.
4. Suleiman K, Hijazi Z, Al Kalaldehy M, Abu Sharour L. Quality of nursing work life and related factors among emergency nurses in Jordan. *J Occup Health*. 2019;61(5):398-406.
5. Karunagaran ARK, Lee P, Raju H, Rebekah G, Durai S. Work-life balance of nurses during pandemic. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*. 2020;9(6):45-48.
6. Omid Z, Khanjari S, Salehi T, Haghani S. Association between burnout and nurses' quality of life in neonatal intensive care units: During the COVID-19 pandemic. *J Neonatal Nurs*. 2023 Feb;29(1):144-148.
7. Brooks BA, Storffjell J, Omoike O, et al. Assessing the quality of nursing work life. *Nurs Adm Q*. 2007;31(2):152-157.
8. Sakthivel D, Jayakrishnana J. Work-life balance and organizational commitment for Nurses. *Asian Journal of Business and Management Sciences*. 2020;2(5):1-6.
9. Saini G, Dash SS, Jena LK. Numbing effect of emotional exhaustion on COVID-19 fear and contrasting effect on job satisfaction and quality of work life among Indian healthcare workers. *Journal of Health Management*. 2024;0(0):1-6.
10. Hu D, Kong Y, Li W, Hand Q, Zhang X, Zhu LX, Wan SW, Liu Z, Shen Q, Yang J, He HG, Zhu J. Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large-scale cross-sectional study. *EClinicalMedicine*. 2020;24(1):2-8.
11. Donel Richemond, Maria Needham, Kerline Jean(2022), The Effects of Nurse Burnout on Patient Experiences. *Open Journal of Business and Management*. 2022;8(2):1-6.
12. Mahoney CB, Lea J, Schumann PL, Jillson IA. Turnover, burnout, and job satisfaction of certified registered nurse anesthetists in the United States: role of job characteristics and personality. *AANA J*. 2020;88(1):39-48.

13. Shoja E, Aghamohammadi V, Bazzyar H, Moghaddam HR, Nasiri K, Dashti M, Choupani A, Garaee M, Aliasgharzadeh S, Asgari A. Covid-19 effects on the workload of iranian healthcare workers. *BMC Public Health*. 2020;20(1):1636.
14. Niu A, Li P, Duan P, Ding L, Xu S, Yang Y, Guan X, Shen M, Jiang Y, Luo Y. Professional quality of life in nurses on the frontline against COVID-19. *J Nurs Manag*. 2022 Jul;30(5):1115-1124.
15. Dyrbye LN, West CP, Kelsey EA, Gossard AA, Satele D, Shanafelt T. A national study of personal accomplishment, burnout, and satisfaction with work-life integration among advance practice nurses relative to other workers. *J Am Assoc Nurse Pract*. 2020 Oct 23;33(11):896-906.
16. Yang D. Stress and burnout in demanding nursing home care: A literature review of the causes, prevention and coping strategies. *JAMK*. 2017;1(1):1-56.
17. Brady KJS, Ni P, Sheldrick RC, Trockel MT, Shanafelt TD, Rowe SG, Schneider JI, Kazis LE. Describing the emotional exhaustion, depersonalization, and low personal accomplishment symptoms associated with Maslach Burnout Inventory subscale scores in US physicians: an item response theory analysis. *J Patient Rep Outcomes*. 2020 Jun 1;4(1):42. doi: 10.1186/s41687-020-00204-x.
18. Panari C, Caricati L, Pelosi A, Rossi C. Emotional exhaustion among healthcare professionals: the effects of role ambiguity, work engagement and professional commitment. *Acta Biomed*. 2019 Jul 8;90(6-S):60-67. doi: 10.23750/abm.v90i6-S.8481.
19. Gago-Valiente FJ, Mendoza-Sierra MI, Moreno-Sánchez E, Arbinaga F, Segura-Camacho A. Emotional exhaustion, depersonalization, and mental health in nurses from Huelva: A cross-cutting study during the SARS-CoV-2 Pandemic. *Int J Environ Res Public Health*. 2021 Jul 25;18(15):7860. doi: 10.3390/ijerph18157860.
20. Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 2016 Jun;15(2):103-11. doi: 10.1002/wps.20311.
21. Edú-Valsania S, Laguía A, Moriano JA. Burnout: A Review of Theory and Measurement. *Int J Environ Res Public Health*. 2022 Feb 4;19(3):1780. doi: 10.3390/ijerph19031780.