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Head Nurses' Perception about Collaboration and its Relation to Staff Nurses' Quality of Work Life

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Abstract: Effective nursing collaboration behavior is essential for improving quality of services in health care system which has an effect on the nurses' quality of work life. *The study aimed to* assess head nurses' perception about collaboration and its relation to staff nurses' quality of work life. *A descriptive correlational design* was utilized to conduct this study. *The study was conducted* at inpatient Medical and Surgical departments. *Two groups of subjects of this study:* **The first group;** all head nurses (60). **The second group;** a convenient sample of (300) staff nurses and with at least two years of experience. **Two tools were used for data collection:** **The first tool;** Collaboration Behavior Scale, **the second tool;** Quality of Work Life Questionnaire. **Results:** Nearly half of head nurses had a high perception level about collaboration among staff nurses, while more than one third of them had a moderate perception level. Nearly half of staff nurses had a high level of perception of total quality of work life, while, more than one quarter of them had a moderate level of perception. **Conclusion:** There was a statistical significant positive correlation between head nurses' perception about collaboration and staff nurses' perception about quality of work life. **The study recommended:** Staff development program is need for nurses managers to integrate staff nurses in decision-making and to deal effectively with new ideas to promote satisfactory organizational climate. Hospital manager should paying attention to the financial aspect (salary) of staff nurses to meet life needs.

Keywords: Head nurses, Collaboration, Staff nurses, Quality of work life.

1. Introduction

In work settings, head nurses not only represent the organization's culture, but they also exert a direct influence upon nurses' collaboration

behaviors. Head nurses who enable staff nurses to participate more in decision-making and who encourage a two-way communication process tend to generate a favorable climate within



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the nursing team, characterized by less interpersonal conflict and hostility and fewer uncooperative relationships. Also, head nurses act on nurses concerns about open communication, acknowledgement of working well-done, encouragement of nurses' growth and autonomy which increase quality of work life among staff nurses (*Ylitormanen, et al., 2019*).

Collaboration is interpersonal relationship between and among colleagues, which require a high level of communication, coordination, conflict management strategies, shared process and professionalism. Nursing collaboration is a key strategy for improvement, problem solving, and innovation in the health system (*Moos, et al., 2018*). Also, Nursing collaboration is a basic element in promoting the climate of a healthy work environment in a health care organization that support manageable workloads and level of complexity is very important in leading to high

nurses' quality of work life level and enhance affective traits. Nurses' quality of work life level is very necessary in attracting and maintaining nurses in hospital as quality of work life with in the health care organization can contribute to other positive outcomes for both staff nurses and patients (*Pakpour, et al., 2019*).

There are many factors affecting nursing collaboration such as communication and teamwork, teamwork and shared process, trust and respect, communication and coordination, role clarification and professionalism, conflict management skills. As a profession, nurses routinely communicate, coordinate care, solve problem and share information for continuity of care, for instance during handover or management of change (*Slusser, et al., 2018*).

The World Health Organization defines quality of life as an individual's perception of their position in life in the context of the culture and value



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systems in which they live and in relation to their goals, expectations, standards and concerns. Improvement in nurses' quality of work life (QWL) has become a major issue in health care settings as it can influence individual and organizational performance, and can increase nurses' commitment to their organization, leading to lowered turnover rate and improved work satisfaction (*Vischer and Wifi, 2017*).

Moreover, improving (QWL) of staff nurses is as much needed as improving quality of patient care. (QWL) is important because it is associated with nurse commitment, turnover, intention, organizational effectiveness, productivity and quality of life. Also, it results in a higher level of delivered quality of patients care (*Kamel et al., 2019*).

QWL is used to evaluate the general well-being of individuals and societies. It is normally considered as the real work situation including nurse facilities, salary, and health and safety

issue, participating in decisions making management approach and job diversity and flexibility. QWL is considered as one of the approaches to improve the nursing staff function and which is a key element in any culture, it is the way that makes the organization and nursing staff work together (*Aktar, et al., 2018*).

Furthermore, quality of work life influenced by factors such as job security, opportunities for career advancement, work patterns, leadership style, work design, and work life balance (*Kamel et al., 2019*). Also, it is asserted that the relationship between quality of work life and the degree of the nurses' involvement in their work is a critical factor in achieving higher level of quality of care delivery. In health care organization, quality of work life focuses on the degree to which nurses are able to satisfy important personal needs through their experience goals, to make meaningful contribution to their organization



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(Ramawickrama and Pushpakumari, 2018).

Effective collaboration among nurses within organizations is essential in order to reduce medication errors and improve patient care, which nurses collaborate and work together successfully, this will promote active participation regarding patient care, share perspectives, plan together, respect one another, and support and assist each other in the interest of patient care (*Hassona and El-Aziz, 2017*). So, head nurses who involve staff, foster teamwork, encourage motivation and reward good work performance which improve job collaboration and impact quality of work life. With increasing quality of work life, it will affect the relationship and motivation of nurses with all supporting elements in the hospital as a whole, including an understanding of the organization's desires and needs for environmental safety and occupational

safety as well as a comfortable working atmosphere (*Karam, et al., 2018*).

1.1 Significance of study

Head nurses possess a vision that enhance collaboration for empowering, inspiring and motivating staff nurses' through working together to achieve work goals and vision for future. Collaborating among head nurses and their staff nurses' is essential in the delivery of high quality of patient care, work life and the creation of health work environment (*Aldeeb and El-Demerdash, 2016*). Quality of work life strategies in health care setting can improve nurses' morale and organization effectiveness. Also, quality of work life can improve the quality of care provided as well as recruitment and retention of the nursing work force (*Jeong et al., 2018*).

Through the clinical experience of investigator, the collaboration between nursing staff is the essential element to lead to high quality of patient care and work life to staff



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nurses, controlling changes in the organization, participating in decision - making and problem solving. Therefore, it will affect the quality of care, effective treatment, satisfaction between nursing and reduce staff nurses turnover and problems among professional performance. So, this study was conducted to assess head nurse' perception about collaboration and its relation to staff nurses' quality of work life.

1.2. Aim of the Study

The aim of this study was to assess head nurse' perception about collaboration and its relation to staff nurses' quality of work life. Through: Assessing head nurses' perception about collaboration among staff nurses, assessing level of perception about quality of work life among staff nurses and investigating relation between head nurses' perception about collaboration and staff nurses' perception about quality of work life.

1.3. Research question

Is there a relation between head nurses' perception about collaboration and staff nurses' perception about quality of work life?

2. Subjects and Method

The methodology of the current study was portrayed according to the following four designs:

I- Technical design.

II- Administrative design.

III- Operational design.

IV- Statistical design.

I. Technical Design:-

The technical design includes study design, study setting, subjects and methods and tools that used in data collection.

Research Design:-

Descriptive correlational design was utilized to conduct this study

Setting:-

This study was conducted at Inpatient units of Medical and Surgical departments / units at Benha University



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Hospital. The total number of bed at this hospital is (880).The hospital composed of three separated buildings; medical building (478 beds), surgical building (384 beds) and ophthalmology building (18 beds). The Medical departments included (14) units and surgical departments included (11) units.

Subjects:

Two groups of subjects were included in the study:

A. Head nurses' group:

It included all head nurses, who are working at the above mentioned study setting. Total number was 60 head nurses (40 head nurses at Medical department and 20 head nurses at Surgical department).

B. Staff nurses group:

It included a convenient sample of staff nurses who are working at above mentioned study setting, available at the time of data collection and responsible for providing nursing care with at least two years of

experience. Total number was 300 nurses (227 nurses at Medical department and 73 nurses at Surgical department).

Tools of data collection:

Two tools were used for data collection in the study.

Tool I: Collaboration Behavior Scale.

It was developed by *Stichler, (1990)*, modified and used by investigator to assess head nurses' perception about collaboration among staff nurses. It included two parts:-

- **First part:** included personal characteristics of head nurses such as (age, gender, marital status, educational level and years of experience).
- **Second part:** Composed of 20 items about head nurses' perception about collaboration among staff nurses.

Scoring system:

The studied head nurses' responses were scored on a three point likert scale as follow (3) always, (2) sometimes and (1) never. The



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participant who had a percent more than 75% = 45, this indicated high level of perceived collaboration, if the score from $65 < 75\% = 39 < 45$, this indicated moderate level of perceived collaboration and if less than 65% = 39, this indicates low level perceived collaboration (*Aldeeb and El-Demerdash, 2016*).

Tool II: Quality of Work Life Questionnaire.

It was developed by *Brooks, (2005)*, modified and used by the investigator to assess level of perception about quality of work life among staff nurses. It includes two parts:

- **First part:** Included Personal characteristics of staff nurses such as (age, gender, marital status, educational level and years of experience).
- **Second part:** Composed of 40 items to assess level of perception about quality of work life among staff nurses. It included four factors

subdivided as the following in table:

Table (1): Factors of quality of work life items.

Factors	Number of items
Work / life factor	6
Work design factor	10
Work context	19
Work world	5
Total	40

Scoring system:

The studied nurses' responses were scored on a three point likert scale as follow: (3) agree, (2) not sure, (1) disagree. The participant who had a percent more than 75% = 90, this indicated high level of perceived quality of work life, if the score is from $65 < 75\% = 78 < 90$, this indicated moderate level of perceived quality of work life and if less than 65% = 78, this indicates low level of perceived quality of work life (*Ibrahim, 2014*).

II. Administrative design

An official permission was issued from Dean of the Faculty of Nursing to the Director of Benha University Hospital to obtain the



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approval for data collection. The objectives and the nature of the study were explained and then it was possible to carry out the study with minimum resistance.

III. Operational design

The study's operational design was carried out on three phases; Preparatory, pilot study, and fieldwork.

A. Preparatory phase.

◆ The preparatory phase started from the beginning of September 2018 to the end of October 2018, covering two months and including the reviewing of national and international related literature using journals, periodicals, textbooks, internet and theoretical knowledge of the various aspects concerning the topic of the study, and translating the tool into Arabic format for better understanding.

◆ **Validity of the study tools** was done through a panel of five experts in the field of nursing administration including; one Professor of Nursing Administration at Faculty of Nursing,

Tanta University, two Professors of Nursing Administration at Faculty of Nursing, Monofia University and two Assistant Professor of Nursing Administration at Faculty of Nursing, Monofia University.

Reliability of tools:

Reliability of Collaboration Behavior Scale was measured by using Cranach's Alpha and the value was (0.88) and reliability of Quality of Work Life Questionnaire was measured by using Cranach's Alpha and the value was (0.83).

B. Pilot study

A pilot study was conducted in November 2018 to assess tool clarity and applicability. The study was tested on 10% of the total studied subjects, it was done on 6 head nurses and 30 staff nurse, who included in the main study subject, to evaluate the effectiveness of the proposed data collection tools and to assess the feasibility of the study. In addition, to estimate, the time needed to fill the form that approximately



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ranged from 20-35 minutes. No modification was needed. The pilot included in the study.

A. Filed work:

Data collection took about three months from beginning of December (2018) to end of February (2019) to collect data from filed work. The data collected by the investigator from head nurses and staff nurses through distribution questionnaires to them. The data collected during their work hours through 3 days/ week at the morning shift after explaining the aim and the nature of the study to head nurses and staff nurses to accept their participation as well as organize and arrange head nurses and staff nurses' participation according to unit's needs and activities. The average number of questionnaire sheets of head nurses and staff nurses 8-10 sheets per day. The time needed for filling the questionnaires sheets ranged from (20-35) minutes.

Ethical Considerations

- All subjects have their rights secured.
- Each subject was informed about the nature process on expected outcomes.
- All data was confidential and informed that it will be used only for the research purpose.

IV. Statistical Design

After completion of data collection, computerized data entry and statistical analysis were fulfilling scored using Statistical package for social science (SPSS version 24). The data were explored using descriptive statistics with mean and standard deviation (SD) for continuous variables and frequency for categorical variables was analyzed. Qualitative variable were compared using qui square test (χ^2) as the test of significance test and mean score between two and more groups. Correlation coefficient (r) was used to evaluate correlation between perception of using correlation between head nurses' perception about collaboration and staff nurses quality of work life. The p-value is the degree of significant. A significant



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value is consider when $p\text{-value} \leq 0.05$ and a highly significant level was considered when $p\text{-value} \leq 0.001$, while $p\text{ value} > 0.05$ indicates insignificant results.

3. Results

Table (1): Indicated that, half (50 %) of head nurses were within age $30 < 40$ years old with mean score 31.33 ± 4.80 . Regarding to their sex, majority (95%) of head nurses were female. The most of them (85%) were married. Regarding to the educational level, the majority (95%) had baccalaureate degree in nursing. As regards years of experience, more than one third (38.3%) of head nurses had more than 10 years of experience with mean score 7.98 ± 4.41 .

Table (2): Showed that, more than two thirds (70.3%) of staff nurses were within age $20 < 30$ years old with mean score 28.12 ± 5.88 . Regarding to their sex, all of them (100%) were female. The most of them (75.7%) were married. Regarding to educational

level, more than one third (36.3%) of them had diploma in nursing. As regards to years of experience, more than one third (37.3%) of staff nurses had less than 5 years of experience with mean score 8.42 ± 6.53 .

Figure (1): Illustrated that, the nearly half of head nurses (48.3%) had a high perception level about collaboration among staff nurses. While, more than two fifth of head nurses (46.7%) had a moderate perception level about collaboration among staff nurses.

Table (3): Revealed that, there no statistical significant relation between head nurses' perception collaboration among staff nurses and all personal characteristic. While, head nurses' perception about collaboration was high among staff nurses who aged less than 40 years, female, married, had Baccalaureate degree in nursing, had more than 10 years of experience.

Table (4): Indicated that, the highest mean was staff nurses' work



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context ($44.26 \pm 7.63\%$), the second mean was staff nurses' work design ($22.693.189\%$) While, the lowest mean was staff nurses' work world ($9.89 \pm 2.14\%$).

Figure (2): Illustrated that, nearly half of staff nurses (49.7%) had a high level of perception about total quality of work life, more than one quarter of staff nurses (28.3%) had a moderate level of perception of about total quality of work life, while the minority of them (22%) had low level of

perception about total quality of work life.

Table (5): Revealed that, there was highly statistically significant relation between total staff nurses' perception about quality of work life and their age.

Table (6): Showed that, there was a statistical significant positive correlation between head nurses' perception about collaboration and total staff nurses' quality of work life ($r = 0.601, p = 0.014$).



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Table (1): Frequency distribution of head nurses regarding to their personal characteristics (n=60)

Personal characteristic	No	%
Age (years)		
20 < 30	27	45.0
30 < 40	30	50.0
> 40	3	5.0
Mean ±SD	31.33±4.80	
Gender		
Male	3	5.0
Female	57	95.0
Marital Status		
Married	51	85.0
Un Married	9	15.0
Educational Level		
Diploma in nursing	2	1.7
Associated degree in nursing	4	3.3
Baccalaureate degree in nursing	54	95.0
Years of experience		
< 5	20	33.4
5 < 10	17	28.3
> 10	23	38.3
Mean ±SD	7.98±4.41	

Table (2): Frequency distribution of staff nurses regarding to their personal characteristics (n=300)

Personal characteristic	No	%
Age (years)		
20 < 30	211	70.3
30 < 40	73	24.3
> 40	16	5.4
Mean ±SD	28.12±5.88	
Gender		
Male	0	0.0
Female	300	100.0
Marital Status		
Married	227	75.5
Un Married	73	24.5
Educational Level		
Diploma in nursing	109	36.3
Associated degree in nursing	105	35.0
Baccalaureate degree in nursing	86	28.7
Years of experience		
< 5	112	37.3
5 < 10	91	30.3
> 10	97	32.4
Mean ±SD	8.42±6.53	

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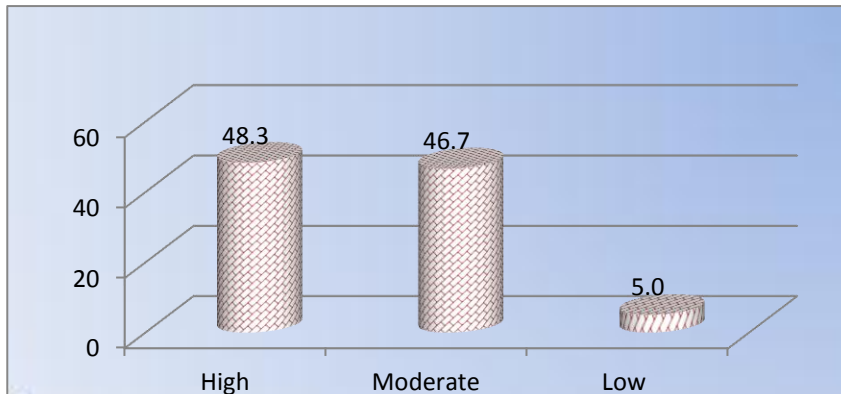


Figure (1): Total levels of studied head nurses' perception about collaboration among staff nurses levels.

Table (3): Relation between total head nurses' perception about collaboration among staff nurses and their personal characteristic (n=60)

Personal characteristic	Total head nurses' perception about collaboration level						X ²	p-value
	Low = 3		Moderate =28		High = 29			
	No	%	No	%	No	%		
Age (years)								
20 < 30	1	33.3	12	42.9	14	48.3	3.87	0.42
30 < 40	2	66.7	13	46.4	15	51.7		
>40	0	0.0	3	10.7	0	0.0		
Gender								
Male	0	0.0	1	3.6	2	6.9	0.49	0.78
Female	3	100.0	27	96.4	27	93.1		
Marital Status								
Married	3	100.0	24	85.7	24	82.8	0.65	0.72
Un Married	0	0.0	4	14.3	5	17.2		
Educational Level								
Diploma degree in nursing	0	0.0	1	3.6	0	0.0	3.3	0.5
Associated degree in nursing	0	0.0	0	0.0	2	6.9		
Baccalaureate degree in nursing	3	100.0	27	96.4	27	93.1		
Years of experience								
< 5	0	0.0	9	32.1	11	37.9	2.22	0.69
5 < 10	1	33.3	9	32.1	7	24.1		
> 10	2	66.7	10	35.7	11	37.9		

*Statistical significant ($p < 0.05$)

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Table (4): Ranking quality of work life factors as reported by the staff nurse (n=300)

Total quality of work life Factors	Min	Max	Mean rank	Ranking	Mean ± SD
Staff nurses work life / home life.	7.00	18.00	1.88	3	12.76 ± 2.47
Staff nurses work design	15.00	30.00	2.99	2	22.69 ± 3.189
Staff nurses work context	20.00	57.00	4.00	1	44.26± 7.63
Staff nurses work world	5.00	15.00	1.13	4	9.89 ± 2.14

Figure (2): Levels of studied staff nurses' perception regarding to total quality of work life factors (n=300).

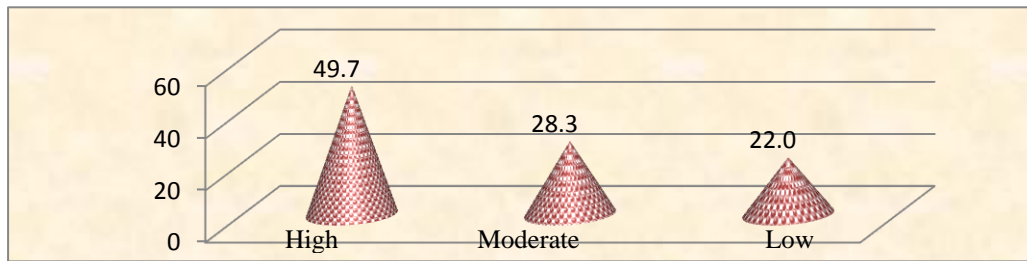


Table (5): Distribution of the staff nurses' perception regarding the quality of work life by their personal characteristics (n=300).

Personal characteristics	Total staff nurses' perception quality of work life						X ²	p-value
	Low		Moderate		High			
	No	%	No	%	No	%		
Age (years)								
20 < 30	41	62.1	74	87.1	96	64.4	22.7	0.000*
30 < 40	24	36.4	6	7.1	43	28.9		
> 40	1	1.5	5	5.9	10	6.7		
Gender								
Male	0	0.0	1	3.6	2	6.9	0.49	0.78
Female	3	100.0	27	96.4	27	93.1		
Marital Status								
Married	53	80.3	64	75.3	110	73.8	1.05	0.59
Un Married	13	19.7	24	24.7	39	26.2		
Educational Level								
Diploma degree in nursing	24	36.4	28	32.9	57	38.3	1.41	0.84
Associated degree in nursing	22	33.3	34	40.0	49	32.9		
Baccalaureate degree in nursing	20	30.3	23	27.1	43	28.9		
Years of experience								
< 5	26	39.4	33	38.8	53	35.6	3.33	0.503
5 < 10	16	24.2	30	35.3	45	30.2		
> 10	24	36.4	22	25.9	51	34.2		

** Highly statistical significant difference $P < 0.000^*$



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Table (6): Correlation between total head nurses' perception about collaboration and total staff nurses quality of work life.

Variable	Head nurses perception about collaboration	
	r	p-value
Staff nurses' perception regarding quality of work life.	0.601	0.014*

* Statistical significant difference $P < 0.05$

4. Discussion

Nursing collaboration refers to working together cooperatively, solving problem by sharing responsibility and making decision to carry out high quality of patient care, work life and the creation of healthy work environment. In addition, it is essential in clinical practice area of work relationship as it results in costs effectiveness, quality betterment and improves patient care (*Gougeon, et al., 2018*). Collaborative head nurses facilitates staff nurses to control changes in work organization which can lead to high quality of work life, patient care and problem solving. Also, it creates gratifying work roles and all staff nurses contribute to patient centered care goals (*Pakpour, et al., 2019*).

Quality of work life deals with the issue of how rewarding the time spent in work place is. It reflects working and contextual issue such as relationship with work colleagues of the job and intrinsic satisfaction of the job itself. It focuses on the degree to which nurses are able to satisfy important personal needs through their experiences in the work organization, while achieving the organization's goals to make meaningful contributions to their organization. Also, it provides nurses with motivation and the opportunity to perform well. In addition, it helps organizations to achieve better performance and become highly collaborative *Gupta, et al., (2019)*.

As regarding to distribution of head nurses according to their personal characteristic, The results of the present



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study revealed, the total of study sample were 60 head nurses, half of head nurses were within age $30 < 40$ years old with mean score 31.33 ± 4.80 . Regarding to their sex, majority of head nurses and their assistants were female. The most of them were married. Regarding to the educational level, the majority were baccalaureate degree in nursing. As regards years of experience, more than one third of head nurses had more than 10 years of experience within mean score 7.98 ± 4.41 .

As regarding to distribution of staff nurses according to their personal characteristic, the results of the present study indicated that the total study sample were 300 staff nurses, most of them were female, and most of them were married. More than two thirds of them were aged from $20 < 30$ years with a mean 28.12 ± 5.88 . Regarding to their education, more than one third were diploma degree in nursing. Regarding to their years of experience,

more than one third of them less than 5 years, with a mean years of experience 8.42 ± 6.53 .

Concerning to percentage of studied head nurses' perception level about collaboration among staff nurses, the findings revealed that, the nearly half of head nurses had high perception level about collaboration among staff nurses. While, more than one third of them had moderate perception level about collaboration among staff nurses. This might be due to head nurses and staff nurses had committed in process of working, working together as a team, resolves any conflict, which appears to them, so head nurses and staff nurses meet patients' needs and achieve organization goal.

This finding is supported by *Ylitormonen et al., (2019)* who conducted a study about "Perceptions on head nurses collaboration among nurses in Finland and Norway" and stated that perception of head nurses collaboration had high level in both



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countries. In the same line, *Aldeeb and El-Demerdash, (2016)* who conducted a study about "Head nurses' transformational leadership, collaboration and its relation to staff nurses' work engagement " reported that half of head nurses had high perception level about collaboration among staff nurses and nearly one quarter of them had moderate perception level about collaboration among staff nurses.

Concerning to relation between total head nurses' perception about collaboration among staff nurses and personal characteristic. The findings of the present study revealed that was no statistical significant relation between head nurses' perception about collaboration among staff nurses and all personal characteristic. While head nurses' perception about collaboration among staff nurses who aged less than 40 years, female, married, had Baccalaureate degree in nursing, had more than 10 years of experience.

These finding was inconsistent with *Ibrahim and El-Gazar, (2016)* who reported that there is relation between head nurses and their age and years of experience.

Concerning to relation between total staff nurses' perception about quality of work life and their personal characteristics. The findings of present study revealed that, there was a highly statistically significant relation between staff nurses' perception about quality of work life and their age. This might be due to that when nurses get increase in age, they gain, which has a positive reflection on their quality of work life. Also, married nurses receive emotional support from spouse and this decrease their stress and each nurse has responsibility toward her family and her children become more bound to their home, thus they experience a better quality of work life.

This finding was consistent with *Shazly and Fakry, (2014)* who conducted a study about "Nurses



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response of the quality of nursing work life and related priorities for improvement in Ain Shams University" and showed that nurses' quality of work life increased by increasing nurses' age.

Also, *Dehghan Nayeri et al., (2015)* who conducted a study about "Quality of work life and productivity among Iranian nurses" reported that there was a close relation between nurses' quality of work life and their age.

This finding was incongruent with *Morsy and Sabra, (2015)* who conducted a study about "Relation between quality of work life and job satisfaction at Assuit Hospital" and indicated that age had no significant relation with QWL. In the same line, *Bayu, (2015)* who conducted a study about "Assessment of quality of work life and associated factor among nurses working in public hospital Addis Ababa" reported that there was no statistical significant difference

between nursing staff quality of work life and their age.

Concerning to percentage of ranking quality of work life staff nurses' perception regarding to their total quality of work life. The highest mean was staff nurses work context, the second mean was nurses work design. While, the lowest mean was staff nurses work world. This might be due to that the work context factor is important for nurses because include management practice, relationship with co-worker, good communication with other care provider, and the work environment actually influenced the quality of work life of nurses.

This finding was supported by *Kamel et al., (2019)* who conducted a study about "Quality of work life and organizational justice: Its relation to citizenship behavior among staff nurses" and reported that that more than three-quarters of staff nurses had high perception level regarding the quality of their nursing work life. In



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addition, the results revealed that the highest mean percentage of staff nurses' perception toward the quality of nursing work life was related to work context. While the lowest mean percentage was related to the work world.

This finding was in agreement with *Amer, (2018)* who conducted a study about "Relation between quality of nursing work life and staff nurses' commitment in critical care units" mentioned that the work context dimension had the highest mean scores, while the work world had the lowest mean scores. Also in the same line, *Lee, (2015)* who conducted a study about "Quality of work-life as a predictor of nurses' intention to leave units, organizations, and the professions" reported that the highest mean scores of quality of work life dimensions observed for the work context.

This findings was inconsistent with *Negussie and Demissie, (2016)* who

conducted a study about "Relation between leadership style of nurse managers and nurses; job satisfaction in Jimma University specialized hospital" found that the highest mean score belonged to the work world and the lowest mean scores related to satisfaction with work design.

Regarding to correlation between head nurses' perception about collaboration and staff nurses' quality of work life levels. The results of this study showed that there was a statistical significant positive correlation between head nurses' perception about collaboration and staff nurses' perception about quality of work life. This might be due to head nurses provide effective collaboration for staff nurses in hospital from active participation, work as a team, respect each other and resolve any conflict with them, thus increase quality of patients care turn in satisfaction among nurses, reduce staff nurses' turnover,



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which can lead to balance between collaboration and quality of work life.

5. Conclusion

The present study concluded that nearly half of head nurses had a high level of perception regarding collaboration among staff nurses. Nearly half of staff nurses had a high level of perception about total quality of work life, Additionally there was a statistical significant positive correlation between head nurses' perception about collaboration and staff nurses' perception about quality of work life.

5. Recommendations

In the light of finding obtained from present the study, the following points are recommends:

I. Hospital administration

- ❖ Head nurses should demonstrate of collaboration behaviors to create attractive atmosphere, collaborative relation with staff nurses and other

therapists (physical and respiratory) to continuity quality of patient care.

- ❖ Hospital management provide adequate number of staff nurses so, head nurses provide plans to manage workload that help staff nurses to be have belong to the work family.
- ❖ Hospital manager should facilitate nursery children in hospital to achieve quality of work life.
- ❖ Hospital manager should paying attention to the financial aspect (salary) of staff nurses to meet life needs.

II- Educational level:

- ❖ In-service training and education program are need for staff nurses to develop skills and improve their career advancement.
- ❖ Staff development program are need for nurses manager to integrate staff nurses in decision-making and to deal effectively with new ideas to promote satisfactory organizational climate.



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III- Opportunities for further research:

- ❖ Further research should be made to identify the factors that motivate or obstruct collaboration behavior among health provider.
- ❖ Further research is proposed to assess the effectiveness of specific interventions in improving nurses' quality of work life.

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