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**Original Article**

# Predictors of Quality of Work Life and Job Performance in Clinical Staff in Qazvin, Iran

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## Abstract

**Background and aims:** Hospital staff are the main personnel of healthcare who play an important role in improving the health of the society. Quality of working life can affect job performance in clinical staff. This study aimed to examine the relationship between quality of work life and job performance in clinical staff working at Kosar hospital, Qazvin.

**Methods:** This cross-sectional study was conducted (during July to October 2016) on 163 clinical staff working at Kosar hospital of Qazvin, after obtaining the consent from the authorities. Data were collected using three questionnaires: demographic characteristics, Walton quality of work life, and Paterson's job performance questionnaires. Subjects were selected using census methods. The obtained data were analyzed using SPSS software, version 23 and Stata software, version 11. Statistical testes which were applied for the analysis include Pearson correlation and multiple linear regression (MLR). Level of significant was considered at $P < 0.05$.

**Results:** No significant correlation was found between the quality of work life and job performance in clinical staff ($P = 0.715$, r = 0.029). The results of linear regression model showed that work experience ($\beta = 3.67$, $P = 0.04$), type of employment ($\beta = 11.3$, $P < 0.001$), and shift work ($\beta = 60.49$, $P < 0.001$) can significantly predict occupational performance in clinical staff. In addition, shift work ($\beta = 32.27$, $P < 0.001$) can be regarded as a significant predictor of work life quality in clinical staff.

**Conclusion:** The present study could not support the relationship between quality of work life and job performance; however, the results revealed that some demographic and organizational factors were related to quality of work life and job performance.

**Keywords:** Quality of working life, Job performance, Clinical staff

## Introduction

Human is a social entity who has a connection with other people as well as himself. A new attitude toward human is a strategic attitude in changes related to transformations management. Humans are both agent and creator of the work; therefore, they play a central role in transformation of organization. Huge organizational transformations result from unlimited intellectual capabilities of this factor.[1] Now, organizations have a strategic outlook to human resources as valuable and intelligent assets and focus on improving employee's performance and job satisfaction.[2]

Quality of work life is one of the important issues in human resources, which have attracted a considerable amount of attention of experts in today's world due to the improvement of quality of work resources.[3]

Improving the quality of work life in employees requires formulating supportive policies of human resources in the organization. People are interested in knowing how their expectations, desires, needs, and dignity are considered in order to make their best efforts to achieve the goals of the organization.[4,5]

Quality of work life affects individuals' performance in the organization. Thus, it has either a positive or negative impact on the performance of employees in an organization and somehow affects the goals, costs, and effectiveness of organization's programs.[5] Despite different perceptions regarding the quality of work life, the main and most sensitive part of the quality of life and work life is related to mental and spiritual perceptions of individuals about their work environment. These perceptions include proportion of work and occupation,

proportion of people's morale toward organizational culture, productivity, and being valuable in the work environment.[6] The quality of work life consists of three dimensions including physical, psychological, and environmental factors, which are resulted from a comparison of individuals' desires and facilities with the existing situation and what should be.[7]

The quality of work life is essential for attracting, retaining, and motivating the employees and also the performance of the organization. It includes components such as adequate and fair rewards, safe and healthy working conditions, and social integrity in the work environment that enable the employees for optimal use of their work capabilities and abilities.[8]

Studies have shown that the quality of work life healthcare providers is lower than the moderate level.[9-12] Factors such as gender, income, educational level, work experience, job satisfaction, and work shift have been reported as effective in quality of work life.[13-16]

Job performance is another component that is focused on by many organizations due to the importance of productivity in the workplace.[17] Job performance is the expected value of organizations from the total occupational behaviors that individuals perform over a given period of time.[18] Borman divided job performance into task performance and contextual performance. Task performance includes technical information and problem-solving ability, in which the assigned tasks are performed according to the instructions and expectations.[18,19] The performance of a person is the criterion of the success rate in his or her work and it usually comes from assessing the success rate of a person's behavior in comparison with organizational expectations.[20]

Several factors were found to affect job performance. Mozzen et al reported a significantly positive relationship between professional skill and job satisfaction with performance while finding a significantly negative relationship between age and job performance.[21] Bakhshi et al also found a significantly positive relationship between gender and educational level with job performance.[14] In a study by Mehdizadeh Ashrafi et al, a positive association was reported between job performance and quality of work life.[22] In addition, Almasi et al found a significantly positive correlation between job performance and components of quality of work life. The researchers concluded that the organization could improve job performance by improving the components of work life quality.[23] Similarly, Almalki et al reported a relationship between quality of work life and leaving a job in nurses.[24]

Considering the importance of the hospital clinical staff' position in promoting the health of the patient and society, investigating the relationship between maintaining and improving mental as well as professional health of

the employees with the quality of work life[25] and also exploring the importance of job performance which has not been touched well in the health sector of the city, and the application of their results, can be useful for managing and improving the organization's performance. There is insufficient information regarding job performance and the quality of work life of this group in the literature; therefore, the present study will particularly delve into the investigation of the relationship between quality of work life and job performance in clinical staff working at Kosar hospital in Qazvin.

## Methods

This was a descriptive and cross-sectional study conducted (during July to October 2016) on clinical staff working at Kosar hospital in Qazvin. About 86% (N= 172) of the clinical staff filled out the questionnaire. However, nine subjects did not completely answer the items of the questionnaire, therefore, they were excluded form data analysis. A total number of 163 completed questionnaires were analyzed. The inclusion criteria were as follows: (1) clinical staff with at least 1 year of experience who worked at Kosar hospital and (2) showing a willingness to participate in the study.

Data were collected using three tools including: Demographic information checklist, that is, information about participants' age, education level, working relationship with the organization, and work experience), Walton's quality of work life questionnaire, and Paterson's job performance questionnaire. The quality of work life questionnaire consists of 32 items on 5-point Likert-type scale and is used to assess the quality of work life. This questionnaire includes the following components: fair and adequate payment, safe and healthy work environment, providing growth opportunities and continuous security, legalism in the organization, social affiliation of work life, general space of living, integration and social cohesion, and development of human capabilities. The values assigned to responses range from very low (1 point) to very high (5 points). Thus, in data analysis section, 26-50 scores showed low quality of work life and scores ranged from 51-80 represented a moderate level of work life quality. Besides, scores varied from 81-110 showed high quality of work life. The reliability and validity of this questionnaire have been confirmed in some studies.[17] In addition, in this study, test-retest method was used to determine the reliability of the questionnaires. The correlation coefficient of the questionnaire was calculated .89, indicating a satisfactory correlation among the items.

Paterson's job performance questionnaire contains 16 items each of which is ranked on a 4-point Likert-type scale. The values assigned to the responses range from

never (0 point) to always (4 points). The minimum and maximum scores are 0 and 64, respectively. The scores 0-20 showed poor performance while the scores ranging from 21-40 displayed a moderate level of performance. Besides, scores varying from 41-64 showed a good performance. The validity of this questionnaire was reported by Mohammadi et al.[26] In the present study, internal consistency of job performance questionnaire was obtained by Cronbach alpha (0.78).

Data analysis was carried out using SPSS software, version 23 and Stata software, version 11. Normality of the main variables were tested using Kolmogorov-Smirnov (K-S test). Descriptive statistics such as mean, standard deviation (SD), and frequency were employed for nominal variables. Linear regression model was used to investigate the predictor factors of work life quality and job performance in clinical staff. The significance level for all the tests was less than 0.05.

## Results

Based on the results of this study, the majority of subjects (44.8%) were in under-30 age group. In terms of educational level, most subjects held BA degree (88.9%). Regarding work shift, it can be stated that most subjects had a shift in turnover (92%). The mean score and standard deviations of employees' job performance were (Mean = 58.96 ± 6.61 and SD = 69.49 ± 17.40), in quality of work life (Table 1). The result of Pearson correlation coefficient showed that there was no significant relationship between quality of work life and job performance ($P = 0.715$, $r = -0.029$).

**Table 1.** Demographic Characteristics of Target Participants

| Variables | | No. (%) |
|---|---|---|
| Age (y) | <30 | 73 (44.8) |
| | 30-40 | 43 (26.4) |
| | 40-50 | 44 (27) |
| | >50 | 3 (1.8) |
| Education | Associate degree | 13 (8) |
| | BSc | 145 (88.9) |
| | MSc and above | 5 (3.1) |
| Job experience (y) | 1-5 | 68 (41.8) |
| | 5-10 | 29 (17.7) |
| | >10 | 66 (40.5) |
| Shift work | Morning Fix | 13 (8) |
| | Rotation | 150 (92) |
| Type of employment | Permanent | 64 (39.3) |
| | Contract1 | 33 (20.2) |
| | Contract2 | 20 (12.3) |
| | Temporary | 46 (27.2) |
| | | Mean ± SD |
| Quality of Work Life | | 58.96±6.16 |
| Job Performance | | 69.49±17.40 |

Table 2 shows the results of linear regression tests for prediction of individual social variables on the quality of work life. Among the variables entered into the model, work shift ($P < 0.001$, $\beta = 32.37$) significantly predicted the quality of work life. Based on single-variable regression model, age ($P = 0.02$, $\beta = 7.61$), work experience ($P = 0.02$, $\beta = -9.9$), and work shift ($P < 0.001$, $\beta = -35.66$) were significant predictors of work life quality. This model could represent R2 = 0.35% of the total variation of the model. In addition, the value of Durbin–Watson statistic confirmed the independence of the model errors (D.W = 1.72) (Table 2).

Table 3 displays the results of linear regression tests for prediction of individual social variables on job performance. Among the variables entered into the model, work experience ($P = 0.04$, $\beta = -3.67$), type of employment ($P < 0001$, $\beta = -11.32$), and work shift ($P < 0.001$, $\beta = 60.49$) significantly predicted job performance. This model could represent R2 = 0.56% of the total variation of the model. Besides, the value of Durbin–Watson statistic confirmed the independence of the model errors (D.W = 1.79) (Table 3).

## Discussion

The aim of this study was to investigate the relationship between quality of work life and job performance and its predictive factors in clinical staff. According to the findings of the study, the majority of clinical staff reported a moderate level of work life quality. . Similarly, in a study by Sakkaki et al, the quality of work life in midwifes was found to be at a moderate level.[10] Additionally, several studies have reported the quality of work life of hospital nurses at a moderate level.[9,11,12,26] In a similar vein, in their study on work life quality of medical staff, Bakhshi et al also observed that the average score of work life quality among healthcare staff was at a moderate level.[14] These results are consistent with the results of the present study. However, Choobineh et al declared that the average score for quality of work life of the staff in Shiraz University of Medical Sciences was at a high level.[13] It seems that the difference between different communities, working environment, type, and severity of work are considered as the factors than can affect the quality of work life.

In this study, no significant relationship was found between the quality of work life and job performance in staff. Conversely, however, Ahmadi, found a significant relationship between the quality of work life and performance in staff of the audit organization, and among all the components of life quality, fair payment received special importance and priority.[27] In another study by Ismaili, a significant relationship was found between the following four components, that is, social

**Table 2.** Predictors for Quality of Work Life

| Variables | | β | Unadjusted P Value | β | Adjusted P Value |
|---|---|---|---|---|---|
| Age (y) | <30 | - | - | - | - |
| | 30-40 | 0.17 | 0.95 | 0.42 | 0.93 |
| | 40-50 | 7.61 | 0.02 | 5.39 | 0.39 |
| | >50 | 11.35 | 0.29 | 5.22 | 0.63 |
| Education | Associate degree | - | | | |
| | BSc | -3.7 | 0.83 | -3.71 | 0.80 |
| | MSc and above | -9.2 | 0.63 | -1.79 | 0.91 |
| Job experiences (y) | 0-1 | - | - | - | - |
| | 1-5 | -9.9 | 0.02 | -3.99 | 0.29 |
| | 6-10 | -6.34 | 0.83 | -1.63 | 0.77 |
| | >10 | -0.56 | 0.88 | -2.45 | 0.70 |
| Shift Work | Morning fix | - | - | - | - |
| | Rotation | -35.66 | <0.001 | -32.37 | <0.001 |
| Type of employment | Permanent | - | - | - | - |
| | Contract 1 | 1.37 | 0.71 | 3.47 | 0.27 |
| | Contract 2 | 5.90 | 0.18 | 6.55 | 0.1 |
| | Temporary | -3.91 | 0.24 | -1.38 | 0.65 |
| Constant Value | | - | - | 102.43 | <0.001 |

Note: F= 5.82, P>0.001, Durbin-Watson=1.72, R2 = 0.355, Adjusted R2 = 0.294.

**Table 3.** Predictors of Job Performance

| Variables | | β | Unadjusted P Value | β | Adjusted P Value |
|---|---|---|---|---|---|
| Age (y) | <30 | - | - | - | - |
| | 30-40 | 2.41 | 0.05 | 2.61 | 0.1 |
| | 40-50 | 3.96 | 0.002 | 2.60 | 0.18 |
| | >50 | 0.36 | 0.92 | 0.42 | 0.89 |
| Education | Diploma | - | - | - | - |
| | Associate degree | -3.5 | 0.61 | 2.00 | 0.67 |
| | BSc | -5.19 | 0.44 | -0.06 | 0.68 |
| | MSc and above | 0.5 | 0.46 | 2.29 | 0.39 |
| Job experiences (y) | 0-1 | - | - | - | - |
| | 1-5 | -2.57 | 0.11 | -1.41 | 0.23 |
| | 6-10 | -0.22 | 0.89 | -3.67 | 0.04 |
| | >10 | 1.76 | 0.22 | -2.10 | 0.29 |
| Shift Work | Morning fix | - | - | - | - |
| | Rotation | 0.21 | 0.21 | 3.00 | 0.04 |
| Type of employment | Permanent | - | - | - | - |
| | Contract 1 | -2.32 | 0.01 | -2.33 | 0.03 |
| | Contract 2 | -4.10 | 0.002 | -4.03 | 0.002 |
| | Temporary | -11.57 | <0.001 | -11.32 | <0.001 |
| Constant Value | | - | - | 102.43 | <0.001 |

Note: F= 13.74, P>0.001, Durbin-Watson=1.72, R2 = 0.566, Adjusted R2 = 0.524.

integration and cohesion in the organization, provision of the opportunity for growth and security, legalism in the organization, and social affiliation with the performance of Tax Administration staff.[28] The results of the above-mentioned study are not in line with the findings of the current study. No study was found to directly measure the relationship between quality of work life and job performance in healthcare providers. It seems that the difference between the results of the present study and the above-mentioned studies is mainly due to the nature and sensitivity of the work carried out by clinical staff

of the hospital. The reason for this difference could be due to the different nature of the work accomplished by these two groups. Ismaili also reported that there was no significant relationship between the four previously-mentioned components. This is consistent with the result obtained from the present study.

In this study, based on multiple regression models, work shift was found to be a predictor of quality of work life of medical staff. That is, staff who works in a shifting schedule had a lower quality of work life than those with a steady shift. Mohammadi et al investigating

the relationship between work shift and quality of life found that there was a significant correlation between these two variables.[26] This is also in conformity with the result of the present study. In the same vein, Feyzi et al also reported a positive correlation between work shift of medical staff and the quality of their life, that is, work shift affected all dimensions of quality of life.[15] Given that all the subjects of the present study were women, it can be concluded that working in shifting schedule can affect personal life of the women; consequently, it can lead to a decrease in the quality of work life of the staff.

According to the results of this study, education, work experience, and type of recruitment did not affect the quality of work life. Sharifzadeh et al found no significant relationship between educational level, recruitment status, and quality of work life.[29] In addition, Dargahi et al did not find any significant correlation between recruitment status and quality of work life.[30] Moreover, in another study by Sakkaki et al, no significant relationship was found between work experience and the quality of life.[10] The results of the above studies were concurrent with those of the present study. On the contrary, Mogharab et al in their study found a positive association between the work experience of the nurses and the quality of their work lives.[31] This result is, thus, not in line with the findings of the present study. Apparently, an increase in hospital work experience of the clinical staff does not result in an increase in the quality of work life owing to the hard working conditions in the hospital.

It seems that, instability and job security may affect job performance. Multiple regression results showed that work experience had a reverse effect on job performance prediction. However, Dalvand found that work experience had an effect on job performance.[32] This finding also corroborates the finding of the current study. On the contrary, in another study by Bakhshi et al, it was found that there was no significant relationship between work experience and job performance.[33] This is contrary to the finding of the present study. It seems that according to the type of clinical work in the hospital and dealing with patients as well as working in unconventional hours (at night and during the holiday), fatigue, and also the possibility of occupational affliction, the increase of work experience can affect job performance.

Given the employment status of clinical staff, the lower the organizational affiliation is, the lower is the average job performance of staff. For example, the average job performance score of non-recruiting staff showed a dramatic decrease (11 points from the official recruitment state). Bakhshi et al found no significant relationship between recruitment type and job performance.[33] As far as one can see, job stability has an effect on improving job performance and job security can improve the performance of the staff.

Furthermore, the average score of job performance in staff working in a circulating shift was three times higher than that of the staff working in a steady shift. Performance of clinical staff such as nurses and midwives can play a role in the whole procedure of treatment, recovery, and satisfaction of the patients. If performance of the healthcare team is reduced for any reason, then, healthcare system will not achieve its goals. Therefore, it is important to focus on identifying predictors of job performance in clinical staff.

### Limitations of the study
One of the limitations of this study was its accessible sampling. Lack of homogeneous groups could be regarded as another limitation of the study which makes it difficult to generalize the results to other situations. In addition, cross-sectional nature of the current research led to a limitation in determining the actual relationships among the study structures. Although participation was voluntary for the staff and confidentiality of the information was assured, subjects refused to answer some of the questions due to personal reasons.

### Conclusion
In this the study, no significant relationship was found between quality of work life and job performance in clinical staff working in the hospital. However, several factors including age, work experience, type of organizational affiliation, and work shift were contributed to job performance of nurses and midwives. The quality of work life was also related to age, work experience, and work shift. It seems that considering these factors and providing facilities for clinical staff with different conditions can improve job performance and quality of work life in nurses and midwives working in the hospital.

### Ethical Approval
This study was approved by the Ethics Committee of Qazvin University of Medical Sciences under the code of ethics IR.QUMS.REC.1394.348. Prior to start the investigation, we corresponded with the relevant authorities to obtain the required license. Before handing out the questionnaire to the staff, the participants were assured of confidentiality of their information and that they would not be available to the manager, an individual, or any organization. In case of a willingness and informed consent, the questionnaire was administered to the samples and collected after the promised appointment.

### Conflict of Interest Disclosures
None.

## Acknowledgment

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