

## **The Relationship between Quality of Work Life, Psycho-Social Safety Climate and Nursing Staff Work Engagement and Organizational Commitment**

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### **Abstract:**

**Background:** Quality of work life and psychosocial safety climate are management approach which can enhance the wellbeing, work engagement, sense of belonging and commitment to the organization. **Aims:** To determine the relationship between quality of work life, psycho-social safety climate and nursing staff work engagement and organizational commitment. As well as to explore relationship between the previous four variables and personal characteristics data of nursing staff. **Research design:** A descriptive correlational research design was used. **Setting:** This study was conducted in general Medical and Surgical units at Assiut University Hospital. **Subjects:** the study subject consisted of (106) nursing staff working at Assiut University Hospital. **Tools:** the study data collected through self – administered questionnaire which consist of personal characteristics data, Quality of Work Life, Psycho-Social Safety Climate, Utrecht Work Engagement & Organizational Commitment Scales. **Results:** The highest mean scores regarding to quality of work life was work context, psychosocial safety climate was management support and commitment, organizational commitment was normative commitment, work engagement was vigor. There was a positive statistical significant difference between both psychosocial safety climate and work engagement with years of experience. **Conclusions:** There is positive correlation between both quality of work life and psychosocial safety climate with work engagement but not significant. While they have negative not significant correlation with organizational commitment. **Recommendations:** Provide nurse managers with training programs about improving psychological wellbeing, quality of work life and talent of management, leadership and communication skills.

**Keywords:** *Nursing Staff, Organizational Commitment, Psycho-Social Safety Climate, Quality of Work Life & Work Engagement.*

### **Introduction:**

In the new international economy, hospitality consider one of the most important growing industries with a great labor-intensive and operational based service through which attitudes and successfulness of hospitality staff consider as a chief concern within the organization's successful life (Hsu et al., 2019).

In health care organizations, a positive atmosphere must be generated and maintained to provide the surrounding environment in which employees become able to administer worthy quality care. This atmosphere is vital to deliver a good quality work environments equipped with economic, psychosocial, structure and administrative motivational tools to foster a need to purify nursing care (Mokoka et al., 2010). So that, nurses need a lot of economical and effective operating surroundings that make sure that patients become the priority and patients' requirements are met (Almalki et al., 2012).

O'Brien-Palla et al., (2014) supplementary that in health care institutions quality of work life has been represented as reflecting to the strengths and

weakness contained by the whole work atmosphere of the organizational structures like rules and procedures, leadership manner, operations and general related factors of setting all have an extreme consequence on however employees outlooks the quality of work life.

Psychosocial safety climate (PSC) considers as a particular organizational climate that's an antecedent to working circumstances and the institutions able to produce work circumstances that enable staff to develop their own capabilities and develop universally and skillfully. Thus, through the producing of the psychosocial safety climate (PSC), the organization able to stimulate psychological health and safety of the staff and bring out safeguard for them against psychological risks also the PSC considered as a management approach which may increase the successfulness, work engagement and performance of the employee. So the employees who feel that their leader provide attentions to their mental state and successfulness they have the willingness to devote a lot of resources in work, that could lead to a lot of work engagement and sense of

fitting to their organization (Mansour & Tremblay., 2018 ).

Work engagement is a vital job-related psychological consequence that might be associated with understanding the PSC in the place of work. It is tightly associated with worker well-being, job performance levels, and intention to remain with one's current leader and is considered a crucial result in interventions designed to promote employee well-being. So managers show concern for and make worker well-being come first, workers put their efforts towards their work (Garrick et al., 2014).

Staff with organizational commitment could have an enhanced performance. Since committed people usually expend a lot of effort on the work, a commitment outcome is higher productivity. Committed staffs have the willingness to establish a lot of aspiring goals while they contribute in the goal setting (Akter, 2019).

### Significance of the study

While the researchers reviewed of the literatures found that there was an internationally study was published in professional articles and journals titled by "Quality of work life deceptive by nurses and their organizational commitment level" done by Eren & Hisar, (2016); and there is a national study was performed by Shazly & Fakhry, (2014); titled as 'Nurses' insight of the quality of nursing work life and associated priorities for improvement in Ain shams University specialized Hospital. Furthermore, no national and international studies dealing with the relationship between quality of work life, psychosocial safety climate, work engagement and organizational commitment. Previous researches indicate a lack of attention to psycho-social safety climate in health organization. From the researcher points of view psychosocial safety climate is important and helpful tool which can improve employees work engagement and organizational commitment through maintaining and improving their psychological well-being and ensuring quality of work life. So, the researchers decided to study the relationship between quality of work life, psychosocial safety climate and nursing staff work engagement and organizational commitment.

### Aims of the study

The present study conducted at Assiut University Hospital with the aims to:

1. Determine the relationship between quality of work life and nursing staff work engagement and organizational commitment.
2. Determine the relationship between psychosocial safety climate and nursing staff work engagement and organizational commitment.

3. Explore the relationship between nursing staff personal characteristics data with quality of work life, psychosocial safety climate, work engagement and organizational.

### Research questions

To fulfill the aim of the current study which carried out at Assiut University Hospital, the following research questions are formulated:

**Q1:** What is the relationship between quality of work life and work engagement and organizational commitment among nursing staff?

**Q2:** What is the relationship between psychosocial safety climate and work engagement and organizational commitment among nursing staff?

**Q3:** Are there relationships between nursing staff personal characteristics data with quality of work life, psychosocial safety climate, work engagement and organizational commitment?

### Subject and Method

#### Technical design

This design includes the research design, setting, subjects, and data collection tools.

#### Study design

A descriptive correlational research design was used to carry out the present study.

#### Study setting

The present study conducted in general Medical and Surgical units at Assiut University Hospital with total beds number (260) and total rooms number (34).

#### Subjects

A convenience sample was used in the present study which include (no =106) nursing staff who are working in general Medical and Surgical units at the time of study conduction.

#### Data collection tools:

The data needed for the study was collected using self-administered questionnaires, it comprised of five tools:

#### 1<sup>st</sup> tool : personal characteristics data

It was designed to collect personal data about nursing staff which includes: unit name , age, sex, marital status, educational qualification and years of experience.

#### 2<sup>nd</sup> tool : Quality of Work Life Scale (QWLS)

It was developed by Brooks, (2001) to measure the quality of work life among nurses. It includes 41 items divided into four dimensions: **work life/home life** (6 items) ; **work design** (10 items) ; **work world** (5 items) and **work context** (20 items ) which includes the following sub items management and supervision (7 items), co-workers (5 items) , development opportunities (3 items) and work environment (5 items) .

**Scoring System**

The responding scoring system was measured on 5-point Likert scale. Ranging from: "5 for strongly agree" "4 for agree" "3 for uncertain" "2 for disagree" and "1 for strongly disagree" the scores of each dimension will sum it up and then converted into a percent score. A score of 60% or higher will consider as "agree" and a score of less than 60% will consider disagree.

**3<sup>rd</sup> tool : Psychosocial Safety Climate (PSC) Scale**

It was developed by **Dollard & Kang, (2007)** used to measure Psychosocial Safety Climate. It includes 26 items divided into four dimensions management support and commitment (10 items), management priority (5 items), organizational communication (6 items) and organizational participation and involvement (5 items).

**Scoring System**

The responding scoring system was measured on 5-point Likert scale ranging from 1 for strongly disagree to 5 for strongly agree.

**4<sup>th</sup> tool : Utrecht Work Engagement Scale (UWES)**

It was developed by **Schaufeli & Bakker, (2004)** which used to assess nurses work engagement. It composed from (17 items) divided into three subscales: vigor (6 items) , dedication (5 items) and absorption (6 items).

**Scoring system**

The responding scoring system was measured on 3-points Likert scale ranging from (0) for never , (1) for a few times a month ,(2) for every day according to how often the participant experienced the feeling described. If participants scored from (0-17) indicate poor work engagement and from (18-34) indicate good work engagement.

**5<sup>th</sup> tool : Organizational Commitment Scale**

It was developed by **Meyer et al., (1993)** which used to measure organizational commitment. It consisted of (18 items) arranged in three subscales; Affective commitment (6 items) , Continuance commitment (6 items) and Normative commitment (6 items).

**Scoring system**

It is measured on 3-points Likert scale ranging from 1 for disagree ,2 for neutral and 3 for agree. The scores of the items will sum it –up and divide by the number of the items, giving the mean score. These scores will convert into a percent score. Then the means and standard deviations of the scores will compute. If the mean scores percent of responses will equal or more than 60% this means high level of organizational commitment but if less than 60% this means low level of organizational commitment.

**Administrative design**

Official approvals to carry out this study were obtained from the Dean of Faculty of Nursing,

Nursing director of Assiut University Hospital, Heads of Medical and Surgical departments, and Nurses participated in the study to collect the necessary data at Assuit University Hospital.

**1. Operational design**

Operational design consists of four stages ; preparatory phase, ethical considerations , pilot study and data collection.

**Preparatory phase**

This phase took about five months from July to November 2019 in reviewing the available literatures national and international journals and books concerning the topic of the study for preparing the proposal , Arabic translation of the study tools was done , then the study tools were checked by (5) experts from Nursing Administration Department Assuit University for face validity( Jury ) .

**Ethical considerations**

Study proposal take approval from Ethical Committee in the Faculty of Nursing - Assuit University, written agreement was taken from the participants. Confidentiality of obtained data was assured, the nature and aim of the study were explained to all participants before starting data collection.

**Pilot study**

A pilot study was carried out to assess tool understandability, applicability and time estimate of the study tools. Moreover, to identify problems that may be encountered during the actual data collection. It applied on (10%) from total sample of studied nurses (n=10) .The researcher met with each staff nurse introduced herself and explained the aims of the study then ask them to fill the questionnaires of the study and respond to any question regarding to the questionnaire content . Data collected from the pilot study was analyzed and no changes were done , so the nurses included in the pilot study not excluded from the total number.

The study tools were tested for its reliability by using Crombach's Alpha Co- efficient test, it was ( $\alpha=0.881$ ) for Quality of Work Life Scale (QWL), ( $\alpha=0.939$ ) for Psychosocial Safety Climate (PSC) Scale (  $\alpha=0.882$ )for Utrecht Work Engagement Scale (UWES) and it was ( $\alpha=0.870$ ) for Organizational Commitment Scale. Thus indicated high reliability of study tools.

**Data collection**

The researchers were met with all participants in different shifts according to their schedules. Then the researchers explain the purpose of the study and ask them their participation. After obtaining written consent, the study tools were given to them to fill. Each participant was taken about thirteen minutes to fulfill the questionnaires. The total period for data

gathering took about three months from April to July 2020.

### Statistical analysis

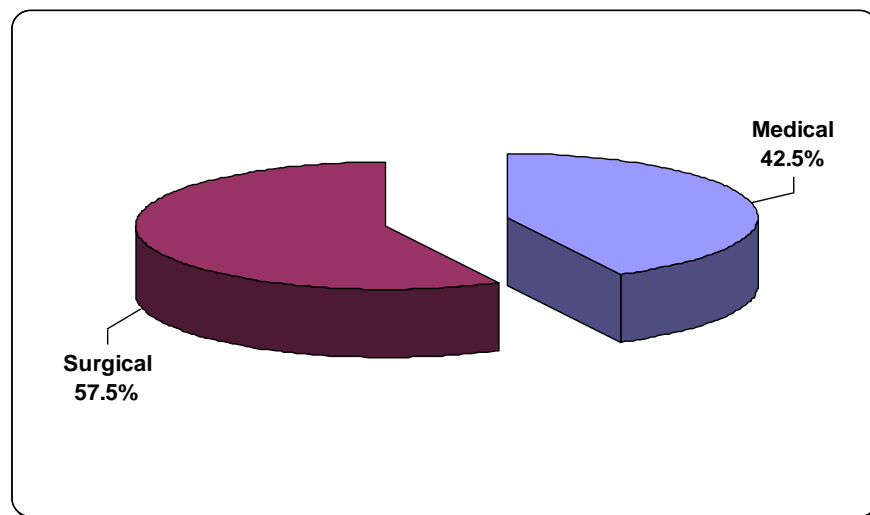
Data entry and statistically analysis were done using SPSS 20.0 Statistical Soft Ware Package. Data were presented using descriptive statistics in the form of

frequencies, percentages, mean, standard deviation, range, and chi-square. Pearson correlation analysis was used for assessment of the inter-relations among quantitative variables. Statistical significance was considered at  $P\text{-value} \leq 0.05$ .

### Results:

**Table (1): Distribution of personal characteristics of the studied nursing staff at Assuit University Hospital (n=106).**

|                                      | No. (106)                          | %            |
|--------------------------------------|------------------------------------|--------------|
| <b>Age: (years)</b>                  |                                    |              |
| - < 30                               | 32                                 | 30.2%        |
| -30 – 40                             | 38                                 | <b>35.8%</b> |
| -> 40                                | 36                                 | 34.0%        |
| Mean $\pm$ SD (Range)                | 36.26 $\pm$ 8.97 (21.0-56.0)       |              |
| <b>Educational qualification:</b>    |                                    |              |
| -Secondary School in Nursing Diploma | 63                                 | <b>59.4%</b> |
| -Technical Institute of Nursing      | 35                                 | 33.0%        |
| -Bachelor Degree in Nursing          | 8                                  | 7.6%         |
| <b>Marital status:</b>               |                                    |              |
| -Single                              | 1                                  | 0.9%         |
| -Married                             | 83                                 | <b>78.3%</b> |
| -Divorced                            | 2                                  | 1.9%         |
| -Widow                               | 20                                 | 18.9%        |
| <b>Years of experience:</b>          |                                    |              |
| -< 10                                | 30                                 | 28.3%        |
| -10 – 20                             | 39                                 | <b>36.8%</b> |
| -> 20                                | 37                                 | 34.9%        |
| Mean $\pm$ SD                        | <b>16.27 <math>\pm</math> 8.94</b> |              |
| Median (Range)                       | 17.0 (1.0-34.0)                    |              |



**Fig. (1): Percentage distribution of nursing staff according to units at Assuit University Hospital (n=106).**

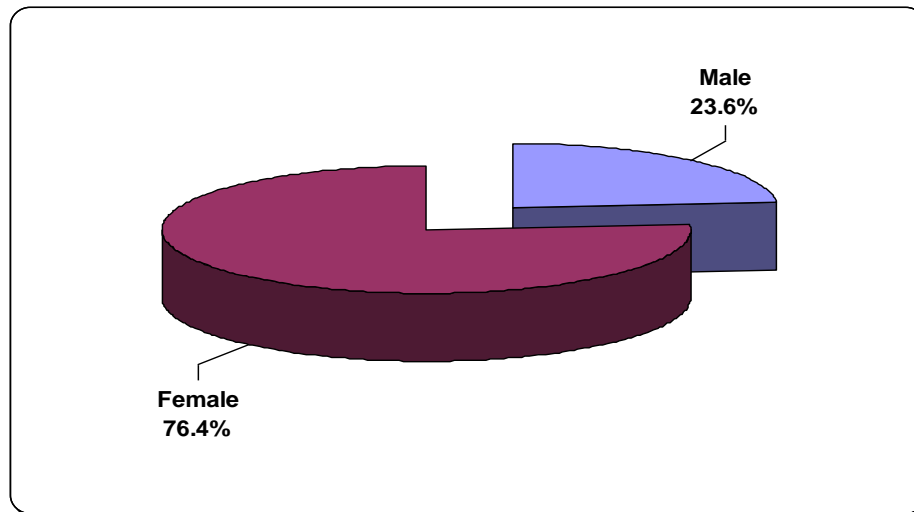


Fig. (2): Percentage distribution of nursing staff according to sex at Assiut University Hospital (n=106).

Table (2): Mean scores of the quality of work life, psychosocial safety climate, work engagement and organizational commitment dimensions among nursing staff at Assiut University Hospital (n=106).

| Dimensions of study variables                   | Mean $\pm$ SD                        |
|---|--------------------------------------|
| <b>Quality of work life dimensions</b>          |                                      |
| 1. Work / home                                  | 19.92 $\pm$ 3.71                     |
| 2. Work design                                  | 28.73 $\pm$ 4.62                     |
| 3. Work context                                 | <b>56.65 <math>\pm</math> 10.40</b>  |
| 4. Work world                                   | 12.84 $\pm$ 3.65                     |
| <b>Total</b>                                    | <b>118.14 <math>\pm</math> 16.44</b> |
| <b>Psychosocial safety climate dimensions</b>   |                                      |
| 1. Management support and commitment            | <b>20.75 <math>\pm</math> 7.00</b>   |
| 2. Management priority                          | 13.19 $\pm$ 4.78                     |
| 3. Organizational communication                 | 14.95 $\pm$ 4.35                     |
| 4. Organizational participation and involvement | 11.67 $\pm$ 4.20                     |
| <b>Total</b>                                    | <b>60.57 <math>\pm</math> 16.60</b>  |
| <b>Work engagement</b>                          |                                      |
| 1. Vigor  | <b>8.01 <math>\pm</math> 2.10</b>    |
| 2. Dedication                                   | 7.27 $\pm$ 2.38                      |
| 3. Absorption                                   | 7.45 $\pm$ 2.66                      |
| <b>Total</b>                                    | <b>22.74 <math>\pm</math> 5.87</b>   |
| <b>Organizational commitment dimensions</b>     |                                      |
| 1. Affective commitment                         | 12.31 $\pm$ 2.47                     |
| 2. Continuance commitment                       | 13.42 $\pm$ 2.21                     |
| 3. Normative commitment                         | <b>13.62 <math>\pm</math> 2.14</b>   |
| <b>Total</b>                                    | <b>39.35 <math>\pm</math> 5.06</b>   |

**Table (3): Mean scores of quality of work life, psychosocial safety climate, work engagement and organizational commitment according to personal characteristics data of the studied nursing staff at Assiut University Hospital (n=106) .**

| Personal characteristics data       | Quality of work life        | Psychosocial safety climate | Work Engagement     | Organizational commitment |
|-------------------------------------|-----------------------------|-----------------------------|---------------------|---------------------------|
|                                     | Mean and standard deviation |                             |                     |                           |
| <b>Age: (years)</b>                 |                             |                             |                     |                           |
| < 30                                | 116.28 ± 14.26              | 62.63 ± 15.92               | 21.97 ± 5.88        | 38.25 ± 2.92              |
| 30 – 40                             | <b>120.71 ± 18.86</b>       | <b>64.32 ± 17.88</b>        | 21.84 ± 6.26        | 39.26 ± 6.09              |
| > 40                                | 117.08 ± 15.58              | 54.78 ± 14.51               | 21.84 ± 6.26        | <b>40.42 ± 5.26</b>       |
| <b>p- value</b>                     | 0.480                       | <b>0.032*</b>               | 0.123               | 0.211                     |
| <b>sex:</b>                         |                             |                             |                     |                           |
| Male                                | <b>119.72 ± 10.98</b>       | 56.08 ± 15.53               | <b>24.96 ± 4.55</b> | 37.76 ± 2.79              |
| Female                              | 117.65 ± 17.82              | <b>61.95 ± 16.76</b>        | 22.05 ± 6.08        | <b>39.84 ± 5.49</b>       |
| <b>p- value</b>                     | 0.585                       | 0.123                       | <b>0.030*</b>       | 0.072                     |
| <b>Unit:</b>                        |                             |                             |                     |                           |
| Medical                             | <b>120.51 ± 16.81</b>       | 60.42 ± 18.36               | <b>24.44 ± 5.07</b> | <b>39.47 ± 4.71</b>       |
| Surgical                            | 116.39 ± 16.07              | <b>60.67 ± 15.33</b>        | 21.48 ± 6.14        | 39.26 ± 5.34              |
| <b>p- value</b>                     | 0.204                       | 0.939                       | <b>0.009*</b>       | 0.838                     |
| <b>Educational qualification :</b>  |                             |                             |                     |                           |
| Secondary school in nursing diploma | 115.84 ± 16.40              | 58.86 ± 18.29               | <b>22.90 ± 6.02</b> | <b>39.62 ± 5.55</b>       |
| Technical institute of nursing      | 117.91 ± 13.71              | 62.09 ± 14.52               | 22.49 ± 6.27        | 38.89 ± 4.52              |
| Bachelor degree in nursing          | <b>137.25 ± 17.05</b>       | <b>67.37 ± 7.44</b>         | 22.50 ± 2.27        | 39.25 ± 3.01              |
| <b>p- value</b>                     | <b>0.002*</b>               | 0.318                       | 0.939               | 0.791                     |
| <b>Marital status:</b>              |                             |                             |                     |                           |
| Married                             | 118.07 ± 17.44              | 60.39 ± 17.01               | <b>23.52 ± 5.57</b> | <b>39.71 ± 5.43</b>       |
| Un married                          | <b>118.39 ± 12.47</b>       | <b>61.22 ± 15.36</b>        | 19.91 ± 6.19        | 38.04 ± 3.11              |
| <b>p- value</b>                     | 0.935                       | 0.833                       | <b>0.009*</b>       | 0.163                     |
| <b>Years of experience:</b>         |                             |                             |                     |                           |
| < 10                                | 116.13 ± 14.87              | <b>65.30 ± 15.75</b>        | 22.60 ± 6.18        | 38.47 ± 3.06              |
| 10 – 20                             | <b>119.79 ± 16.17</b>       | 61.72 ± 16.78               | 20.92 ± 5.58        | 38.69 ± 5.43              |
| > 20                                | 118.03 ± 18.10              | 55.51 ± 16.12               | <b>24.76 ± 5.39</b> | <b>40.76 ± 5.72</b>       |
| <b>p- value</b>                     | 0.66                        | <b>0.047*</b>               | <b>0.016*</b>       | 0.108                     |

**Table (4): Correlation between quality of work life and psychosocial safety climate with work engagement and organizational commitment among nursing staff at Assiut University Hospital (n= 106).**

| Variables                        | r- value & P-value     | Quality of work life | Psychosocial safety climate |
|----------------------------------|------------------------|----------------------|-----------------------------|
|                                  | <b>Work engagement</b> | r-value              | 0.079                       |
| P-value                          |                        | 0.422                | 0.669                       |
| <b>Organizational commitment</b> | r-value                | -0.122               | -0.164                      |
|                                  | P-value                | 0.212                | 0.092                       |

**Table (1):** Illustrates that more than one third of the studied nursing staff aged between (30-40) years old and have years of experience between (10 – 20) years (35.8%, 36.8%) respectively, more than half of them have secondary school in nursing diploma (59.4%) and more than three quarters of them are married (78.3%).

**Fig. (1):** Shows that more than half of the studied nursing staff working in the Surgical Unit (57.5%).

**Fig. (2):** Shows that more than three quarters of the studied nursing staff are females (76.4%).

**Table (2):** Illustrates that the highest mean score regarding to quality of work life dimensions is in the work context dimension (56.65 ± 10.40). On the other hand the lowest mean score is in the work world dimension (12.84 ± 3.65).

As regard to psychosocial safety climate dimensions the highest mean score is related to management support and commitment dimension (20.75 ± 7.00).

On the other hand the lowest mean score is related to organizational participation and involvement dimension ( $11.67 \pm 4.20$ ).

The table also shows that the highest mean score regarding to work engagement dimensions is related to vigor dimension ( $8.01 \pm 2.10$ ). On the other hand the lowest mean score is related to dedication dimension ( $7.27 \pm 2.38$ ) with total mean scores of work engagement dimensions ( $22.74 \pm 5.87$ ). Also the table shows that the highest mean score regarding to organizational commitment dimensions is related to normative commitment dimension ( $13.62 \pm 2.14$ ). On the other hand the lowest mean score is related to affective commitment dimension ( $12.31 \pm 2.47$ ) with total mean scores of organizational commitment dimensions ( $39.35 \pm 5.06$ ).

**Table (3):** Illustrates that there is a statistically significant difference between work engagement with unit, sex, marital status and years of experiences.

Also, there is a statistically significant difference between psychosocial safety climate with age and years of experiences.

Also there is a highly statistical significant difference between quality of work life with educational qualification of the studied nursing staff.

It is noted that there is no statistically significant differences between organizational commitment and personal characteristics data of the studied nursing staff.

**Table (4):** Reveals that there is a positive statistical correlation between quality of work life and work engagement ( $0.079$ ) on the other hand, there is a negative statistical correlation between quality of work life and organizational commitment ( $-0.122$ ). In addition to there is a positive statistical correlation between psychosocial safety climate and work engagement ( $0.042$ ) on the other hand, there is a negative statistical correlation between psychosocial safety climate and organizational commitment ( $-0.164$ ).

## Discussion

The previous studies illustrate that psychosocial safety climate and quality of work life have inevitable effect on employees work engagement and their organizational commitment level (Dollard & Bakker, 2010, Garrick et al., 2014; & Eren & Hisar, 2016). This study aiming to determine the effect of quality of work life and psycho-social safety climate on nursing staff work engagement and organizational commitment and explore the relationship between nursing staff personal characteristics data and quality of work life, psychosocial safety climate, work engagement and organizational commitment.

The present study showed that the highest mean scores of quality of work life was related to work context dimension where more than two thirds of the studied nursing staff are unsatisfied about their contribution in decisions made by nurse manager and also unsatisfied about superior level management respect for nursing (table, 2). This might be attributed to that the nurse managers use centralized decisions making to manage nursing work so that most of the time the nursing staff feel that their opinions and decisions are not respected and neglected by their managers.

The previous study findings was inconsistent with Hemanathan et al., (2017) who stated that the nurses are satisfied with the work environment, policies and respect show by the upper level management.

On the other hand the lowest mean score was related to work world dimension. Where more than two thirds of the studied nursing staff are unsatisfied about adequacy of salary and the image of society about nurses. (Table, 2) This might be due to the bad history about nursing especially in Upper Egypt also misrepresentation of nurses' role and nursing image on TV, movies and films.

This finding was consistent with Amazon, (2008) who found that the public image about nurses was overbearing, brainless, sexually promiscuous, and incompetent women. Also, the finding was consistent with Al Thagafi, (2013) who stated that the community does not raise the value of the nurse's role in delivering health care, believing that nurses are no more than the helper to doctors.

While the study findings was inconsistent with Alamri et al., (2006) who concluded that public in Saudi Arabia realize the importance of nursing and they believe work must be occupied by locals, however, for their young they prefer high prestige professions like medicine.

The present study revealed that the highest mean score regarding to psychosocial safety climate dimensions was related to management support and commitment dimension. Where they disagree about the genuinely concern provided by management and the interest that show by their supervisors to their psychological well-being where the management don't acts quickly and decisively to correct problems contribute to employees psychological health. (Table, 2) This might be attributed to that the most of nurse managers attention is directly focused toward the employees physical health for the purpose of carrying out the tasks assigned to them at the same time there is a lack of clear culture work climate about the importance of employees psychological health in the organization.

While, the lowest mean score regarding to psychosocial safety climate dimensions was linked to

organizational participation and involvement dimension where more than two thirds of them said that the prevention of stress don't contains all levels of the institution and they don't stimulated to become included in psychological safety and health problems (Table, 2). This might be attributed to that there is a lack of awareness about the importance of employee's psychological health and their participation and expression about their psychological health issues where the main focusing on task performed.

The study findings was consistent with **Amiri et al., (2015)** who identified that the participants of the study were dissatisfied with the psychosocial safety climate dimensions where they found that the management don't provide concern to their employees psychological health needs and don't caring for mental wellbeing and obviously regarded the safety of workers as unimportant and not included in important safety problems at work and were not included in the on-going review of safety.

The study findings was inconsistent with **Law et al., (2011)** who stated that there was a high level of the PSC where the organization is concerned about the mental health and welfare of its workers so that the workers feel better protected by the resources available at work .Also the study findings was inconsistent with **Dollard et al., (2017)** who found that the study participants satisfied with their involvement and participation in psychological health and safety protection programs where they were capable of using the provided tools to without restrictions communicate with managers about job-related problems and feel safe and have the ability to challenge bullying and deal with exposure by consuming the supportive resources of PSC.

The study findings showed that the highest mean score regarding to work engagement dimensions was related to vigor dimension. While, the lowest mean score is related to dedication dimension (Table, 2). This might be attributed to that the nursing staff likes the work they do and they share their objectives which are patient's care.

This finding was consistent with **Leiter & Bakker, (2010)** who mentioned that engaged workers are enthusiastic, are positively attached with their work and feel they are doing their work effectively. The finding also consistent with **Ali, (2018)** who said that engaged employees feel bursting with energy, enthusiastic about their jobs& immersed in their work.

The study findings showed that the highest mean score regarding to organizational commitment dimensions was related to normative commitment dimension. While, the lowest mean score was related to affective commitment dimension Table, (2). This might be due to the low economic status in Egypt up

right now so the nursing staff feel that there are no similar or better employment opportunities available than the current position and they feel that they have to stay in the hospital even if they wanted to leave. This finding was consistent with **Elhoseny, (2020)** who stated that there was a high level of organizational commitment between nurses at Main Assiut University Hospital.

Our study results showed that, there were statistically significant differences between psychosocial safety climate and both studied nursing staff age and years of experiences (Table, 3). This might be due to that the old nursing staff who have long years of experience acquire the experience to deal with different situations wisely and protect herself that lead to be psychologically stable .

This finding was inconsistent with **Hall et al., (2010)** who reached to that there was no significant difference between participant's age and the four dimensions of the PSC scale.

Also, its observed that work engagement has got the highest relation with personal characteristics data than other variables, which there were a statistically significant differences between it and (marital status, sex, years of experience and unit) (Table 3). This might be as a reason for that the nursing staff that has more years of experience are more knowledgeable and aware about their work and be able to engage in work activities and accept responsibility for their actions.

This result was consistent with **Gill, (2008)** who illustrated that work engagement marks were higher in those who had greater working experience and increase in experience make personality more stable and able to adapt and deal with the issues. Also, this study finding was consistent with **Ali, (2018)** who found that there was statistical significance difference between marital status and years of experience regarding to work engagement. While this finding was inconsistent with **Mahboubi et al., (2015)** who found that there was no significant relationship between work engagement and participant's gender.

The study findings showed that there was a highly statistical significant difference between quality of work life with studied nursing staff educational qualifications (Table 3). This could be related to that the nursing staff who have bachelor degree in nursing have the highest mean score regarding to quality of work life where most of the time they carry out administrative roles more than direct patient care as technical institute and secondary school in nursing staff . This findings was inconsistent with **Almalki et al., (2012)** who stated that there was not significant difference between QWL and educational level.

It's observed that no statistically significant relation between organizational commitment with all of



personal characteristics data (**Table 3**). This may be attributed to that most of studied nursing staff gain the same experiences in a brief time and with time they become more knowledgeable and acting tasks as each other's and all of them are obligated to commit to their work to gain the financial advantages to meet the obligation of their life needs through obtaining permanent governmental employment.

The study findings was inconsistent with **Igbal,(2011)** who argued that , longer an employee remain in the organization more than older they become feelings responsibilities for results related to him also increase leading to a higher level of organizational commitment. Also the finding inconsistent with **Amangala, (2013)** who proven that age is positively associated with organizational commitment and older workers has a tendency to be more committed compared to younger workers.

The study result was consistent with **Hossny, (2014)** who mentioned that there is no statistically significant relationship between organizational commitment and years of nursing experience. Also the finding was consistent with **Affum et al., (2015)** they stated that workers who have low level of experience have less job chances and they have higher level of commitment.

As well as in the personal characteristics data the educational level has not statistically significance differences with all study variables (**Table 3**). This may be attributed to that nearly two third of the study subject have the same educational qualification level (secondary school in nursing diploma) and about one third of them have (technical institute in nursing) and all of them have the same roles and duties when provide patients care and mainly gain the same involvement in their work.

This finding was consistent with **Mahboubi et al., (2015)** who mentioned that no significant relationship was found between work engagements and educational. Also the findings was consistent with **Almalki et al., (2012)** who stated that no significant differences were found between quality of work life and education level. This finding also was consistent with **Igbal, (2011)** who argued that, highly educated persons might have less commitment since they might have other chances of employment. While the study findings was inconsistent with **Affum et al., (2015)** who suggest that highly educational qualification could lead to high organizational commitment level

Regarding to quality of work life there was positive correlation between quality of work life and work engagement (**Table 4**). This might attributed to that there was a friendships between nursing staff and have good communication with each other's and physicians where they share the same organizational

goals and have more years of experience which enable them to become more engaged and aware with their work duties that make them able to provide quality patient care.

This study finding was consistent with **Kanten & Sadullah, (2012)** who found that the QWL increase organizational performance and commitment where the QWL facilitates workers to manage their personal life that enable them to become engaged in their work where there is a positive relationship between QWL and employee engagement.

The study findings showed that here was negative correlation between quality of work life and organizational commitment (**Table 4**). This might attributed to the financial needs of the nursing staff that make them committed to their organization because it was the main source of money where they feel with financial security when they employed as they obtained a permanent governmental employment.

The study finding was inconsistent with **Moneke & Umeh, (2014)** who found that there was positive correlation between organizational commitment and QWL among critical care nurses. Also the study finding was inconsistent with **Nayak & Sahoo (2015)** who found that organizational commitment had a significant partial mediation effect between healthcare professionals' QWL and their organizational performance. Moreover the study finding was inconsistent with **Mohamed& Ragab, (2016)** who found that there was a positive statistically significance difference correlation between quality of nurses work life and organizational culture.

Regarding to psychosocial safety climate the study findings showed that there was a positive correlation between psychosocial safety climate and work engagement but not significant (**Table 4**). This might attributed to that when the organization allow to the employees to participate and involve in decisions and help them to express about their feeling and psychological issues all of this make the employees engaged in their work and achieve the organizational goals.

The study findings was consistent with **Mansour & Tremblay, (2018)** as they found that the PSC has a positive impact on the three dimensions of work engagement, vigor, dedication and absorption and listed that when the workers feel that their employer concerns about their mental health and wellbeing they become have the willingness to devote more resources in work, which could lead to extra work engagement to the their institution that regarded as a direct impact for PSC on work engagement. Also the study findings consistent with **Geisler et al., (2019)** who stated that there was a positive not significant

relation between PSC and work engagement in their study about the role of quality of work and psychosocial safety climate for work engagement, job satisfaction and organizational commitment.

The study findings showed that there was not significant negative correlation between psychosocial safety climate and organizational commitment (**Table 4**). This might attribute to that the nursing staff is committed to their organization to obtain and maintain their job advantages (salary, permanent employment and reward) although their psychological wellbeing is neglected and their psychological issues don't receive any consideration. The study findings was inconsistent with **Ram, (2018)** who found that there was positive relationship between PSC and OC where the development of PSC plays an essential role in establishment a safe and positive circumstances where perceptions of stress and bullying are decreased, thereby encouraging a high degree of reciprocal affective commitment behaviors from workers. Also the study findings was inconsistent with **Teo et al., (2020)** who found that PSC was positively moderate the negative effect of high-performance work systems on workplace bullying, which consequently leads to higher levels of affective commitment.

## Conclusions

**Regarding to the study results, the consequential conclusions can be stated:**

- There was a positive correlation between both quality of work life, psychosocial safety climate with work engagement but not significant.
- There was a negative correlation between both quality of work life, psychosocial safety climate with organizational commitment and not significant.
- There was a positive statistical significant difference between psychosocial safety climate and both studied nursing staff age and years of experience.
- There was a highly statistical significant difference between quality of work life with educational qualification of the studied nursing staff.
- There was a positive statistical significant difference between work engagement and (marital status, sex, years of experience and unit).

## Recommendations

According to the study results the following recommendations are advised:

1. Produce atmosphere of respect, acceptance that help nurse managers and nursing employees to develop and reach their goals.
2. Promote nursing employees work engagement, through reward good performance which helps to

realize additional positive experiences regarding their work.

3. Applying team work principles. The team offers larger data, still as a support mechanism for the people that have become engaged.
4. Offer nursing employees with a supplied rest place wherever they will rest and be capable of placing their remote things firmly to assure of their comfort.
5. Formulating of career ladder for nursing employees with completely different qualifications by Ministry of Health.
6. Hospitals ought to offer nurses with the desired resources and instruments for health care facilities.
7. Provide nurse managers with training programs regarding rising psychological successfulness, quality of work life and art of management, leadership and communication skills.

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