favorable than routine replacement in the reduction of the experienced pain among the patients, workload of staff nurses, and cost related to Peripheral Intravenous Catheter replacement.

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Political Efficacy and Political Participation among Nurses in Tertiary Hospitals, the Republic of Kenya

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Background: Globally, nurses make up a significant part of the healthcare workforce with firsthand knowledge that can lend expertise to discussions that impact healthcare delivery. Nursing practice has been intimately tied to government and politics than almost any other profession. On the contrary, many studies indicate that nurses are seldom involved in the political arena; hence the need to encourage them to participate at all levels of healthcare.

Objective: To determine the perceived levels of political efficacy and political participation, and to explore the relationship between political efficacy and political participation among nurses in tertiary hospitals, the Republic of Kenya.

Methods: This descriptive correlational study involved nurses working in two tertiary hospitals. Total population was 2600, of which 347 participants have a working experience of not less than three years were selected as the sample using proportional stratified random sampling method. A self-administered questionnaire consisting of three parts was used to assess the demographic characteristics, political efficacy-scale and political participation-scale. The reliability of political efficacy-scale and political participation-scale were both 0.82.

Results: A majority of the participants were females (75.5%); at diploma level of education (60.5%) and within an age group of ≤40 years (66.2%). The scores for political efficacy (X = 61.57, SD = 12.79) and political participation (X = 46.3, SD = 10.22) were at moderate level. There was a moderate positive correlation between political efficacy and political participation (r = 0.312, p < 0.01).

Conclusion: The study outcome is a clear indication that nurses should participate minimally in the political arena. Nurses as citizens in a democracy and as a professional group in nursing organizations have particular demands that can only be satisfied through political action. Nurses should seek opportunities to be strong political participants, to be able to articulate health issues to policymakers and skilled at working within a community of specialists to generate alternatives to existing policies.

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Factors related to Quality of Work Life among Nurses, Tertiary Level Hospitals, People’s Republic of Bangladesh

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Background: Quality of work life is important for hospital employees including nurses as it affects safety and quality care for patients as well as organizational factors.

Objective: To examine the level of quality of work life and the relationship between personal factors, organizational factors and quality of work life among nurses in tertiary level hospitals, People’s Republic of Bangladesh

Methods: Descriptive correlational study design was conducted with 288 nurses, randomly selected from six tertiary level hospitals in Bangladesh. The research instruments consist of Quality of Nursing Work life Survey, Expanded Nursing Stress Scale, Questionnaire of Organizational Commitment, and Practice Environment Scale of the Nursing Work Index which were translated into Bengali using back translation process. The content validity of each instrument were confirmed by the developers and the reliability of Quality of Nursing Work life Survey, Expanded Nursing Stress Scale, Questionnaire of Organizational Commitment, and Practice Environment Scale of the Nursing Work Index were 0.94, 0.95, 0.84, and 0.90 respectively. Data were analyzed by Pearson Product Moment statistics.

Results: The result found that nurses working in tertiary level hospital, People’s Republic of Bangladesh perceived their quality of work life at moderate level. Personal factors include years of experience, years of education, and monthly income were statistically significant positively related to quality of work life (r = 0.50, 39, and 0.17 respectively). Organizational factors include organizational commitment and nursing practice environment were statistically significant positively related to quality of work life (r = 0.66 and 0.74) and job stress was found statistically significant negatively related quality of work life (r = −0.46).

Conclusion: Nurse administrators can use the findings of the study to develop policies and strategies to manage the quality of work life among nurses working in tertiary level hospitals. Priority of intervention for improving quality of work life among nurses will be designed based on the personal and organizational factors that are related to quality of work life among Bangladeshi nurses.

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