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Workplace Ergonomics and Work-Life Quality Among Psychiatric Nurses in a Mental Health Wellness Facility in the Philippines

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Abstract

This study investigated the relationship between workplace ergonomics and the quality of nursing work life (QNWL) in a mental health wellness facility in the Philippines. Recognizing the critical role of ergonomic conditions in nurse well-being and patient care, the research aimed to identify areas of satisfaction and improvement in workplace ergonomics. Using a quantitative approach with 33 participants, findings indicated positive perceptions regarding workplace ergonomics, including safety, infection control, and work organization. Similarly, nurses viewed their quality of work-life positively in terms of work-life balance, work design, and context. A moderate positive correlation between workplace ergonomics and quality of work-life suggested that better ergonomic conditions enhanced job satisfaction ($r = 0.450$, $p = 0.009$). Recommendations include upgrading welfare amenities, modernizing safety equipment, and integrating mental wellness programs to address physical and psychosocial needs. Future research could explore different healthcare settings and deepen the investigation into the impact of ergonomic interventions on nurse outcomes, which could further guide policy and practice improvements.

Introduction

Quality of Nursing Work Life (QNWL) is defined as the extent to which nurses can fulfill personal needs through their organizational experiences while supporting institutional goals (Brooks & Anderson, 2005). It includes critical factors such as participation in decision-making, job security, workload, stress levels, and growth opportunities, all of which significantly influence nurse satisfaction and the quality of patient care (Dargahi & Yazdi, 2007). This concept of work-life balance among nurses encompasses achieving equilibrium and harmony while managing professional and personal obligations because this is crucial for maintaining overall well-being and productivity.

Literature has emphasized the growing importance of flexible work arrangements and supportive workplace cultures in facilitating this balance (Dwinijanti et al., 2020). Shen (2019) underscores the significance of work-life balance by portraying it as the opposite of work-life conflict, highlighting the attainment of concordance between personal and professional responsibilities. In today's interconnected and

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globalized work environment, attaining work-life balance becomes a crucial and intricate task.

The nursing profession in the specialized domain of Mental Health and Psychiatric Nursing (MHPN) is intrinsically challenging and burdensome, exposing nurses to potential workplace-related stress and safety concerns (Brough et al., 2022). Their employment includes providing care for patients who are grappling with intricate psycho-pathophysiological disorders, which further contribute to emotional and psychological stress. Within the global context, achieving a harmonious equilibrium between work and personal life for nurses is a crucial priority. The nurses' issues are not limited to certain geographic regions but are widespread across different healthcare systems worldwide. The challenging nature of the occupation, combined with the growing volume of labor and obligations, leads to elevated levels of stress and exhaustion among nurses globally (Brough et al., 2022). Thus, an extensive comprehension of work-life balance is essential to address the well-being of nurses, who have a pivotal role in the healthcare ecosystem.

On the other hand, ergonomics is one aspect of healthcare that can be explored to improve the quality of work life among psychiatric nurses. Defined as an applied science, workplace ergonomics seeks to optimize the fit between workers and their surroundings, enhancing job performance and ensuring Safety (Afroz & Haque, 2021). It considers various factors, such as the worker's physical capacities, including strength, endurance, dexterity, flexibility, and sensory acuity, as well as their mental and emotional well-being regarding work-related factors like schedules, workload, and stress. Ergonomics emerges as a crucial factor, gaining momentum for its focus on the intricate relationship between employees and their work environment.

However, in the Philippines, nurses face substantial obstacles in attaining a harmonious equilibrium between their professional and personal lives, with workplace ergonomics being a prominent factor contributing to these challenges. The arduous demands of nursing positions and insufficient focus on ergonomic factors in healthcare environments can result in physical and psychological stress among Filipino nurses. Insufficient ergonomics, characterized by poorly constructed workstations, inadequate equipment, and extended working hours, results in weariness and physical discomfort, negatively affecting nurses' general well-being (Park et al., 2020). Furthermore, the lack of knowledge and use of ergonomic concepts in healthcare establishments in the Philippines might intensify stress and impede nurses from efficiently managing their work and personal lives.

According to the Philippine Labor Code, especially Republic Act No. 11058, also known as the Occupational Safety and Health Law (OSH Law), employers have a legal duty to guarantee a secure working environment for their employees. The legislation delineates certain vital stipulations, including the requirement for employers to furnish a work environment devoid of perilous circumstances that may imperil the welfare of employees. Employers are required to provide thorough job safety instructions, particularly for individuals who are new to a job, and to educate workers about potential workplace dangers and the corresponding health concerns. Furthermore, adherence to Occupational Safety and Health Standards (OSHS) is mandatory, including completing training, undergoing medical assessments, and providing authorized devices and equipment. The legislation highlights the importance of workers and their health and safety representatives actively engaging in the organization, planning, implementing, and evaluating health and safety programs to improve workplace safety. Additionally, the regulations provide specific measures for addressing crises and accidents, such as establishing first-aid protocols. This measure demonstrates a strong dedication to safeguarding the welfare and safety of workers in the Philippines.

Only a few studies identify measures to address healthcare ergonomics to improve work-related stress and safety. Previous studies indicate work engagement as an important factor for employee behavior and performance-related outputs,

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mentioning that it is an active, effective, motivational, independent, and pervasive psychological state. However, as a nurse in a mental health wellness facility, the researcher believes that further efforts can be made to improve healthcare ergonomics. For instance, during the COVID-19 pandemic, the mandatory use of personal protective equipment added to the physical strain of the nurses, leading to discomfort, particularly in the neck, shoulders, and lower back, due to the prolonged wearing of protective gear. The availability of special gears, such as mechanical hoists, to ensure safe patient handling was also low. Many overlooked the importance of providing adequate rest areas equipped with ergonomic furniture to support relaxation and recovery and alleviate the physical and mental fatigue they experienced during long shifts. It is pretty unfortunate, but the researcher observed that many nurses have resigned and are planning to resign from the facility because of factors that can otherwise be improved by improving healthcare ergonomics, like what Dwinijanti et al. (2020) noted. Thus, the present study found its interest in ergonomics in a mental health wellness hospital and how it affects nurses' quality of work life. As a psychiatric nurse, the researcher believes that looking into this matter could allow nurses and management to explore and improve their practices. Discussions, conclusions, and recommendations were provided to give insights that can be a basis for developing policies to improve healthcare ergonomics, the quality of work life, and, ultimately, the quality of nursing care in a mental wellness facility.

Statement of the Problem

The study generally aimed to explore the relationship between the work-life balance of nurses and workplace ergonomics in a mental wellness facility. Particularly, the study explored the demographic profile, workplace ergonomics, and the work-life balance of psychiatric nurses. Furthermore, the study examined the correlation between the two variables and provided discussions focusing on implications for nursing management.

Methodology

Research Design

A descriptive research design was utilized in the study. The study sought to describe the ergonomics of health care work and the quality of nursing work among nurses in a mental wellness and general hospital in Bataan. This type of research examined the trains of a specific population. Furthermore, a correlational design was employed to determine relationships between mental health and psychiatric nurses' profiles and ergonomics in health care work and quality of nursing work. This design aimed to determine whether two or more variables are related. Using this design, the study determined the correlation between the independent and dependent variables. This methodology is highly appropriate for capturing the subtle interaction between these factors.

Participants

The participants of the study were the psychiatric nurses in Bataan, specifically in Mariveles Mental Wellness and General Hospital, for the Fiscal year 2022. The study used the total enumeration sampling technique to include all 33 staff in the facility. Total enumeration sampling, a type of purposive sampling, involves thoroughly studying an entire population with characteristics. The selected criterion that brings together the sample in this study is the present occupation of people within a mental health wellness center in Bataan. This sampling method is especially appropriate when the target population is relatively small, as is the situation in this study.

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Instruments

The study used a self-administered survey questionnaire as a research tool. The researcher prepared a three-part questionnaire to determine the employees' perceptions regarding the assumptions used in the study. Part I concentrated on their nurses' profiles in terms of age, sex, educational attainment, and length of experience. To cover the main variables of the study, two sets of questions and indicators were adopted to form the main instrument of the study. Part I provides a comprehensive overview of workplace ergonomics in health care workers taken from the Human Ergology Society's (2017) Ergonomic 60-item checklist. This part consists of 10 domains, namely materials storage and handling, machine and hand-tool safety, safe patient handling, workstations, physical environment, hazardous substances and agents, infection control, welfare facilities, preparedness, and work organization and patient safety. Each domain is represented by 6 indicators. Additionally, Part II tackles the quality of nursing work life using Brooks & Anderson's (2005) 42-item Quality of Nursing Work-life. This questionnaire covers four dimensions, namely work life/home life balance with seven items, work design dimension with 10 items, work context dimension with 20 items, and work world dimension with five items. These instruments have already been proven valid and reliable by the respective researchers. However, these were presented to experts in the field of nursing and research and were further validated and confirmed for their appropriateness and sufficiency.

Procedure

The primary method used to collect data was the survey method. After the approval of the respective authorities, survey questionnaires were administered. The study used both the printed and online forms of the questionnaire. This allowed respondents to submit their responses even without direct physical interaction. For the printed survey, the researcher allotted a corner in the facility where a copy of the instruments was displayed. Target respondents were asked to get their copy of the questionnaire from the designated place. To retrieve the completed survey forms, a box was placed in a conspicuous area where the respondents could put the forms. For the online survey, the questionnaire link was sent via Facebook Messenger. Two weeks would be allotted for distributing and retrieving the surveys. This length of time was sufficient to cover all respondents in the hospital.

Data Processing and Analysis

The data collected in the study were processed and analyzed using both SPSS and Microsoft Excel to ensure accuracy and efficiency. Descriptive statistics, specifically the mean and standard deviation, were computed to explore the levels of Quality of Nursing Work Life (QNWL) and workplace ergonomics among the respondents. Given that the data were ordinal and the sample size was relatively small, Spearman’s rho correlation was used to examine the relationship between QNWL and workplace ergonomics. This non-parametric test was appropriate as it measures the strength and direction of association between two ranked variables without assuming normal distribution.

Ethical Considerations

The study strictly followed the ethical principles of the Belmont Report—Respect for Persons, Beneficence, and Justice. Informed consent was obtained from all participants after they were clearly briefed on the purpose, procedures, and their right to withdraw at any time. To ensure beneficence, the study followed a “do no harm” policy by protecting participants' anonymity and confidentiality and securely handling all data. Justice was observed by treating all participants fairly and

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ensuring their voluntary participation. Approval to conduct the study was also secured from the appropriate institutional authorities. Finally, all sources used in the research were properly cited to uphold academic integrity.

Results and Discussion

Table 1 shows that, in terms of age, 32 respondents (97.0%) fell within the 30-39 age range, while only one respondent (3.0%) was in the 50-59 age range. No respondents fell into the 40-49 age range. Regarding sex, 11 respondents (33.3%) were male, while 22 (66.7%) were female. Eight respondents (24.2%) were single in the marital status category, and 25 (75.8%) were married. Regarding the highest educational attainment, 19 respondents (57.6%) held a Bachelor's degree, 13 respondents (39.4%) had completed MA units, and one respondent (3.0%) held an MA degree. In terms the length of service in the facility, ten respondents (30.3%) had a length of service between 1 to 2 years, 21 respondents (63.6%) had a length of service between 3 to 6 years, and two respondents (6.1%) had a length of service between 7 to 10 years.

Table 1.
Profile of the Respondents

Profile	Frequency	Percentage
Age		
30-39	32	97.0
40-49	-	-
50-59	1	3.0
Sex		
Male	11	33.3
Female	22	66.7
Marital Status		
Single	8	24.2
Married	25	75.8
Highest Educational Attainment		
Bachelor’s Degree	19	57.6
MA Units	13	39.4
MA Degree	1	3
Length of Service in the Facility		
1 to 2	10	30.3
3 to 6	21	63.6
7 to 10	2	6.1

On the other hand, Table 2 shows the mean scores of each of the components of workplace ergonomics. The overall mean score of 3.30 (SD = 0.60) indicates that employees are generally highly satisfied with workplace ergonomics. This suggests that most aspects of their work environment, including safety measures, physical conditions, and patient handling, meet their expectations and contribute positively to their overall work experience. The relatively low standard deviation across indicators also reflects a consistent level of satisfaction among respondents.

Among the indicators, the highest satisfaction scores are in terms of Infection Control (mean = 3.49, SD = 0.56), Preparedness (mean = 3.34, SD = 0.63), Work Organization and Patient Safety (mean = 3.34, SD = 0.58), Hazardous Substances and Agents (mean = 3.31, SD = 0.57), and Physical Environment (mean = 3.31, SD = 0.60). These results suggest

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that employees feel well-supported in terms of infection prevention, emergency preparedness, and organizational safety measures. The high satisfaction in these areas may be attributed to effective workplace policies, adequate training, and access to necessary safety equipment.

Table 2.
Perceived Satisfaction with Workplace Ergonomics

Component	Mean	SD	VI
1. Materials storage and handling	3.26	0.59	Highly Satisfied
2. Machine and hand-tool safety	3.19	0.66	Satisfied
3. Safe Patient Handling	3.29	0.53	Highly Satisfied
4. Workstations	3.27	0.68	Highly Satisfied
5. Physical Environment	3.31	0.6	Highly Satisfied
6. Hazardous Substances and Agents	3.31	0.57	Highly Satisfied
7. Infection Control	3.49	0.56	Highly Satisfied
8. Welfare Facilities	3.17	0.6	Satisfied
9. Preparedness	3.34	0.63	Highly Satisfied
10. Work Organization and Patient Safety	3.34	0.58	Highly Satisfied
Overall	**3.30**	**0.6**	**Highly Satisfied**

Conversely, the bottom five indicators with the lowest satisfaction scores are Welfare Facilities (mean = 3.17, SD = 0.60), Machine and Hand-Tool Safety (mean = 3.19, SD = 0.66), Materials Storage and Handling (mean = 3.26, SD = 0.59), Workstations (mean = 3.27, SD = 0.68), and Safe Patient Handling (mean = 3.29, SD = 0.53). While still falling within the "satisfied" or "highly satisfied" range, these areas may require improvements, particularly in enhancing workplace amenities, ensuring tools and equipment safety, and optimizing ergonomic conditions at workstations. The slightly lower satisfaction in these areas may indicate a need for better infrastructure, more efficient handling procedures, or additional training to enhance workplace safety and comfort.

Carayon et al. (2021) and Pereira et al. (2019) underscore the importance of ergonomic interventions in reducing physical strain and enhancing safety, corroborating the study's results that attribute high satisfaction to effective policies, training, and equipment. For instance, integrating adjustable workstations, proper PPE, and ventilation systems (Hallowell et al., 2020; Waongenngarm et al., 2020) likely underpins the reported success in hazardous substance management and physical environment satisfaction. Similarly, the emphasis on infection control aligns with pandemic-related literature (Park et al.,

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2020; Chakraborty & Maity, 2020), which stresses robust PPE supply chains and protocols—factors that may explain the study's high scores in this domain, particularly amid COVID-19 challenges.

However, contrasts emerge when considering global disparities in ergonomic implementation. Afshar et al. (2019) revealed poor ergonomic knowledge and high musculoskeletal disorders among Iranian nurses, suggesting that the study's context—potentially with stronger institutional support—exemplifies successful adherence to ergonomic best practices. Furthermore, while the study highlights immediate physical and safety metrics, literature identifies gaps in addressing psychosocial factors (Rashid Heidarimoghadam et al., 2022) and workplace climate (Tei-Tominaga & Nakanishi, 2023), which were not measured in the study but are critical for holistic well-being. Pereira et al. (2019) and Afroz & Haque (2021) advocate for comprehensive programs combining ergonomics with health initiatives, mirroring the study's inferred multifaceted approach to training and policy. However, Lake et al. (2021) caution that knowledge does not always translate to practice, a challenge the study's participants seemingly overcome, as evidenced by their high satisfaction.

The lowest-scoring indicators align with persistent ergonomic challenges highlighted in the literature, though contrasts emerge in the degree of prioritization and implementation. For instance, while Carayon et al. (2021) emphasize ergonomic interventions like adjustable beds and mechanical lifts to mitigate physical strain during patient handling, the study's lower satisfaction in Safe Patient Handling (mean = 3.29) suggests gaps in adopting such tools or training. This mirrors Afshar et al. (2019), where inadequate ergonomic knowledge and infrastructure correlated with high musculoskeletal disorders, implying that even modest satisfaction scores may mask unmet needs in high-risk tasks. Similarly, Pereira et al. (2019) link ergonomic workstation design to reduced musculoskeletal issues, yet the study's lower satisfaction with Workstations (mean = 3.27) may reflect insufficient customization (e.g., lack of sit-stand desks or adjustable chairs), as Waongenngarm et al. (2020) advocate.

The relatively low scores in Machine and Hand-Tool Safety (mean = 3.19) contrast with Jiang and Duffy's (2021) emphasis on safety mechanisms (e.g., automatic shutoffs) and training to reduce injury risks. This discrepancy suggests either outdated equipment, insufficient safety protocols, or gaps in staff competency. Similarly, Materials Storage and Handling (mean = 3.26) may reflect inefficiencies in labeling, ventilation, or spatial organization, as Hallowell et al. (2019) identify these as critical for minimizing exposure to hazards. Welfare Facilities (mean = 3.17), while seldom discussed explicitly in ergonomic literature, intersects with Tei-Tominaga and Nakanishi's (2023) findings on workplace climate: inadequate amenities (e.g., rest areas, hygiene facilities) may exacerbate stress and reduce perceived safety, particularly in high-stress healthcare environments.

Notably, the literature advocates for comprehensive, multifaceted interventions (Rashid Heidarimoghadam et al., 2022; Afroz & Haque, 2021), yet the study's results suggest a fragmented approach. For example, while Caputo et al. (2019) propose digital twins to address ergonomic flaws in design phases preemptively, the persistence of low scores in workstations and machine safety implies reactive rather than proactive solutions. Similarly, Lake et al. (2021) found that healthcare workers' knowledge often fails to translate into practice—a potential factor in the study's modest scores, where policies may exist but implementation lags.

The COVID-19 literature further contextualizes these gaps: PPE shortages (Park et al., 2020) and inconsistent adherence to safety protocols (Bhagavathula et al., 2020) likely strained Welfare Facilities and Safe Patient Handling, compounding pre-existing ergonomic shortcomings. However, the study's focus on physical ergonomic metrics overlooks psychosocial factors highlighted by Tei-Tominaga and Nakanishi (2023), such as overtime and workplace exclusivity, which may indirectly depress satisfaction in measured domains.

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The findings reveal that nurses are generally highly satisfied with workplace ergonomics, particularly in areas such as infection control, preparedness, and patient safety. This suggests that nursing management has made significant strides in ensuring a safe and supportive physical work environment through strong policies, adequate training, and the provision of safety equipment. From a management perspective, these results positively reflect efforts to uphold occupational health standards and reduce work-related risks, particularly in high-demand settings such as hospitals. However, the relatively lower satisfaction scores in welfare facilities, machine safety, and workstation ergonomics suggest that while safety protocols are in place, nurses may still be exposed to discomfort, inefficiencies, or risks that affect their daily workflow. Although still within a satisfactory range, these areas highlight potential blind spots in ergonomic planning and resource allocation, which nursing leaders must critically evaluate.

Reflecting on these results from a nursing management lens, there is a need to go beyond compliance-based strategies and adopt more proactive, user-centered ergonomic solutions. This includes investing in better-designed workstations, safer equipment, and more accessible welfare amenities, which directly impact nurse performance, retention, and health outcomes. While the consistent satisfaction scores demonstrate a stable work environment, they may also mask deeper ergonomic or psychosocial stressors not captured in the current metrics, such as fatigue, emotional strain, or lack of mental health support. Nursing leaders must therefore adopt a holistic approach, combine physical and psychosocial well-being initiatives, and actively engage frontline staff in identifying and addressing ergonomic concerns. Moreover, continuous feedback mechanisms and interdisciplinary collaboration with occupational safety experts can ensure that workplace improvements are reactive but also forward-thinking and sustainable.

Table 3.
Perceived Satisfaction with Quality Nursing Work-Life

Component	Mean	SD	VI
Work-Home Life	3.14	0.60	Satisfied
Work Design	3.02	0.49	Satisfied
Work Context	3.23	0.46	Satisfied
Work World	3.09	0.55	Satisfied
Overall	**3.12**	**0.53**	**Satisfied**

Table 3 shows the satisfaction with the quality nursing work-life of nurses, focusing on the overall mean scores for each component. The overall mean score of 3.12 (SD = 0.53) suggests that nurses are generally satisfied with their quality of work-life. This indicates that while their work environment, responsibilities, and overall work experience meet their expectations to a certain degree, there may still be areas for improvement to enhance their job satisfaction and well-being. The relatively low standard deviation across components also implies a consistent perception of satisfaction among respondents.

Work Context (mean = 3.23, SD = 0.46) received the highest satisfaction score among the four components. This suggests that nurses feel relatively comfortable with the professional environment, relationships with colleagues, and support systems

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in place. A positive work context may contribute to their ability to perform effectively and maintain job satisfaction. Work-Home Life (mean = 3.14, SD = 0.60) follows, indicating that while nurses can balance their professional and personal lives, some challenges may still exist, possibly due to workload demands or shift schedules.

Work World (mean = 3.09, SD = 0.55) and Work Design (mean = 3.02, SD = 0.49) are the two lowest-rated components. While both still fall within the "satisfied" range, they suggest potential areas for improvement. The lower score in work design may indicate concerns regarding job roles, workload distribution, or autonomy in decision-making. Similarly, the slightly lower satisfaction in the work world could reflect broader concerns related to organizational policies, job security, or the overall healthcare system's impact on nursing work-life.

Identifying Work Context as the highest-rated component of nurses' quality of work life (QNWL) aligns with literature emphasizing the critical role of supportive professional environments and collegial relationships in fostering job satisfaction. Shen (2019) and Brough et al. (2022) highlight the importance of organizational culture and work-life balance in mitigating stress, which resonates with nurses' reported satisfaction in workplace relationships and support systems. Similarly, Kowitlawkul et al. (2019) underscore the value of social support in enhancing well-being, corroborating the study's finding that positive interpersonal dynamics contribute to nurses' ability to manage workloads effectively. However, the moderate satisfaction with Work-Home Life (mean = 3.14) contrasts with Faizin et al. (2020) emphasize motivation as a key driver of QNWL, suggesting that even in supportive environments, systemic issues like inflexible shift schedules or excessive overtime—as noted by Tei-Tominaga and Nakanishi (2023)—may impede holistic work-life integration.

The lower scores for Work Design and Work World reveal gaps that starkly contrast with ergonomic literature. For instance, Carayon et al. (2021) and Pereira et al. (2019) advocate for ergonomic interventions (e.g., adjustable workstations, mechanical lifts) to reduce physical strain and improve autonomy. Yet, the study's lower Work Design scores suggest insufficient implementation of such measures. This aligns with Afshar et al. (2019), who found that poor ergonomic knowledge and infrastructure correlate with musculoskeletal disorders and dissatisfaction. Similarly, the modest Work World ratings reflect broader systemic concerns, such as inadequate organizational policies or job security—issues exacerbated by the COVID-19 pandemic, as highlighted by Park et al. (2020) and Lake et al. (2021), who note how PPE shortages and inconsistent safety protocols eroded trust in healthcare systems.

The literature also emphasizes the need for comprehensive interventions that integrate physical, psychological, and organizational supports. Rashid Heidarimoghadam et al. (2022) argue that participatory ergonomics and training programs are essential to address psychosocial factors, while Chim (2019) and Afroz & Haque (2021) stress the importance of inclusive, human-centered workplace design. The study's results reinforce this by illustrating that while nurses feel supported interpersonally (Work Context), systemic neglect of ergonomic infrastructure (Work Design) and organizational policies (Work World) undermines their overall well-being.

The findings indicate that nurses are generally satisfied with their quality of nursing work life (QNWL). The highest-rated component, Work Context, suggests that nurses benefit from strong collegial relationships, supportive supervisors, and a positive work environment, essential for maintaining morale and effective performance. From a nursing management perspective, this reflects the success of interpersonal and team-based interventions in promoting a culture of respect and collaboration. Similarly, moderate satisfaction in Work-Home Life indicates that while nurses balance professional and personal demands, persistent issues like shifting schedules or understaffing may still challenge their ability to integrate work and home responsibilities fully.

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On the other hand, the lower satisfaction scores in work design and work world underscore areas where nursing management must intervene more proactively. The low work design score points to issues in task distribution, autonomy, and ergonomic conditions, which could stem from rigid job roles or inadequate equipment that affect both comfort and productivity. These concerns highlight the need for ergonomic tools and role flexibility to support physical and emotional well-being. The lower rating in the work world suggests dissatisfaction with broader organizational structures, such as job security, compensation, or the healthcare system's support for nursing staff—issues that became more visible during the COVID-19 pandemic. For nurse leaders, these findings call for system-level policy reforms, participatory decision-making, and stronger advocacy for working conditions that support long-term retention, safety, and job satisfaction. While relational support remains a strength, a deeper, structural commitment to improving job design and institutional support is essential to fully enhance QNWL.

The correlation analysis in Table 4 between workplace ergonomics and the quality of nursing work-life reveals a moderate positive relationship (rho = 0.450, p = 0.009). This suggests that as workplace ergonomics improve, the quality of nursing work-life tends to increase. The p-value of 0.009, which is below the standard significance level of 0.05, indicates that this relationship is statistically significant, meaning the observed correlation is unlikely due to chance.

Table 4.
Correlation between Workplace Ergonomics and Quality Nursing Work-Life

Component	rho	Correlation	p-value
Workplace ergonomics vis-à-vis Quality of nursing work-life	0.450	Moderate	0.009

This finding underscores the importance of ergonomic workplace conditions in shaping nurses' overall job satisfaction and well-being. Factors such as safe patient handling, infection control, and physical environment, which received high satisfaction ratings in Table 2, may contribute positively to nurses' work-life quality by reducing stress and physical strain. Conversely, areas with lower satisfaction, such as welfare facilities and machine safety, may indicate potential ergonomic challenges impacting nurses' well-being.

This moderate positive relationship mirrors Pereira et al.'s (2019) conclusion that ergonomic improvements, such as workstation adjustments, reduce musculoskeletal strain and enhance productivity, directly contributing to job satisfaction. Similarly, Carayon et al. (2021) stress that ergonomic tools like mechanical lifts and adjustable beds mitigate physical strain during patient handling, which likely underpins the study's high satisfaction in Safe Patient Handling and its positive impact on QNWL. However, the moderate strength of the correlation suggests ergonomics alone is insufficient to fully explain QNWL, echoing Brough et al.'s (2022) argument that work-life balance is multifaceted, shaped by psychosocial factors (e.g., social support, motivation) beyond physical conditions. For instance, Faizin et al. (2020) identify motivation as the strongest predictor of QNWL, while Kowitlawkul et al. (2019) highlight social support as critical to nurses' resilience, factors not explicitly measured in the study but implied as complementary to ergonomic improvements.

The lower satisfaction found in areas like Welfare Facilities and Machine Safety contrasts with literature advocating for holistic ergonomic frameworks. For example, Rashid Heidarimoghadam et al. (2022) argue that comprehensive interventions (e.g., participatory ergonomics, training) are necessary to address both physical and psychosocial well-being. Yet, the persistent gaps in the study's low-scoring domains suggest fragmented implementation. Machine Safety's modest score conflicts with Jiang and Duffy's (2021) emphasis on safety mechanisms and reducing injury risks, implying potential

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deficits in equipment modernization or competency development. Similarly, Welfare Facilities' low rating intersects with Tei-Tominaga and Nakanishi's (2023) findings on workplace climate: inadequate rest areas or hygiene facilities may compound stress, indirectly eroding QNWL despite high scores in infection control. These discrepancies highlight the limitations of focusing solely on physical ergonomic metrics without addressing systemic or psychosocial barriers.

The study's findings further highlight broader challenges. Afshar et al. (2019) link poor ergonomic knowledge and infrastructure to high musculoskeletal disorders (MSDs) among nurses, paralleling the study's implication that lower workstation satisfaction may reflect insufficient customization (e.g., lack of sit-stand desks). Meanwhile, COVID-19 studies (Park et al., 2020; Bhagavathula et al., 2020) reveal how PPE shortages and inconsistent safety practices strained healthcare systems, potentially exacerbating pre-existing ergonomic gaps in Welfare Facilities or Machine Safety. Lake et al. (2021) further caution that knowledge often fails to translate to practice—a plausible factor in the study's moderate correlation, where policies may exist but implementation lags. Moreover, while the study validates ergonomics as a key driver of QNWL, the literature urges a more integrative approach. Caputo et al. (2019) propose digital twins to address design flaws preemptively, and Chim (2019) advocates participatory design to meet diverse needs, strategies that could bridge gaps in low-scoring areas. Blending ergonomic upgrades with psychosocial support and systemic policies would align with Rashid Heidarimoghadam et al.'s (2022) call for comprehensive interventions, ensuring ergonomic improvements synergize with broader organizational and psychological supports to maximize QNWL.

Conclusion

Delimitations of this study include its focus on a single mental healthcare institution and a relatively small sample size, which may limit generalizability. Additionally, the study measured only physical ergonomic and work-life quality factors, excluding broader psychosocial and cultural influences. Considering these limitations, the study identified a statistically significant, moderate positive correlation between workplace ergonomics and the quality of nursing work life (QNWL), indicating that improved ergonomic conditions contribute meaningfully to nurses' job satisfaction and well-being. Key strengths—such as high satisfaction in Infection Control, Preparedness, and the Physical Environment—highlight the effectiveness of current safety protocols and hospital policies. However, lower satisfaction in areas like Welfare Facilities, Machine and Hand-Tool Safety, and Workstations points to ongoing deficiencies in infrastructure, ergonomic design, and resource personalization. These findings are consistent with existing literature emphasizing the role of ergonomic interventions in reducing physical strain and preventing musculoskeletal issues, while revealing that psychosocial and systemic factors—such as workplace culture, staffing, and resource accessibility—remain critically influential yet often overlooked in QNWL discussions.

The study contributes to the existing body of knowledge by empirically validating the connection between ergonomic conditions and QNWL and by identifying practical areas for administrative action. It bridges theory and practice by offering evidence-based insights that hospital management can use to enhance the physical work environment and organizational culture. The findings underscore the need for hospital administrators and policymakers to implement holistic and sustainable workplace strategies that combine ergonomic improvements, psychosocial support, and policy reforms. Therefore, hospital leadership and policymakers must prioritize investments in ergonomic infrastructure and comprehensive staff well-being programs to strengthen nurse retention, reduce burnout, and improve patient care outcomes.

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Recommendations

Healthcare management should build on nurses' high satisfaction with infection control and safety protocols by addressing lower-scoring areas like Welfare Facilities and Machine Safety. Upgrading break rooms, hygiene stations, and modernizing tools with automatic shutoffs can significantly improve workplace comfort and safety. Collaborating with mental wellness providers to integrate stress-relief programs—such as on-site mindfulness sessions or confidential counseling—tailored to shift workers' needs can further enhance well-being. Addressing gaps in Work Design by involving nurses in redesigning workflows and roles ensures autonomy and equitable workload distribution. Simple steps, like ergonomic assessments for patient handling or peer-led safety committees, can bridge the gap between policy and practice, fostering trust in organizational support.

Nurses can leverage their intense satisfaction with the Work Context to advocate for changes in underperforming areas, such as pushing for adjustable workstations or participating in ergonomic training. Sharing feedback on daily challenges—like PPE accessibility or shift flexibility—can help shape policies that balance safety with personal well-being. Future efforts should explore hybrid models that pair ergonomic innovations, such as digital tools for hazard monitoring, with mental health resilience programs, ensuring a holistic approach to workplace satisfaction. Stakeholders like management and policymakers can transform satisfactory metrics into thriving environments where nurses feel empowered, valued, and equipped to deliver exceptional care by uniting physical safety, psychological support, and systemic fairness.

To address the limitations of the study, future research could consider expanding the study to include multiple mental healthcare institutions, both general and specialized, to improve the generalizability of findings. Increasing the sample size would also enhance the statistical power and representativeness of the results. Additionally, incorporating psychosocial and cultural factors—such as workplace climate, leadership style, emotional demands, and cultural attitudes toward caregiving—would provide a more holistic understanding of the factors influencing the quality of nursing work life. A mixed-methods approach may enrich the findings by capturing deeper insights into nurses' lived experiences beyond physical ergonomics.

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Appendix

Instrument

PART I. Ergonomics in Health Care Work

Directions: The purpose of this questionnaire is to provide an assessment of mental health and psychiatric nurses' perceived ergonomics in mental health facilities. Please rank on the basis of your current knowledge and most objective to describe the situation being asked. Use the following scale below and kindly put a check mark (√) in the box provided.

4 - Strongly Agree
3 - Agree
2 - Disagree
1 - Strongly Disagree

		4	3	2	1
	A. Materials storage and handling				
1.	The facility ensures that transport routes are even, not slippery, and without obstacles.	☐	☐	☐	☐
2.	The facility uses multi-level shelves or racks and small containers to minimize manual transport of materials.	☐	☐	☐	☐
3.	Make labels and signs easy to see, easy to read, and easy to understand.	☐	☐	☐	☐
4.	Nurses use carts, hand trucks, and other wheeled devices to move materials.	☐	☐	☐	☐
5.	The facility provides conveniently placed waste containers.	☐	☐	☐	☐
6.	Rearrange the layout of the work areas so that the need to move materials is minimized.	☐	☐	☐	☐
	B. Machine and hand-tool safety				
7.	Use properly fixed guards to prevent contact with dangerous parts of machines and tools	☐	☐	☐	☐
8.	Establish safe handling procedures of sharps and use necessary safety devices and safe disposal containers	☐	☐	☐	☐
9.	Provide a “home” for each tool used for health care.	☐	☐	☐	☐
10.	Ensure safe wiring connections for machines, tools, and equipment.	☐	☐	☐	☐
11.	Use warning signs that users understand easily and correctly.	☐	☐	☐	☐
12.	Inspect and maintain machines and tools regularly.	☐	☐	☐	☐

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C. Safe patient handling

13.	Establish safe and reliable procedures for transferring people	☐	☐	☐	☐
14.	Secure trained staff and necessary transfer devices such as wheelchairs, and make sure that the space and routes for transfer are safe and clear.	☐	☐	☐	☐
15.	Use transfer equipment that is safe, easy to apply, and reassuring for patient handling.	☐	☐	☐	☐
16.	Utilize safe and reassuring lifting devices when lifting patients.	☐	☐	☐	☐
17.	In patient handling, explain the procedure to the patient being transferred and conduct handling actions while saying each action in a clear voice and obtaining the cooperation of the patient.	☐	☐	☐	☐
18.	When a vehicle is used for safe patient handling, ensure that the vehicle and its driver can conduct the transfer in a safe and reassuring manner.	☐	☐	☐	☐

D. Workstations

19.	Place frequently used materials, tools, and controls within easy reach.	☐	☐	☐	☐
20.	Adjust the working height for each worker at elbow level or slightly below it.	☐	☐	☐	☐
21.	Allow workers to alternate standing and sitting as much as possible, and provide good adjustable chairs with a backrest	☐	☐	☐	☐
22.	Make different devices and controls easy to distinguish from each other.	☐	☐	☐	☐
23.	Attach markings or colours on items and equipment to help workers understand what to do	☐	☐	☐	☐
24.	Provide clear instructions and information necessary for safe and efficient care work and for safe medication.	☐	☐	☐	☐

E. Physical environment

25.	Provide sufficient lighting for workers so that they can work efficiently and comfortably at all times.	☐	☐	☐	☐
26.	Provide local lights for precision work.	☐	☐	☐	☐
27.	Protect workers from excessive heat and cold	☐	☐	☐	☐
28.	Use air-conditioning systems to provide an indoor climate conducive to the health and comfort of people	☐	☐	☐	☐

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29.	Ensure that the physical environment at visited homes is an indoor climate conducive to the health and comfort of persons cared for and care workers	☐	☐	☐	☐
30.	Use partitions, curtains, and other arrangements to protect the privacy of persons cared for.	☐	☐	☐	☐

F. Hazardous substances and agents

31.	Isolate or cover noisy machines or parts of machines	☐	☐	☐	☐
32.	Label and properly store containers of hazardous chemicals to communicate warnings and to ensure safe handling	☐	☐	☐	☐
33.	Protect workers from chemical risks so that they can perform their work safely and efficiently	☐	☐	☐	☐
34.	Protect workers from ionizing radiation during care work	☐	☐	☐	☐
35.	Provide safe shielding from lasers and ultraviolet, infrared, and other hazardous radiations.	☐	☐	☐	☐
36.	Keep air quality clean and healthy without harmful effects on persons cared for and care workers.	☐	☐	☐	☐

G. Infection Control

37.	Establish hand hygiene procedures and hygienic washing facilities.	☐	☐	☐	☐
38.	Promote infection control measures to eliminate or reduce the chances of infection during care work.	☐	☐	☐	☐
39.	Provide appropriate types of vaccination programmes for care workers with higher risks of infection at work.	☐	☐	☐	☐
40.	Select and use personal protective equipment adequate for protecting against potential infections	☐	☐	☐	☐
41.	Establish procedures for protecting persons cared for and care workers from infected persons	☐	☐	☐	☐
42.	Establish and apply emergency infection control plans, including a business continuity plan.	☐	☐	☐	☐

H. Welfare facilities

43.	Provide and maintain clean toilets, washing facilities, and changing rooms to ensure good sanitary conditions.	☐	☐	☐	☐
44.	Provide drinking facilities and hygienic eating areas.	☐	☐	☐	☐
45.	Provide refreshing resting facilities and, for night shift workers, restful napping facilities.	☐	☐	☐	☐

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46. Ensure proper use and maintenance of personal protective equipment, including adequate instructions, adaptation trials, and training.	☐	☐	☐	☐
47. Organize informal or social gatherings and recreational activities, often for appropriate occasions.	☐	☐	☐	☐
48. Ensure there are adequate facilities for meetings and training.	☐	☐	☐	☐

I. Preparedness

49 Establish emergency plans to ensure correct emergency operations, easy access to facilities, and rapid evacuation	☐	☐	☐	☐
50. Mark escape routes and keep them cleared of obstacles.	☐	☐	☐	☐
51. Provide easy access to first-aid equipment and primary health care facilities at the workplace	☐	☐	☐	☐
52. Provide enough fire extinguishers within easy reach and be sure that workers know how to use them	☐	☐	☐	☐
53 Keep records of accidents and collect information about significant incidents to improve safety at work.	☐	☐	☐	☐
54. Promote communication and a mutually supportive climate among managers and workers, and provide access to counselling about health or personal problems of workers.	☐	☐	☐	☐

J. Work Organization and Patient Safety

55. Hold a brief meeting before work to jointly plan the work assignments and promote communication and a mutually supportive climate among managers and workers	☐	☐	☐	☐
56. Arrange work schedules to avoid excessive work hours and secure enough rest periods and short breaks.	☐	☐	☐	☐
57. Adapt facilities, equipment, and work methods to workers with disabilities so that they can do their jobs safely and efficiently	☐	☐	☐	☐
58. Plan and implement practical measures to prevent work stress through the cooperation of managers and workers, and organize training about these measures.	☐	☐	☐	☐
59. Promote safer health care services and a patient safety culture involving personnel, management, and patients.	☐	☐	☐	☐
60. Undertale participatory workplace improvement by learning from good practices feasible in local conditions.	☐	☐	☐	☐

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PART II. Quality of Nursing Work Life

Directions: The purpose of this questionnaire is to provide an assessment of mental health and psychiatric nurses' perceived quality of nursing work life. Please rank on the basis of your current knowledge and most objective to describe the situation being asked. Use the following scale below and kindly put a check mark (√) in the box provided.

4 - Strongly Agree
3 - Agree
2 - Disagree
1 - Strongly Disagree

	4	3	2	1
A. Work Life/Home Life Dimensions				
1. I am able to balance work with my family needs.	☐	☐	☐	☐
2. I am able to arrange for child care when I am at work.	☐	☐	☐	☐
3. I have energy left after work.	☐	☐	☐	☐
4. I feel that rotating schedules negatively affect my life.	☐	☐	☐	☐
5. My organization's policy for family leave time is adequate	☐	☐	☐	☐
6. I am able to arrange for daycare for my elderly parents.	☐	☐	☐	☐
7. I am able to arrange for day care when my child is ill.	☐	☐	☐	☐
B. Work Design Dimension				
8. I receive a sufficient amount of assistance from unlicensed support personnel	☐	☐	☐	☐
9. I am satisfied with my job	☐	☐	☐	☐
10. My workload is too heavy	☐	☐	☐	☐
11. I have the autonomy to make patient care decisions.	☐	☐	☐	☐
12. I perform many non-nursing tasks.	☐	☐	☐	☐
13. I experience many interruptions in my daily work routine.	☐	☐	☐	☐
14. I have enough time to do my job well.	☐	☐	☐	☐
15. There are enough nurses in my work setting.	☐	☐	☐	☐
16. I am able to provide good-quality patient care.	☐	☐	☐	☐
17. I receive quality assistance from unlicensed support personnel	☐	☐	☐	☐

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C. Work Context Dimensions

18. I am able to communicate well with my nurse manager/supervisor	☐	☐	☐	☐
19. I have adequate patient care supplies and equipment	☐	☐	☐	☐
20. My nurse manager/supervisor provides adequate supervision.	☐	☐	☐	☐
21. Friendships with co-workers are important to me.	☐	☐	☐	☐
22. My work setting provides career advancement opportunities.	☐	☐	☐	☐
23. I feel like there is teamwork in my work setting.	☐	☐	☐	☐
24. I feel like I belong to the "work family".	☐	☐	☐	☐
25. I am able to communicate with other therapists (physical, respiratory, occupational, etc.)	☐	☐	☐	☐
26. I received feedback on my performance from my nurse manager/supervisor.	☐	☐	☐	☐
27. I am able to participate in decisions made by my nurse manager/supervisor.	☐	☐	☐	☐
28. I feel respected by physicians in my work setting.	☐	☐	☐	☐
29. The nurses' lounge/break-area/locker room in my setting is comfortable.	☐	☐	☐	☐
30. I have access to degree completion programs through my work setting.	☐	☐	☐	☐
31. I receive support to attend in-services and continuing education programs.	☐	☐	☐	☐
32. I communicate well with the physicians in my work setting	☐	☐	☐	☐
33. I am recognized for my accomplishments by my nurse manager/supervisor	☐	☐	☐	☐
34. Nursing policies and procedures facilitate my work.	☐	☐	☐	☐
35. I feel the security department provides a secure environment	☐	☐	☐	☐
36. I feel safe from personal harm (physical, emotional, or verbal) at work.	☐	☐	☐	☐
37. I feel that upper-level management has respect for nursing.	☐	☐	☐	☐

D. Work World Dimensions

38. I believe that, in general, society has the correct image of nurses.	☐	☐	☐	☐
39. My salary is adequate for my job, given the current job market conditions	☐	☐	☐	☐
40. I would be able to find the same job in another organization with about the same salary and benefits.	☐	☐	☐	☐
41. I feel my job is secure.	☐	☐	☐	☐
42. I believe my work impacts the lives of patients/families.	☐	☐	☐	☐