**Nurses' Perceptions and Experiences of Quality of Work life in a Faith-Based Hospital in Enugu, Nigeria: A Qualitative Perspective.**

**BACKGROUND:**

Despite improved quality of work life being essential to recruit and retain nurses, relatively little is empirically known about quality of work life among nurses in faith-based hospitals. The purpose of this study was to uncover the meaning nurses give to their experiences of quality of work life, understand factors influencing their quality of work life and explore the link between quality of work life and motivation of nurses in a faith-based hospital.

**METHODOLOGY:**

A qualitative, exploratory design was adopted using Brook’ quality of nursing work life framework and interpretive paradigm since the purpose was to collect rich and detailed information from a small focus group of nurses in a privately funded faith-based hospital. The groups comprised 19 qualified nurses who were purposively chosen based on inclusive criteria for the study. Focus discussion guide was used to facilitate two focus group discussions held at a location that were convenient to nurses with their written, informed consent. Data were analysed using a thematic approach, verbatim transcriptions of focus group discussion and reflexive journal.

**FINDINGS:**

Findings from this study are consistent with the literature on burnout and occupational stress in health care professionals. Nurses understood quality of work life (QWL) from four main perspectives: work-home life, work design, work context and work world respectively. Results of this study also support the assertion that this faith-based hospital might be better to work even though the pay is less. Availability of resources, planned preventive maintenance of equipment, opportunity for nursing skill acquisition, cordial interaction and co-operation with nursing colleagues, uninterrupted supply of public utilities, and hygienic work environment were found to contribute to good nurses’ quality of work life and hospital’s ability to motivate and retain qualified nurses.

 Strategies identified by nurses to improve their quality of work life include improving staffing; revising policy on vacation; adherence to personnel policies; improving drug use policy; introduction of annual appraisal; recognition by management; promotion; sponsorship to conferences and workshop; and timely hand-over of shifts. Special emphasis was placed on improvement in salaries.

**CONCLUSION:**

This study underscores the need to institute quality of work life improvement programme in faith-based hospitals. This would entail mainstreaming quality of work life into human resources for health policies and plans of faith-based hospitals and monitoring improvement.