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Comparative Analysis of Work-Life of Nurses in Private and Public Hospitals in Makurdi, Nigeria

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ABSTRACT

Introduction: This study focused on the comparative analysis of the work life of nurses in private and public hospitals in Makurdi metropolis. The study's significance lies in the information generated about the differences in work life and conditions of service for nurses between private and public hospitals, with a particular reference to Makurdi, Nigeria. **Methods:** Data was collected using a cross-sectional descriptive survey design and a simple random sampling approach from a total of 69 nurses. The structured questionnaire was employed as a tool for data collection. **Results:** Participants were 3 (4.3%) males and 65 (94.2%) females. Their mean age was 41.09 years (std. deviation = 9.65). The results showed that nurses' work experience in private and public hospitals in Makurdi municipality is similar in terms of their work life and workload. **Conclusion:** The condition of services for nurses in public hospitals, as represented by their remuneration, is superior to that of nurses in the private sector. Public hospital nurses have better job motivation and job performance than their colleagues in private hospitals, but not job satisfaction. One such factor that requires policy intervention is the disparity in competence, workload, and working conditions between nurses in public hospitals and those in the public. It was concluded that nurses in public hospitals differ from their counterparts in some salient variables. **Recommendation:** The management of private hospitals should enhance the service conditions for their nurses to match those of their public hospital counterparts.

Keywords: Comparative Analysis; Nurses; Work Life; Workload

INTRODUCTION

Nursing services are essential for the effective delivery of national health care. Work tasks assigned to a nurse should permit him or her to partake in other aspects of life (Ain, 2021). Balancing the workload and work life for high efficiency is an issue in nursing management.

The quality of work life is a process by which the organization's employees and stakeholders get an insight into how to work better together to improve both the staff's quality of life and organizational effectiveness simultaneously (Noerjoedianto & Meisafitri, 2022). This concept basically describes the way by which an organization can safeguard the holistic well-being of an employee rather than only concentrating on job-related tasks.

Worklife is a multidimensional concept that describes an employee's emotions in relation to several aspects of work. These include the job content, working situation, fair and adequate compensations, carrier advancement chances, duty discretion, involvement in decision-making, occupational health and safety, work stress, employment security, organizational and personal relations, and general work-life stability (Hubaybah *et al.*, 2022). Typically, maintaining a quality work life is crucial for staffing and retaining the necessary number of nurses in each health care facility.

To deal with the problem, the range of issues includes workload, professional leadership and critical support, adequate continuous professional education, career mobility and career hierarchies, flexibility in planning and placement, professional admiration, provision of safety for work-related diseases, and better

salaries (Hubaybah *et al*., 2022).

Enhancing employee satisfaction with their work life can lead to improved performance. This can lead to a reduction in workplace absences, a decrease in professional stress (brain drain), a decrease in work-related injuries, and an overall increase in pleasure and satisfaction with various aspects of life, ultimately resulting in high productivity. In 2017, Kelbiso, Belay, and Woldie published a volume on nursing research and practice, focusing on the work life of nurses. The study showed that a significant number of nurses were dissatisfied with their quality of work life, and both this study and others suggest that healthcare managers can improve nurses' perceptions of their work life quality by addressing key related issues.

In any society, good health-care management is critical to overall development. Private or public hospitals significantly contribute to the health care delivery system, valuing human resources above all other resources. This is because the other resources, such as drugs and equipment in themselves, do not perform without human manipulation. Nurses, doctors, pharmacists, laboratory scientists, and other paramedical and non-medical staff constitute the human resources of the hospital. Different categories of these human resources perform different functions, ranging from specialized tasks to general duties. Effective coordination and cooperation of human resources through inter-disciplinary collaboration and synergy are crucial in achieving the goals and objectives of health care delivery. This implies that each category's role is crucial to the success of the other categories' work (Intan, 2021). Despite the necessity for the hospital staff to coordinate their efforts, it is crucial to clearly define the duties of the specialist personnel, ensuring that each staff member performs their assigned tasks properly and receives appropriate rewards. In addition, there is a need to maintain some ethical standards in order to ensure that a specialist performs to his or her optimal ability. The specialist can carry out his or her professional assignment very effectively and efficiently through the specification and maintenance of standards. This way, he/she enjoys the benefits of job satisfaction (Intan, 2021; Wang *et al*., 2024).

It is not just about the money or the fringe benefits; it's also about the sense of fulfillment, gratification, and enjoyment that employees derive from the work itself that effect work life. The characteristics of the job necessitate specific skills. Job satisfaction can vary based on the task's difficulty, ease, and the pride associated with it, as well as the working conditions. It's challenging to articulate this attitude, but it is recognized as a key factor influencing job satisfaction or dissatisfaction (Febrian, & Sani, 2023). Undoubtedly, turnover and shortages pose a global threat to the effectiveness and efficiency of the nursing workforce (de Francisco Shapovalova, Meguid, & Campbell, 2015). These scenarios invariably subject the remaining and actively practicing nurses to numerous work-related stresses due to excessive workloads, ultimately leading to a severe decline in job satisfaction within the nursing workforce (Alitonang, 2020; Indra, 2019). While the global decline in job satisfaction among nurses and its associated consequences, such as poor patient outcomes, high turnover, and attrition, is a widespread issue, it is particularly severe in low- and middle-income nations like those in Sub-Saharan Africa, including Nigeria (Adejumo, Erhunwuse, & Oyetunde, 2014).

Work-life balance is an important aspect of a healthy work environment. Maintaining a work-life balance helps reduce stress and prevent burnout in the workplace. By creating a work environment that prioritizes work-life balance, employers can save money and maintain a healthier, more productive workforce. Salary and benefits are consistently identified as a significant and universal factor contributing to job satisfaction among various groups of respondents (Olaniyan, Adetunji, & Adetunji, 2023). A healthy work environment and factors like participation in hospital affairs, satisfaction with the institution and social facilities, career goals, work unit, and perceived salary positively influence nurses' QWL. A study suggests that healthcare administration and nurse managers can enhance nurses' QWL by developing strategies to create supportive and healthy work environments (Torlak & Göktepe, 2023). A work-life balance refers to an employee's ability to maintain a healthy balance between their work roles, their personal responsibilities, and family life. Balancing workload and work life for high efficiency is an issue in nursing management. There is a discrepancy in the workload and work life of nurses in public and private hospitals. The nature of this discrepancy and its impacts on duty roles and job satisfaction of the nurses are not yet fully analyzed and grasped; hence, there is need to intensify studies on the work lives of nurses in order to generate the requisite information for planning the health sector (Al-Marashi & Al-Zghool, 2018). Furthermore, lower satisfaction levels may result in increased turnover intentions, indicating poor organizational loyalty (Ibrahim Alzamel *et al.*, 2020). Moreover, the poor

quality of work life, such as high stress levels, can adversely affect the nurses' job performance (Alqahatani & Zeilani, 2019). Recent research indicates that nurses in both public and private hospitals report moderate quality of nursing work life (QNWL), with private hospital nurses having a higher QNWL despite concerns about inadequate salaries and job security. Improving nurses' work-life quality is crucial for enhancing their productivity (Akbar *et al*., 2023).

Motivation is crucial for nurses to maintain a positive attitude, which helps achieve the goals and objectives of any organization (Villacarlos, & Daño, 2020). The study revealed that work-home life balance factors negatively affect the quality of nursing work life and motivation. Caring obligations were critically important to the nurses but were hampered by night shifts, long working hours and reduced vacation opportunities (Lavanya, & Durga, 2024).

The study aims to investigate the work life of qualified nurses in both public and private sector hospitals in Makurdi metropolis. It also aims to assess any differences in workload between nurses in private and public hospitals, determine any differences in service conditions (remuneration) between these hospitals, investigate the differences in job motivation between these hospitals, and evaluate the impact of job satisfaction on job performance in both private and public sector hospitals in Makurdi metropolis.

The study's significance lies in the information it generates about the differences in work life and conditions of service for nurses between private and public hospitals, with particular reference to the Makurdi locality in Nigeria. Such information will be useful in making decisions about what should be the standard work obligations in public or private hospitals. The study's results will also benefit both private and public hospitals by providing guidance on how to maintain equity and parity in the allocation of workload and service conditions for nurses and other professional staff, thereby reducing precarious staff turnover. The study restricts its scope to a sample of nurses selected from Federal Medical Center (FMC). However, in Madonna Hospital, where there were only a few nurses, all of them were considered.

METHODOLOGY

The administration of the questionnaire solely involved selecting nurses from the hospitals as respondents. The Federal Medical Centre and Madonna Hospital, both in Makurdi, hosted the study. The information obtained from the study is expected to represent the true situation in the study area.

Design of the Study

The study employed a cross-sectional descriptive survey design. The term "cross-sectional" suggests that the study can investigate any phenomenon within a brief period of time. Therefore, this study deems the design appropriate for use based on the previously mentioned considerations.

The Study's Population and Sample

The study's population consisted of all nurses working at the Federal Medical Centre and Madonna Hospital in Makurdi. A sample of 12 nurses was drawn from the population of nurses from Madonna Hospital for the study, and 57 nurses were from the Federal Medical Centre, bringing to a total of 69 nurses drawn from both the private and public hospitals.

Sampling Technique and Size

The study used simple random sampling to select its sample. A simple random sampling of a cross section was used. Solvin's equation determined the sample size. The formula is as follows:

n (sample size) = N/ (1 + N e^2) where n = sample size, N = population size, and e = Margin of error selected by the user (0.1). For FMC, n = 452/1 + 452 x 0.1^2 = 81. For Madonna Hospital, n (sample size) = 12/1 + 0.1^2 = 10.7 (approx. 11).

For FMC, the sample size will be 81, while for Madonna, it will be 12 (all the qualified nurses).

Instrument of Study

The main instrument of the study is a questionnaire, which was designed to contain information on

respondents' socio-demographic information and the main study variables. These variables include work life, workload, job motivation, job satisfaction, and nurses' job performance. The questionnaire comprises 34 items. The overall reliability of the entire questionnaire was measured at 76 Cronbach's alpha. Participation in the study was limited to those who voluntarily agreed, and the questionnaire was distributed to them for completion. The completed questionnaires were collected, collated, cleaned, and subjected to data analysis.

Method of Data Analysis

The data was collected and analyzed using the Statistical Package for Social Sciences (SPSS) software (version 21.0). Means, standard deviations, frequencies, and percentages were used to analyze the section on participants' socio-demographic variables. Since the study is a comparative analysis, independent *t*-test statistic was used to test all six hypotheses.

Ethical Consideration

The study received ethical approval from the Ethical Committee of the Federal Medical Centre, Nigeria and the Board on Scientific Research with human subjects with reference number FMH/FMC/MED/108/VOL.I/X. on 8th August, 2022.

RESULTS

Table 1: Demographic Characteristics of Respondents

Type of Hospital	Frequency	Percent
Private	12	17.4
Public/Government	55	79.7
No response	2	2.9
Total	**69**	**100.0**
Gender		
Male	3	4.3
Female	65	94.2
No response	1	1.4
Total	**69**	**100.0**
Marital Status		
Married	60	87.0
Widowed	1	1.4
Single	6	8.7
No response	2	2.9
Total	**69**	**100**
Highest Educational/Professional Qualification		
Nursing certificate	4	5.8
Tertiary certificate	4	5.8
Registered Nurse/Midwife	43	62.3
HND	3	4.3
BNSC	12	17.4
No response	3	4.3
Years of Experience		
1-10	43	62.3
11-20	11	15.9
21-30	12	17.4
31 and above	2	2.9
No response	1	1.5
Total	**69**	**100.0**

Table 1 presents the socio-demographic characteristics of the participants. Age, type of hospital employed, gender, marital status, and educational/professional qualification were included. Other details included the number of years of experience gained on the job and the current monthly salary or remuneration in Nigerian Naira.

The mean age of participants was 41.09 years, with a standard deviation of 9.65. These ages were

demarcated into 8 brackets. The majority of the participants fall within the age bracket of 36–40 years, with a total of 16 participants, representing 23.2%. The next two age brackets with more participants were age 31-35 years with 11 participants, equivalent to 15.9%, and age 51-55 years with 9 participants representing 13.0%. The age bracket 20-25 years had the fewest number of participants, amounting to 4 and representing 5.8%. One (1) participant, equivalent to 1.5%, did not respond to this question.

With regard to the type of hospital in which participants were employed, the result from Table 1 indicates that 12 participants, representing 17.4%, came from a private hospital and fifty-five (55) participants, amounting to 79.7%, were from a public or government-owned hospital. These latter were in the majority; however, 2 participants, representing 2.9%, did not indicate the type of hospital they came from. In terms of gender spread of participants, 3, representing 4.3%, were male, while 65, equivalent to 94.2%, were female. Most of the participants were of the female gender. With respect to the marital status of participants, the result revealed that 60, representing 87.0% of the participants, were married, while 6 of them, representing 8.7%, were single. The majority of the participants were married.

Regarding the highest educational or professional qualification of participants, the result from the table shows that the majority of the participants, amounting to 43 and representing 62.3%, hold the registered nurse/midwife professional qualification. It was seen 3 individuals had Higher National Diploma (HND) that is 4.3%. Similarly, 12 participants, equivalent to 17.4%, hold the Bachelor of Nursing Science (BNSC) qualification. The rest of their qualifications are listed in Table 1.

In terms of participants' years of experience on the job, Table 1 shows that those with experience ranging from 1-10 years were 43, which represents 62.3%. They form the majority. Next in line were those with 21–30 years of experience, totaling 12 participants, or 17.4%. Those with work experience ranging from 11 to 20 years were 11, and this represents 15.9% of the total participants.

Participants Current Monthly Salary/remuneration in Naira

Table 2: Participants Current Monthly Salary/Remuneration in Naira

Salary/Remuneration (₦)	Frequency	Percentage	Mean	Std. Deviation
12,000-50,000	10	14.5		
51,000-100,000	6	8.7		
101,000-150,000	30	43.5		
151,000-200,000	7	10.2		
201,000-250,000	3	4.4		
251,000-300,000	11	15.9		
301,000 and above	1	1.5		
No response	1	1.5		
Total	**69**	**100.0**	**144,059.1**	**83,625.5**

Finally, Table 2 revealed the mean monthly salary/remuneration of participants in Naira, which is ₦ 144,059.1, with a standard deviation of ₦ 83,625.5. In terms of salary grouping, the results indicate that the majority of the participants (30 in total, or 43.5%), had monthly salaries or remunerations between ₦ 101,000 and ₦150,000. Next to this group were 11 participants, representing 15.9%, who had a salary range of ₦ 251,000-300,000 per month. Ten (10) participants, representing 14.5%, were in the salary range of ₦ 12,000 to ₦ 50,000 per month. Only one participant, representing 1.5%, was in the highest salary grouping of ₦ 301,000 or higher.

Table 3: Independent T-Test Result Showing the Difference in Work Life of Nurses in the Private and Public Sector Hospitals.

Hospital type	N	Mean	Std. deviation	t	df	Significance
Private	12	17.08	2.91	-1.54	65	0.13
Public	55	18.20	2.13			

The results of the independent *t*-test analysis of the work-life scores of nurses from private and public hospitals in Makurdi metropolis are presented in Table 3. The test statistic showed that there is no significant difference in work life between nurses from private hospitals and their counterparts in public hospitals (t = -1.54, df=65, $p > 0.05$).

Observation of the mean scores and accompanying standard deviations shows that the mean scores on work life by nurses in the private hospital (mean = 17.08; standard deviation = 2.91) are lower than the mean score on work life by nurses from the public hospital (mean = 18.20; standard deviation = 2.13). However, this difference is not statistically significant at the significance level of ≤ 0.05. This result did not confirm the research hypothesis. Hence, in Makurdi metropolis, nurses from private and public hospitals do not differ significantly in their work lives.

The Workload of Nurses in the Private Hospitals will Differ Significantly from that of their Counterparts in the Public Hospitals in Makurdi Metropolis

The test of this objective was carried out using the independent *t*-test statistic and the result is presented in table 4.

Table 4: Independent T-Test Result Showing the Difference in Workload between Nurses in Private and Public Hospitals in Makurdi Metropolis

Hospital type	N	Mean	Std. deviation	*t*	*df*	Significance
Private	12	54.67	3.53	-0.07	65	0.94
Public	55	54.78	5.25			

Table 4 shows the result of the independent t-test analysis for the difference in nurses' workload between private and public hospitals in Makurdi metropolis. The result indicates that nurses in the private hospitals do not differ significantly from their counterparts in the public sector hospitals in Makurdi metropolis(t = -0.07, df=65, $p > 0.05$).

Observation of the mean scores of the two groups of nurses reveals that nurses in the public hospital have greater workload (mean = 54.74, standard deviation = 5.25) than their counterparts from the private hospital (mean = 54.67; standard deviation = 3.53). However, this difference was not statistically significant at the 0.05 level of significance. This result did not confirm the second hypothesis. As a result, there is no significant difference in the workload of nurses in private hospitals and their counterparts in public hospitals in Makurdi metropolis.

The remuneration/condition of service of nurses in the private hospitals will differ significantly from that of nurses in public hospitals in Makurdi metropolis.

For this objective, the independent *t*-test was employed. The result is presented in Table 5.

Table 5: Independent T-Test Result Showing the Difference in Remuneration Between Nurses in Private and Public Hospitals in Makurdi Metropolis

Hospital type	N	Mean	Std. deviation	*t*	*df*	Significance
Private	12	63,833.33	73,048.97	-4.18	64	0.001
Public	54	161,587.06	73,338.35			

Table 5 presents the results of the independent *t*-test analysis, which shows the difference in the remuneration of nurses from private hospitals and their counterparts in public hospitals in Makurdi metropolis. The result indicates that there is a significant difference in remuneration between the two groups of nurses, such that nurses in public hospitals have significantly higher remuneration than their private-hospital counterparts (t = -4.18, df=64, $p < 0.001$).

The mean remuneration observation reveals that nurses in public hospitals earn more (m = N 161,587.06; standard deviation = N73,338.35) than those in private hospitals (mean = N 63,833.33; standard deviation = N73,048.97). This result confirmed hypothesis three. As a result, nurses' remuneration in private hospitals in

Makurdi metropolis differs significantly from that of their counterparts in public hospitals.

Nurses in the private hospitals in Makurdi metropolis will differ significantly from their counterparts in the public hospitals on job motivation

In order to treat this objective, the independent t-test statistic was employed. The result is presented in Table 6.

Table 6: Independent T-Test Result Showing the Difference in Job Motivation Between Nurses in Private and Public Hospitals in Makurdi Metropolis

Hospital Type	N	Mean	Std. deviation	*t*	*df*	Significance
Private	12	19.03	3.00	- 2.82	65	0.006
Public	55	21.20	2.21			

Table 6 summarizes the results of the independent t-test analysis. The result shows that there is a significant difference in job motivation between nurses in the private hospitals and their counterparts in the public hospitals (t = -2.82, df=65, p < 0.01). Nurses in public hospitals exhibit higher job motivation (mean = 21.20; standard deviation = 2.2) compared to their counterparts in the private sector (mean = 19.08; standard deviation = 300).

This finding confirmed the fourth research hypothesis. As a result, the nurses in private hospitals in Makurdi metropolis differ significantly from their counterparts in public hospitals.

Nurses in the private hospitals will differ significantly from their counterparts in the public hospitals on job performance in Makurdi metropolis.

The test of this hypothesis was undertaken using independent *t*-test. The result is presented in Table 7.

Table 7: Independent T-Test Result Showing the Difference in Job Performance of Nurses from the Private and Public Hospitals in Makurdi Metropolis

Hospital type	N	Mean	Std. deviation	*t*	*df*	Significance
Private	12	10.25	2.99	-3.69	65	0.001
Public	55	13.13	2.33			

Table 7 presents the results of an independent *t*-test analysis showing the difference in performance between nurses in private and public hospitals in Makurdi metropolis. The result shows that nurses from the private hospitals differ significantly from their counterparts in the public hospitals on job performance (t = -3.69, df = 65, p <0.001). Nurses in the public hospitals exhibit significantly higher job performance (mean = 13.13, standard deviation = 2.33) than their counterparts in the private hospital (mean = 10.25; standard deviation = 2.99).

This result confirmed the fifth research hypothesis. As a result, the job performance of nurses in private hospitals differs significantly from that of public hospitals in Makurdi metropolis.

Nurses in private hospitals will differ significantly on job satisfaction from their counterparts in the public hospitals in Makurdi metropolis.

This objective was tested using independent *t*-test. The result is presented in Table 8.

Table 8: Result of the Independent T-Test Showing the Difference in Job Satisfaction between Nurses in Private and Public Hospitals in Makurdi Metropolis

Hospital type	N	Mean	Std. deviation	*t*	df	Significance
Private	12	11.75	1.49	1.05	65	0.30
Public	55	11.20	1.68			

The result of the *t*-test analysis in Table 8 shows that there is no significant difference in job satisfaction between the nurses from private hospitals and their counterparts in the public hospitals ($t = 1.05$, df = 65, $P > 0.05$). Observation of mean scores reveals that the nurses from private hospitals exhibit slightly higher job satisfaction (mean = 11.75; standard deviation = 1.49) than those from the public hospitals (mean = 11.20; standard deviation = 1.68). However, this difference is not statistically significant. This result did not confirm the research hypothesis. As a result, nurses in private hospitals did not differ significantly in job satisfaction from their counterparts in public hospitals in Makurdi metropolis.

DISCUSSION

This section presents and discusses the major findings of the study, based on the hypothesis tests derived from the research questions. The first objective was to investigate the work life of qualified nurses in the public and private sector hospitals in Makurdi metropolis. The findings from the analysis revealed that the work lives of nurses in the private hospitals did not differ in any significant manner from their counterparts in the public hospitals. Work life encompasses job content, working environment, fair and adequate compensations, opportunities for career advancement, participation in decision-making, occupational health and safety, and job security, among others. Good quality of work life leads to improved performance, reduced absenteeism, and increased job satisfaction, among other benefits (Kelbiso, Belay, & Woldie, 2017).

This finding suggests several important aspects about the work life of nurses both in private and public sector hospitals. One important finding is that both private and public sector hospitals appear to provide nurses with an ethically controlled work environment, which supports and ensures an environment that enhances their quality of life. This would ensure industrial harmony and high productivity in both private and public hospitals in the area investigated by the present study. Secondly, the finding tends to suggest that nurses from these private hospitals in Makurdi metropolis experience a similar quality of work life with their counterparts from the public/government hospitals.

The proposal by Kelbiso, Belay, and Woldie (2017), which advocates for similar working conditions, aligns with this suggestion. This similarity in the work life of the nurses from the two types of hospitals does not specify the quality of their work life, as the analogy could suggest that both types of hospitals engender a good or bad quality work life, which the two groups of nurses' experience at their respective workplaces.

The study's second objective posited that the workload of nurses in private sector hospitals in Makurdi metropolis would differ from that of their counterparts in public or government hospitals. This hypothesis was based on the assumption that private hospitals, owned by single individuals or organizations, function as businesses, striving to earn profit on their investment and potentially maximize it. Therefore, they may hire the minimum number of nurses necessary to optimize their profit margin. As a result, they may assign their nurses a heavier workload compared to their counterparts in public hospitals, who have a larger workforce and therefore handle a lighter workload.

However, testing this hypothesis at the 0.05 level of significance revealed no significant difference in the workload of nurses from both sector hospitals. The surprising finding defied expectations, as we expected the private hospital nurses, who are generally fewer in number than those in the public hospital, to bear a significantly heavier workload.

One explanation for this unexpected finding could be that the private hospital investigated is operated by a specialist (a paediatrician) and may not engage in many other medical services; in which case, the nurses working there may not have an overbearing workload. Another possibility is that the hospital refers cases it cannot handle to the three public hospitals in the metropolis, thereby relieving the private hospital's nurses of an overburdening workload.

In comparison, this finding suggests that neither nurses from private hospitals nor those from public facilities experience disproportionate workloads that affect their comparative job performance, satisfaction, motivation, as well as emotional and physical wellbeing (Auerbach, Buerhaus, & Staiger, 2015). In regard to nurses, the finding suggests that nurses from the private hospitals in the study area may not embark on this

action solely on the basis of workload in the direction of the public hospitals (Kaddourah *et al*., 2018).

The third objective of the study was to determine the differences in service conditions (remuneration) between nurses in private and public sector hospitals. This hypothesis operates under the assumption that public hospitals, owned by the government, possess a unified, negotiated salary structure, a stronger economic foundation, and, consequently, are in a better position to provide their nurses with higher remuneration than their private counterparts. The result shows that nurses from the public hospitals have significantly higher remuneration than their counterparts from the private hospitals. This suggests that the remuneration of nurses in public hospitals significantly differs, serving as a proxy for the condition of service. y for condition of service. This finding is in the expected direction and has a number of implications for the nurses' job satisfaction and motivation (Mbaskool, 2019), respectively. Comparatively, the findings suggest that nurses from public hospitals tend to enjoy a better condition of service in terms of remuneration, and hence would tend to be more motivated and satisfied with their job.

Objective 4 was to investigate the differences in job motivation between nurses in the private and public sector hospitals in Makurdi Metropolis. The hypothesis was that because of the perceived better quality of service available to public hospital nurses, they would be more motivated on their job than their counterparts in private hospitals. The result was that nurses in the public hospitals exhibited significantly higher job motivation compared to their counterparts in the private hospitals. This result was in the expected direction. The implication of this finding is that because of the higher job motivation they have, nurses from public hospitals would be more satisfied with their jobs than those from private hospitals (Hassan *et al*., 2020).

The fifth objective is to determine whether the job performance of nurses in private hospitals differs from their counterparts in public hospitals in Makurdi metropolis. Findings revealed that nurses from private and public hospitals differ significantly on the job performance variable. Public hospital nurses exhibited significantly higher performance compared to those from private hospitals. Several factors may have contributed to this finding. More opportunities for further professional training for public hospital nurses may be an important reason for the observed improvement in performance. It is a well-known fact that opportunities for regular training and retraining abound more for public hospital nurses than their counterparts in private hospitals. A second factor may be the availability of more experienced nurses who can mentor the less experienced ones in public than private hospitals. Generally better equipment and working environment in the public hospital's compared to its private counterpart may account for the significant disparity in job performance for the two categories of nurses investigated. This finding is in line with those of other researchers in this regard (Dunnet, Healy, & Strudwick, 2018; Rajan, 2018).

The sixth objective was to assess the influence of job satisfaction on job performance by nurses in private and public sector hospitals in Makurdi metropolis. The finding showed that there was no significant difference in job satisfaction between nurses from the private and public hospitals in Makurdi metropolis. One implication of this finding could be that the workplaces of the two groups of nurses share similar conditions that contribute to employee job satisfaction, such as a good remuneration package, job security opportunities for career growth, and reward and recognition (Mbaskool, 2019). While this may not be entirely true for the working conditions and environments of the private and public hospitals in the study areas, some non-external factors may have come into play. For example, according to some theories, job satisfaction may originate from intrinsic factors in employees (Hassan *et al.*, 2020). Another implication is that a combination of several factors may operate both for the private and public hospitals, cancelling out the deficits in one group and making up for them in the other.

This study found that there is no significant difference in the work life of nurses between private and public hospitals in Makurdi metropolis. Additionally, the workload of nurses in private hospitals does not differ significantly from that of nurses in public hospitals. However, nurses in public hospitals receive significantly better remuneration, which serves as a proxy for better conditions of service, and they exhibit significantly higher job motivation and better job performance compared to their counterparts in private hospitals. Despite these differences, there is no significant difference in job satisfaction between nurses in

the private and public hospitals investigated.

Limitations

The study's sample size was relatively small, with only 69 participants, which may not be representative of the entire population of nurses in Makurdi metropolis. This small sample size limits the generalizability of the study's findings to all nurses in the region. Also, the study focused exclusively on two hospitals within Makurdi, namely Madonna Hospital and Federal Medical Centre. This geographic limitation means the results might not reflect the work-life experiences of nurses in other regions of Nigeria. Lastly, these limitations suggest that while the study provides valuable insights into the work-life of nurses in Makurdi, further research with a larger, more diverse sample and a longitudinal approach is needed to generalize the findings and understand the dynamics comprehensively.

CONCLUSION

With a focus on Madonna Hospital and Federal Medical Centre, this study compared the work-life balance of nurses at private and public hospitals in Makurdi metropolis. The results show that nurses in the two types of hospitals had significantly different work environments, pay scales, levels of job motivation, and job performance. The study revealed that compared to their colleagues in private hospitals, nurses in public hospitals had superior working conditions and pay. This has an impact on motivation and job satisfaction, both of which are essential for retaining a dedicated and productive nursing staff. The study highlights the need for policy reforms to standardize working conditions across both public and private hospitals due to existing inequalities. Ensuring equitable working conditions can help reduce turnover rates and improve job satisfaction among nurses.

Recommendation

Future investigations into the long-term impacts of work-life balance on nurses' health, job performance, and patient outcomes can build upon the findings of this study. Future research may also look at the effects of particular work-life balance-enhancing treatments. Although Makurdi metropolis is the primary emphasis for this study, comparable research might be carried out in other areas to see if the findings hold true in other geographic areas and healthcare contexts. In order to establish comprehensive strategies for enhancing work-life balance in the nursing profession, future research might take an interdisciplinary approach, involving collaborations between healthcare professionals, policymakers, and organizational behavior specialists. This study is significant because it has the potential to improve work-life balance for nurses by informing healthcare legislation and management practices.

By addressing the inequities in the private and public hospitals, healthcare organizations could ensure a more motivated and contented nursing staff, which is necessary for providing high-quality patient care. The results of this study highlight the necessity of ongoing evaluation and enhancement of the working environment for nurses in order to support their professional growth and well-being. Utilizing the findings of this study as a basis for further research can lead to improved health outcomes for both patients and nurses.

Conflict of Interest

The author declares that there are no competing interests.

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