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Factors associated quality of work life among nurses of selected Teaching Hospital, Karnali Province

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Abstract

Background: Quality of work life (QWL) is a crucial issue for health care facilities to have qualified, dedicated and inspired employees. Quality of work life is important for nurses as it affects the safety and quality of care provided for patients as well as organizational factors. So, they should experience a better QWL to deliver high quality holistic care to those who need help. So, the main objective of this study was to identify factors associated quality of work life among nurses of selected Teaching Hospital, Karnali Province.

Methods: A descriptive cross-sectional study was carried out at Karnali Academy of Health Sciences among 76 nurses. Data was collected by using non-probability enumerative sampling technique. Data were collected through self-administered questionnaires developed based on the Quality of Nursing Work Life Survey (QNWL). Data was entered and analyzed by SPSS 16 version. Frequencies and percentages were also evaluated for study variables. Chi-square test was applied to assess the association between level of quality and socio-demographic variables.

Results: The study showed that nearly two third (64.5%) of nurses had experienced a high level of QWL where as nearly one third (31.6%) of nurses had experienced a moderate level of QWL, followed by low (3.9%) among 76 nurses working at Karnali Academy of Health Sciences. There is no association between socio-demographic variables and level of quality of life among nurses. Only currently working area is associated with level of QWL having p -value: 0.006.

Conclusion: The majority of nurse had high level quality of work life. The quality of patient care and related health outcomes are indirectly impacted by nurses' QWL. Therefore, determining the areas in which nurses have low quality of life (QWL) can aid in the creation of programs aimed at raising their level of professional satisfaction, which will in turn enhance work output and staff retention.

Keywords: Nurses; Quality of Life; Work Satisfaction; Workload; Motivation

1. Introduction

Positive results of QWL include improving organizational commitment and job satisfaction, increasing the quality of care, improving the productivity of individuals as well as the organization, and decreasing burnout and individual and organizational turnover [1]. The study conducted in Iran among 2391 nurses found that the mean score for total quality of work life was 2.58, indicating a low level of self-reported quality of work life, with 69.3% of nurses dissatisfied with their work life. The major influencing factors were inadequate and unfair payment, lack of solving staff problems by

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organization and poor management support, job insecurity, high job stress, unfair promotion policies, and inadequate involvement in the decision-making [2].

Long working hours, shift work, understaffing, inadequate pay, discrimination at work, unsupportive management, and poor communication as the major sources of occupational stress among Iranian nurses [3]. This type of stress may have deleterious impacts on a nurse's physical as well as mental and emotional health [4]. Workplace stress can have negative impact on the quality of care [5]. Longer working hours contribute to greater burnout [6] and higher workloads in teaching hospitals, because of the requirements of student teaching programs and workplace demands [7].

Many studies have been conducted worldwide assessing factors affecting regarding quality of work life among nursing staffs but very few similar studies have been conducted in Nepal. Hence, this study has attempted to identify factors associated quality of work life among nurses of selected Teaching Hospital, Karnali Province.

2. Material and Method

Descriptive cross sectional research design was adopted for the study to identify the factors affecting quality of life among nurses working in a Karnali Academy of Health Sciences, Nepal. Non-probability enumerative sampling technique was used and total of 76 respondents were included in the study. All registered nurses with at least 6 months of experiences and who were willing to participate was selected as a study sample. The nurses were recruited from all departments including medical/ surgical wards, orthopedic ward, paediatric ward, operation theater, maternity and critical care units. However, nurses with less than six months of experience, those not directly involved in patient care (e.g. those working in infection control and quality assurance departments, excluding those in leadership positions such as head nurses or nurse supervisors) and those who were on leave during the study period were excluded.

Data were collected through self-administered questionnaires developed based on the Quality of Nursing Work Life Survey (QNWL) [8] and feedback from experts and members of the research committee. Pre-tested, structured, self-administered questionnaires were used to collect the data. The questionnaire consisted of two parts: Part one included questions related to socio demographic characteristics and work related information. Part two was Brook's quality of work life survey. This tool consists of 41 items which under 4 sub-scales (work life/ home life, work design, work context and work world). It is a six point Likert scale ranging from strongly disagree (1) to strongly agree (6). Four questions are negative and reverse coding was done. The total score of the scale ranges from 41-246. The level of Quality of Work Life (QWL) will be categorized as – Low (0-110) Moderate (111-177) and High (178-246).

Content validity was maintained by consulting with research faculties, peer discussion and a review of literature. Pretesting was done in 10% of the sample to find out the practicability and applicability of tool. Data was collected after the ethical approval from Institutional research committee of KAHS (IRC-KAHS) with reference no: 076/077/23. This tool was used with taking permission with authors. Objectives of the study were explained to each participant. Informed content was obtained from all the respondents who participated in the study. Then they were asked to fill questionnaire within 20-25 minutes. Confidentiality of the information was maintained by not disclosing the information of the participants with others and using the information only for the study purpose. Anonymity was maintained by assigning code number to the questionnaires. The participants had the right to refuse to answer any of the questions, and to withdraw from the study at any time. All data was used for research purposes only.

The collected information was checked for entirety and accurateness, then coded, tabulated, and examined using SPSS. Descriptive analysis was used to observe mean, percentage, and frequency, while inferential statistics (chi-square) were used to analysis the association between QWL and socio-demographic variables.

3. Result

Table 1 shows the socio-demographic and work related information of nurses. Majority (71.1%) of them were 25 and below 25 year of age. Out of 76, more than half (53.9%) of nurses were married. Likewise, more than half (56.6%) of nurses were from Brahman and Chhetri ethnic group. With respect to educational status, most (85.5%) of nurses had PCL nursing education. Almost all (94.8%) of nurses was contract basis. Similarly, almost all (94.8%) of nurses was staff nurse. Out of them, more than half (51.3%) were working in general ward. Most (85.5%) of nurses were satisfied with salary provided by institute.

Table 1 Socio-demographic and Work related information (n=76)

Variables	Frequency	Percent
Completed age		
25 and below 25	54	71.1
More than 25	22	28.9
Marital Status		
Married	41	53.9
Unmarried	35	46.1
Ethnicity		
Dalit	7	9.2
Disadvantaged Janajaties	10	13.2
Disadvantaged non-dalit Terai	1	1.3
Brahman and Chhetri	43	56.6
Others: Thakuri, Shahi	15	19.7
Education		
PCL Nursing	65	85.5
BSc Nursing	4	5.3
BNS	7	9.2
Nature of Job		
Contract basis	72	94.8
Permanent basis	4	5.3
Designation		
Staff Nurse	72	94.8
Ward Incharge	4	5.2
Working Area		
Critical ward	21	27.6
Maternity ward	12	15.8
Emergency ward	4	5.3
General ward	39	51.3
Salary provided by Institute		
Satisfied	65	85.5
Unsatisfied	11	14.5

Table 2 Level of work/ home life and work design

Statements	Strongly agree f (%)	Agree f (%)	Slightly agree f (%)	Slightly disagree f (%)	Disagree f (%)	Strongly disagree f (%)
Work/ home life						
Sufficient amount of assistance from support personnel.	11(14.5%)	24(31.6%)	24(31.6%)	14(18.4%)	3(3.9%)	-
Satisfied with my job	20(26.3%)	31(40.8%)	17(22.4%)	5(6.6%)	3(3.9%)	-
Overload work	19(25.0%)	16(21.1%)	20(26.3%)	14(18.4%)	4(5.3%)	3(3.9%)
Positive image of nurses	7(9.2%)	28(36.8%)	26(34.2%)	8(10.5%)	6(7.9%)	1(1.3%)
Balance work and family life.	15(19.7%)	32(42.1%)	18(23.7%)	7(9.2%)	4(5.3%)	-
Autonomy in deciding patient care	12(15.8%)	30(39.5%)	19(25.0%)	9(11.8%)	4(5.3%)	2(2.6%)
Work design						
Communicate with others nurse manager/supervisor.	30(39.5%)	30(39.5%)	7(9.2%)	4(5.3%)	2(2.6%)	3(3.9%)
Adequate patient care supplies and equipment.	15(19.7%)	38(50.0%)	10(13.2%)	9(11.8%)	4(5.3%)	-
Nurse manager/supervisor provides adequate supervision	16(21.1%)	41(53.9%)	6(7.9%)	7(9.2%)	4(5.3%)	2(2.6%)
Offer for facilities of crèche to employees.	29(38.2%)	17(22.4%)	17(22.4%)	2(2.6%)	5(6.6%)	6(7.9%)
Irrelevant non-nursing tasks.	6(7.9%)	18(23.7%)	12(15.8%)	22(28.9%)	11(14.5%)	7(9.2%)
Energy left after work.	8(10.5%)	23(30.3%)	22(28.9%)	10(13.2%)	8(10.5)	5(6.6%)
Importance of friendship with co-worker	36(47.4%)	28(36.8%)	5(6.6%)	3(3.9%)	2(2.6%)	2(2.6%)
Career advancement opportunities.	18(23.7%)	31(40.8%)	11(14.5%)	11(14.5%)	2(2.6%)	3(3.9%)
Teamwork	31(40.8%)	27(35.5%)	11(14.5%)	2(2.6%)	3(3.9%)	2(2.6%)
Frequently interruptions	12(15.8%)	21(27.6%)	19(25.0%)	12(15.8%)	10(13.2%)	2(2.6%)

Table 2 illustrates **work/ home life** related information of nurses. Nearly two third (31.6%) of nurses agree that they had sufficient amount of assistance from support personnel. Nearly half (40.8%) of nurses agree that they are satisfied with their job. For a statement; “overloaded work”, more than one fourth (26.3%) of nurses slightly agree. Likewise, more than two third (36.8%) of nurses had agree on the statement of “Positive image of nurse”. Although, 42.1% of nurses said that they balanced their family life and work. Regarding the statement; “Autonomy in deciding patient care”, 39.5% of nurses had agreed. Table 2 presents **work design information** of nurses. **Nearly two fifth** (39.5%) of nurses strongly agree that they communicated with others nurse manager/supervisor. Similarly, half (50.0%) of nurses agree that they received adequate patient care supplies and equipment. For a statement, “Nurse manager/supervisor provides adequate supervision”, more than half (53.9%) of nurses agree. 38.2% of nurses had strongly agree that organization should be offer for facilities of crèche to employees. More than one fourth (28.9%) of nurses agreed that they need to perform irrelevant work. Regarding a statement, “energy left after work”, 30.3% of nurses agreed. Likewise, nearly half (47.4%) of nurses strongly agreed that they thought friendship is important with co-worker. 40.8% of nurses agreed that their work setting provides career advancement opportunities and strongly agreed on team work in work setting also. More than one fourth (27.6%) of nurses agreed that they experienced many interruptions in their daily work routine.

Table 3 Level of work context and work world

Statements	Strongly agree f (%)	Agree f (%)	Slightly agree f (%)	Slightly disagree f (%)	Disagree f (%)	Strongly disagree f (%)
Work context						
Have enough time to work	13(17.1%)	32(42.1%)	20(26.3%)	7(9.2%)	2(2.6%)	2(2.6%)
Adequate number of nurses	8(10.5%)	14(18.4%)	26(34.2%)	15(19.7%)	8(10.5%)	5(6.6%)
Sense of belonging	21(27.6%)	32(42.1%)	14(18.4%)	5(6.6%)	3(3.9%)	1(1.3%)
Rotating schedules negatively affect my life.	11(14.5%)	18(23.7%)	14(18.4%)	21(27.6%)	6(7.9%)	6(7.9%)
Communicate with the other staff (physical, respiratory, etc.)	30(39.5%)	30(39.5%)	9(11.8%)	3(3.9%)	1(1.3%)	3(3.9%)
Feedback on my performance is provided by my nurse manager/supervisor.	21(27.6%)	31(40.8%)	15(19.7%)	3(3.9%)	1(1.3%)	5(6.6%)
Able to provide good quality patient care.	25(32.9%)	35(46.1%)	9(11.8%)	2(2.6%)	3(3.9%)	2(2.6%)
Adequate salary	16(21.1%)	32(42.1%)	11(14.5%)	13(17.1%)	3(3.9%)	1(1.3%)
Organization's policy provided adequate family-leave time	14(18.4%)	19(25.0%)	21(27.6%)	13(17.1%)	7(9.2%)	2(2.6%)
Able to participate in decisions made by my nurse manager/supervisor.	17(22.4%)	25(32.9%)	23(30.3%)	6(7.9%)	4(5.3%)	1(1.3%)
Respected by physicians in my work setting.	19(25.0)	30(39.5%)	16(21.1%)	4(5.3%)	5(6.6%)	2(2.6%)
Importance of having a designated, private break area for the nursing staff.	21(27.6%)	34(44.7%)	13(17.1%)	5(6.6%)	3(3.9%)	-
Having hospital support is important while pursuing higher studies	35(46.1%)	17(22.4%)	4(5.3%)	8(10.5%)	6(7.9%)	6(7.9%)
Support to attend in-services and continuing education programs.	15(19.7%)	30(39.5%)	17(22.4%)	4(5.3%)	6(7.9%)	4(5.3%)
Communication with the physicians in my work setting.	34(44.7%)	26(34.2%)	8(10.5%)	4(5.3%)	2(2.6%)	2(2.6%)
Nurse manager/supervisor recognize accomplishments	17(22.4%)	36(47.4%)	12(15.8%)	8(10.5%)	1(1.3%)	2(2.6%)
Nursing policies and procedures facilitate my work.	21(27.6%)	30(39.5%)	17(22.4%)	3(3.9%)	2(2.6%)	3(3.9%)
Safe environment	20(26.3%)	24(31.6%)	17(22.4%)	11(14.5%)	2(2.6%)	2(2.6%)
Importance of offering their employees child care services when they are ill	29(38.2%)	32(42.1%)	6(7.9%)	4(5.3%)	3(3.9%)	2(2.6%)

Able to find my same job in another organization with about the same salary and benefits.	19(25.0%)	16(21.1%)	18(23.7%)	12(15.8%)	9(11.8%)	2(2.6%)
Work world						
Feel safe from personal harm (physical, emotional, or verbal)	18(23.7%)	21(27.6%)	10(13.2%)	12(15.8%)	9(11.8%)	6(7.9%)
Believe my job is secure.	16(21.1%)	17(22.4%)	10(13.2%)	14(18.4%)	15(19.7%)	4(5.3%)
Respected by Upper-level management for nursing.	12(15.8%)	22(28.9%)	21(27.6%)	14(18.4%)	5(6.6%)	2(2.6%)
My work impacts the lives of patients/families	14(18.4%)	26(34.2%)	19(25.0%)	13(17.1%)	4(5.3%)	-
Qualified supporting system	10(13.2%)	23(30.3%)	24(31.6%)	10(13.2%)	7(9.2%)	2(2.6%)

Table 3 shows the work context information of nurses. Nearly half (42.1%) of nurses agreed that they had enough time to do their work well. Similarly, more than one third (34.2%) of nurses slightly agreed that they had adequate number of nurses in their work setting. Likewise, nearly half (42.1%) of nurses agreed that they felt a sense of belonging in their work place. For a statement, "Rotating schedules negatively affect my life", more than one fourth (27.6%) of nurses slightly disagreed. 39.5% of nurses strongly agreed that they are able to communicate with others staff. Two fifth (40.8%) of nurses agreed that they had received feedback on their performance from their nurse manager/ supervisor. Nearly half (46.1%) of nurses agreed that they are able to provide good quality patient care. More than two fifth (42.1%) agreed that their salary is adequate for their job according to current job market conditions. More than one fifth (27.6%) of nurses slightly agreed that organization's policy for family leave is adequate for them. Nearly one third (32.9%) of nurses agreed that they are able to participate in decisions made by their nurse manager/ supervisor. For a statement, "Respected by physicians in my work setting", nearly two fifth (39.5%) of nurses agree. Nearly half (44.7%) of nurses had agreed that there is importance of having a designated, private break area for them. Likewise, nearly half (46.1%) had strongly agreed that having support from their hospital in pursuing higher studies is importance for them. Nearly two fifth (39.5%) of nurses agreed that they received support to attend in-services and continuing education programs. Nearly half (44.7%) of the nurses strongly agreed that they communicated well with the physician in their work place. Similarly, nearly half (47.4%) of nurses agreed that they had recognized for their accomplishment by their nurse manager/ supervisor. Additionally, nearly two fifth (39.5%) of nurses agreed that nursing policies and procedures facilitate their work. Nearly one third (31.6%) of nurses agreed that the hospital provides a secure environment. Regarding a statement, "importance of offering their employees child care services when they are ill", more than two fifth (42.1%) of nurses agree. One fourth (25.0%) of nurses strongly agreed that they would able to find their same job in another organization with about same salary and benefits. Table 3 displays that work world information of nurses in which more than one fourth (27.6%) of nurses agreed that they felt safe from personal harm (physical, emotional or verbal) at work. More than one fifth (22.4%) of nurses agreed that they believed their job is secure and 28.9% of nurses agreed that upper level management has respect for nursing. Regarding a statement, "my works impacts the lives of patients / families", more than one third (34.2%) had agree. Nearly one third (31.6%) of nurses slightly agreed that they received quality assistant from support personal.

Table 4 Overall Level of quality of life

Level of quality of life	Frequency	Percent
Low	3	3.9
Medium	24	31.6
High	49	64.5

Table 4 illustrates the level of quality of life among nurses working using 41 statements which was from 41 to 246. Level of quality of life among nurses categorized the basis of total score which was as follows: low (0-110 score), moderate (111-177 score) and high (178-246 score). The result showed that nearly two third (64.5%) of nurses had experienced a high level of QWL where as nearly one third (31.6%) of nurses had experienced a moderate level of QWL, followed by low (3.9%).

Table 5 Association of level of quality of life and socio-demographic variables

Variables		Level of quality of life		Chi-square	p-value
		Low	High		
Completed Age	25 and below	21(38.9%)	33(61.1%)	0.921	0.337
	More than 25	6 (27.3%)	16(72.7%)		
Marital status	Married	11(26.8%)	30(73.2%)	2.940	0.086
	Unmarried	16(45.7%)	19(54.3%)		
Caste	Brahmin/ Chhetri	13(30.2%)	30(69.8%)	1.212	0.271
	Others	14(42.4%)	19(57.6%)		
Education	PCL nursing	23(35.4%)	42(64.6%)	-	1.000*
	BNS/ BSc Nursing	4(36.4%)	7(63.6%)		
Nature of Job	Contract basis	25(34.7%)	47(65.3%)	0.386	0.534
	Permanent basis	2(50.0%)	2(50.0%)		
Currently working area	Maternity ward	0(0%)	12(100%)	-	0.006*
	Others	27(42.2%)	37(57.8%)		
Salary provide by Institute	Satisfied	22(33.8%)	43(66.2%)	0.553	0.457
	Unsatisfied	5(45.5%)	6(54.5%)		

*Fisher's Exact Test

Table 5 presents there is no association between socio-demographic variables and level of quality of life among nurses. Only currently working area is associated with level of QWL having p -value: 0.006.

4. Discussion

This study was carried out to find the factors associated with quality of life among nurses working in a Karnali Academy of Health Sciences, Nepal. Various factors like job satisfaction, salary, security in work place, working environment affected the quality of nursing work life. Likewise, quality of nursing work life is directly affecting the patient's quality of life. In the present study, majority of nurses were satisfied with their job. So, the quality of working life is high. The finding is in line with the study done in Biratnagar, Nepal found that majority of nurses was satisfied with their job [9]. Contrast finding was reported in the study conducted on Iran showed that only few nurses were satisfied with their work [10]. The study was aimed to identify the factors associated with QOL among nurses revealed that majority of respondents were balanced their work life and family life. This was the major factor for high quality of work life among the nurses. This finding is parallel with the finding of study done in Biratnagar found that the majority of the nurses in the present study believed that they were able to balance work with family needs [9]. Contradict finding was reported on the study conducted on South Ethiopia among showed that the majority of the respondents were not able to balance work life with their family desires. So, the study showed that majority of nurse was dissatisfied with quality of their work life [11]. Similarly, autonomy is another factor associated with QOL among nurses. In present study, the nearly two fifth (39.5%) of nurses agreed that they have autonomy in deciding patient care. This finding is similar with the finding of study done in Kathmandu showed that nearly two fifth (37.3%) agreed on this statement [12]. This finding is opposite to the finding of South Ethiopia in which more than three fifth (62.5%) agreed that they do not have an independence to make decisions to provide a client or patient care [11].

Non nursing tasks or irrelevant nursing tasks are also the contributing factor which reduces the quality of nursing work life. In current study, more than one fourth (23.7%) of nurses disagreed that they were engaged in irrelevant non-nursing tasks. Therefore, high level of quality of life found. This finding is contradict with the finding of study done in South Ethiopia showed that nearly two-thirds (62.1%) of the respondents reported that their workload is heavy including accomplishment of non-nursing tasks [11]. In this study, majority (64.5%) of nurses answered that organization has provided career advancement opportunities. Career advancement opportunities help to increase self

confidence and increase satisfaction level. This result is opposite with finding in which majority (74.3%) of respondents reported that their organizations do not provide adequate opportunities for career advancement [11].

Evidence from various study showed that adequate numbers of nurses, job secure, good communication is directly associated to the quality of nurses work life. In present study, only few (28.9%) of nurses agreed that they have adequate number of nurses in their facilities. Similarly, this finding is line with the finding of study demonstrated in Kathmandu found that only few (27.3%) agreed on this statement [12]. However, this study is opposite with the finding of study displayed that more than half (57.7%) of respondents reported that there are enough nurses in their health care facilities [11]. In this study, majority (78.9%) of nurses agreed that they have good communication with physician in work place. Likewise, this finding is supported with the finding of study found that more than half (58.7%) agreed on this statement respectively [12]. Good communication can eliminate the conflict and can deliver the quality of care to patient. Similarly, majority (79%) of nurses agreed that they were able to provide quality of care. The finding of study is parallel to the finding conducted in Kathmandu revealed that majority (64%) of respondents agreed on this statement [12]. The present study concluded that more than two fifth (43.5%) of nurses agreed that they believed their job is secure. This finding is corresponds with the finding of study done in Kathmandu found that nearly one third (32%) of respondents answered on this statement [12]. The present study found that more than two fifth (44.7%) of nurses agreed that their manager respected their profession. Likewise, this finding is in line with the finding of study illustrated that more than two fifth (44%) of respondents agreed on this statement [12].

This study illustrates that nearly two third (64.5%) of nurses had experienced a high level of QWL among nurses. This finding is contradict with the finding conducted in Kathmandu and Chitwan which reported that majority of the nurses experienced a moderate level of QWL i.e. (81.3%) & (79.8%) respectively [12]. In current study, there is no association between socio-demographic variables and level of quality of life among nurses. The findings were in line with the study conducted in Iran which reported that age, marital status, educational status; experience had no association with quality of nursing work life [13]. However, this finding is contrast with the finding showed that there was a significant association between educational level, experience, type of hospital with the quality of nursing work life score [14]. The result depict that currently working area is associated with level of QWL having p -value: 0.006. This finding is similar with the finding found in Biratnagar which presented that there was significant association between qualities of nursing work life scores with demographic variables like type of unit currently working [9].

The study is conducted in single setting, so the sample size is small. Therefore, the results cannot be generalized over a larger population. Because the responses were self-reported, there was a chance of response bias even though the BQNL scale is a valid and reliable tool for measuring QWL. Since English was a second language for the majority of respondents, some nurses might have had trouble understanding and responding to some of the questionnaire's questions.

5. Conclusion

The majority of nurse had high level quality of work life. The quality of patient care and related health outcomes are indirectly impacted by nurses' QWL. Therefore, determining the areas in which nurses have low quality of life (QWL) can aid in the creation of programs aimed at raising their level of professional satisfaction, which will in turn enhance work output and staff retention.

Compliance with ethical standards

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Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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