A review literature on factors that influence Quality of work life in Healthcare

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Abstract

Employment in healthcare sector is growing much faster than the average growth for all other sector. The healthcare workers requirement is expected to grow 74 lakhs in 2022, as stated by National Skill Development Corporation. Hospitals are striving to fill these positions but the gap is growing between the supply and demand of healthcare workers. Currently, acute shortages of healthcare workers are being felt in India. Recruitment and retention of healthcare personnel can play an important role to overcome these problems. Studies suggested that Quality of work life can be used as a strategic tool to attract and retain the workforce in the organization. When healthcare organisations provide a better QWL then it develops the healthy work environment and able to retain healthcare workers. The paper attempted to review various literature to define dimensions that contribute to healthcare organisation's quality of work life.

Key Words: Employment, Quality of work life, recruitment and retention.

Introduction

The healthcare sector is an aggregation of hospitals, pharmaceuticals, diagnostics, medical equipment and supplies, medical insurance and telemedicine. The human services division is developing at a quicker rate than the development rate of India. India was the 6th biggest worldwide market as far as size in 2014. Now, India is expected to rank amongst top three healthcare markets in terms of incremental growth by 2020. Conducive policies for encouraging FDI, tax benefits, favourable government policies coupled with promising growth prospects have helped the industry attract private equity venture capitals and foreign players. India's upper hand lies in its substantial pool of well-prepared therapeutic experts. India is cost aggressive contrasted with its peers in Asia and western nations. The low cost of medical services has resulted in a rise in the country's medical tourism, attracting patients from across the world. The cost of surgery in India is about one-tenth of that in the US or Western Europe. The finance minister Arun Jaitley has allocated Rs.48,853 crores to the health sector for 2017-18, higher than the last year, which stood at Rs.39,688 crores and assured of adding 5,000 Post graduate medical seats every year, health experts and hospital owners. But at present, India has one bed for every 1050 patients and shortage of expert medical professionals which is one of the key challenges for healthcare sector. To satisfy nation's medicinal services request, the administration needs to include more beds to its hospitals that leads to adding jobs faster than other sectors. As per statistics, every hospital bed adds direct employment for five people and indirect employment for twenty-five and with the right impetus, healthcare in India could well become the engine for employment.

India faces an intense deficiency of wellbeing staff. Together with inequalities in distribution of health workers, this shortfall impedes progress towards achievement of the Millennium Development Goals (Hazarika, 2013). The challenges faced by the healthcare industry are burden of diseases, scarce health human resources and increasing attrition/emigration (Sinha & Sigamani, 2016). The recent review identified factors affecting working conditions in public hospitals as related to increased patients loads, HIV and AIDS epidemic, long working hours, shift work, physical infrastructure and shortage of staff. The review revealed that unsatisfactory working conditions have negative impact on the physical and psychosocial wellbeing of employees (Manyisa, 2017). Providing quality at work not only reduces attrition but also helps in reduced absenteeism and improved job satisfaction (Gurudatt & Gazal, 2015). QWL have strong correlation with turnover intention, it is very important to reinforce it by applying the right human resources policies (Mosadegrhad, 2013). QWL can improve the quality of care provided as well as recruitment and retention of

the workforce in healthcare. Quality of work life can be used as a strategic tool to attract and retain the workforce in the organization.

QUALITY OF WORK LIFE

The term "quality of work life" (QWL) was coined by Irving Bluestone, which began as a variable for expressing worker satisfaction and then developed into an approach to increase productivity. The concept of quality of working life made its appearance in India in the mid-seventies when the country was passing through a phase of intense labour unrest (Sengupta, 1985). According to J. LioydSuttle, "Quality of work life is the degree to employees of a work organization are able to satisfy their personal needs through their experiences in the organization. Quality of work life aims to provide better working conditions and excellence in almost all stages of working life. It intends to give a better life to all employees within and outside of the organisation (Mishra, 2015). It refers to the favourableness or unfavourableness of a job environment for people. A high quality of work life is crucial for organizations to continue to attract and retain employees. The continued restructuring, downsizing and reorganization of the health care system have negatively impacted staff morale and job satisfaction (Yadav & Khanna, 2014). QWL is one of the most important organizational apparatus to progress organizational performance and to reduce employee turnover. It is a multidimensional construct and needs to be applied for job satisfaction, job design and job enrichment (Mishra, 2015).

METHODOLOGY

The present article focuses on review literature of Quality of Work Life in Healthcare Sector. The electronic media was the source for secondary database. The studies on QWL published during the period of 2007 to 2018 have been in the present article. The inclusion criteria for the reviewed articles in the paper have been: 1) area of research was quality of work life, 2) study carried on healthcare workers; 3) studies conducted in Healthcare organizations.

LITERATURE REVIEW

Quality of work life is an important aspect in every Healthcare organization as it requires hundred percent competency of the healthcare workers.

1. Dargahi & Yazdi (2007) assessed positive and negative attitude of employees from their quality of work life in Tehran University of Medical Sciences Hospital's Clinical Laboratories. The employees with executive position were more satisfied with their QWL. The significant correlation was seen between executives and QWL.
2. Dolan (2007) studied the relationship between Supervisory support (represents direct and accessibility), job demands (represents pressure and more role conflict) and motivation and capabilities (represents satisfaction) on employee's quality of work lives (QWL) and Negative health consequences (NHC). Finding was that intrinsic and extrinsic work demands, motivation and capabilities, and supervisory support had significant relationship with QWL whereas job demands and lack of supervisory support predict low QWL and negative health outcomes. Results showed that age was significantly related to overall quality of work life (QWL) but not to negative health consequences (NHC).
3. Vanmathy & Mehta (2010) study explored the QWL perceptions among the sales executives in pharmaceuticals, banking, finance and insurance sectors. The factors Employee satisfaction and continuance, Perceived job motivators, Job awareness and commitment, unconducive work environment and Perceived organisational culture and considered to measure QWL across the four sectors. The results stated that there were significant differences in the perceived quality of work life among the executives of banking, insurance, pharmaceuticals and finance. The Insurance executive's perceived better quality of work life as compared to the executive of pharmaceutical sector. It was also seen that employee satisfaction and continuance was the only factor that was significantly different across the four sectors. Therefore, it was clear that the perceptions of QWL differ due to the perception differences in the employee satisfaction and continuance dimension.
4. Pandit and Pant (2010) observed difference in opinion of quality of work life of nurses in government and private hospitals. Private and Government hospital differences were studied on company health and safety policy, availability of maternal leave, provision and availability of training programs, availability of free working lunch and a company provided family accommodation. The analysis of parameter estimates of ordinal regression model showed the effect of QWL factors on job satisfaction.

There were six factors out of which the provision of free working lunch factor was ignored in both type of hospitals. In government hospitals factors like company health and safety policy, provision of free working lunch, job-related training and a hired house could be used to boost the job satisfaction level whereas in private hospitals the factors were free working lunch, job related training programs, and family accommodation. In private hospital, the Company health and safety policy was the only QWL factor that was well provided than in government hospitals.

5. Sounan (2012) studied the relationship between QWL and healthy work environment and prediction of healthy work environment using accreditation Canada's revalidated QWL model. The results proposed model the categorisation of work environment into three groups, healthy work environment group (HWE), poor work environment group (PWE) and subthreshold work environment (SWE) based on 11 QWL items scores.
6. Mohammed J. Almaki (2012) purposed the study to assess the QWL among PHC nurses in the Jizan region, Saudi Arabia. The questionnaire developed by Brooks divided into four sub-scales: work life/ home life, work design, work context and work world were used. There were significant differences in Gender, age, marital status, dependent children, dependent adults, nationality, nursing tenure, organizational tenure, positional tenure and payment per month. The study perceived that the dissatisfaction with the work life/ home life including work load resulted inability to balance their work life and home life. Nurses did not have required autonomy to make patients/ clients care decisions that was associated with quality of care and job satisfaction. Supervision, feedback, working policies, procedural guidelines, recognition and accomplishment dimensions were found inadequate.
7. Ramesh *et al,* (2013) assessed the quality of work life of nurses working in a medical college hospital in Bangalore and found the factors associated with it. The modified version of work-related quality of life scale 2008 consisted of demographic details, job characteristics, organizational climate, organizational commitment, job satisfaction, motivation and quality of work life. The findings of the study indicated that the respondents were dissatisfied with their work life due to stressful work, family needs, working hours, high work load and unable to balance their work with their family life but agrees that training programmes were useful.
8. Rai (2013) investigated effects of work autonomy and open and accurate communication on quality of working life among nursing home staff. Quality of working life was measured by work-related quality of life scale (VanLaar, et.al., 2007) for healthcare workers. It had five subscales- job and career satisfaction, working conditions, control at work, home- work interface, general well-being. The study revealed that both autonomy and communication strongly influenced QWL dimensions. Comparatively autonomy had stronger influence on job satisfaction, control at work and home-work interface and communication had stronger effect on working conditions and general well-being.
9. Battu & Chakravarthy (2014) explored the quality of work life of nurses and para medical staff in private and public hospitals in Vijayawada. Factors of quality of work life studied were Working conditions, Work stress, Job satisfaction, Organizational climate and Staff communication. The results revealed that there was no difference in the perception of nurses and para medical staff in public and private hospitals. Among all the dimensions only work stress had significant difference in the nurses and para medical staff perception working in public hospitals. The study concluded that quality of work life was good in the hospitals. In private hospitals working conditions and staff communication was better but also had more work stress. In public hospitals, organizational climate was better than private hospitals.
10. Hatam *et al* (2014) determined the relationship between the quality of work life and the productivity of knowledge workers of the central field of Shiraz University of Medical Sciences. Determined the factors effective in the quality of their working life. The half of the knowledge workers were not satisfied with the quality of work life and rest workers had little satisfaction. The study showed positive correlation between QWL and gender, marital status, organizational position and place of work. Also, observed that dimensions of QWL had positive significant relationship with productivity of knowledge workers.
11. Fu *et al,* (2015) investigated that Quality of Nursing Work Life. QNWL served as a predictor of a nurse's intent to leave and hospital nurse turnover and also validate measurement tool for use in China. The measurement tool QNWL included the following 4subscales: work life-home life dimension, work design dimension, work context dimension and work world. Also used WHOQOL-BREF consists of four subscales- physiology domain, psychology domain, social relationship domain and environmental domain. The four sub scales were correlated with each other and validate the

Chinese version of QNWL instrument. Results indicated nurses had more stress from work, leading to exhaustion and severe nurse shortages.

12. Nayak & Sundaray (2015) examined the predictors of quality of work life (QWL) by ascertain the human resource interventions that could enhance the QWL in healthcare units. The 18 independent variables were analysed by using principal component analysis and varimax rotation extracted four factors- work life balance, communication, teamwork and empowerment. It observed that there was positive relationship between work life balance, communication, teamwork and empowerment with perceived quality of work life.
13. Momeni *et al,* (2016) evaluated relationship between the quality of work life and sleep in nurses of Mazandaran province in Iran. The Walton's quality of work life and Pittsburgh Sleep Quality Index (PSQI) instrument were used for data collection. The nurses had low quality of work life and showed significant relationship between QWL with night shifts per month and overtime working hours. The sleep quality had relationship with type of work shifts whether fixed or rotational. Also indicated significant correlation was observed between the dimensions of quality of work life (income status, environment security, and growth/safety) and quality of sleep in ICU nurses.
14. Eren & Hisar (2016) conducted descriptive study to determine nurse's quality of work life (QWL) and their organizational commitment quality (OCQ) levels. The instruments used to measure QWL and OC were Quality of Nursing Work Life (QNWL) Scale developed by Brooks in 2001 and OCQ developed by Porter, Crampon and Smith in 1976. The QNWL consisted of five sub factors of work environment, relations with directors, working conditions, work perception and support services. There was strong relationship between the nurses "work life quality" and "organizational commitment" scores. It was determined that the work/job environment dimension had highest score and support services lowest among all the concerning work life quality dimensions. The quality of work life perceived by the nurses was at medium level.
15. Thakre *et al,* (2017) studied the perceptions about QWL and the factors contributing in QWL of nurses working in Government Medical College and Hospital, Yavatmal. Swami's QWL questionnaire evaluated nine domains including work environment, organizations culture, relation and coordination, training and development, compensation and reward, facilities, job satisfaction and security, autonomy of work, and adequacy of resources. The findings indicated that the respondents were unsatisfied with quality of work life due to work environment, relation and cooperation, training and development, facilities, and adequacy of resources. However; respondents were not highly pleased with organizational culture, job satisfaction and security, autonomy of work sub-scale. There was significant relationship between gender, education, experience and night shifts this indicated that changes in any of them may affect the QWL.

Discussion

Among many factors Quality of Work Life, play an important role. The quality of work environment comprises several components of two major categories, physical and psycho- social. The recognition of the significant role of psycho-social environment led to the emergence of organizational psychology, and further the concept of 'quality of work life' (Srivastava, 2008).

Publications general characteristics

Through the review of literature, it has been realised that number of researches has been carried out on QWL in Healthcare. India had the most articles (n=6, 38%), the other articles were from Iran (n= 3, 18%) and Canada, Saudi Arabia, Spain, USA, Turkey and china published one paper per country. The target employees were the respondents including Doctors, Nurses, Para- medical staff, supportive staff and administrative staff working in the healthcare organization. The main focus was on nursing staff (n=9, 56%) then paramedical or supportive staff (n=7, 44%) whereas doctors and administrative staff (n=4, 25%) were least studied. There were eight studies had sample size 200 or below, four conducted on 200-1000 respondents and the other three were above 1000.

Findings related to QWL

Most of the studies indicated that respondents were not satisfied with the quality of work life and respondents were: (i) nurses (Ramesh *et al*, 2013; Almalki *et al*, 2012; Thakre *et al*, 2017; Momeni *et al*, 2016), (ii) knowledge workers (Hatam *et al*, 2014), (iii) employees with executive position (Dargahi & Yazdi , 2007) and (iv) healthcare personnel (Dolan *et al*, 2008). Study in Iran, the Nurses perceived QWL at medium level (Eren & Hisar, 2016). Two studies only showed that QWL was satisfactory in pharmaceuticals (Anbarasan & Mehta, 2010) and among nurses and paramedical staff (Battu & Chakravarthy, 2014).

Review of literature of several studies showed a significant relationship between QWL and demographic variables like gender (Hatam, 2014 & Thakre, 2017), education (Thakre, 2017), experience (Thakre, 2017), marital status (Hatam, 2014), organisational position (Hatam, 2014), place of work (Hatam, 2014) and night shift (Momeni, 2016 & Thakre, 2017).

Predictors of QWL examined in the study were work life balance, communication, teamwork and empowerment (Nayak , Sahoo , & Mohanty, 2016). These predictors influence quality of work life. Work autonomy effects the job satisfaction, control at work and home/ work interface, whereas open and accurate communication had stronger effect on working conditions and general well-being (Rai, 2013). Results also suggested that QWL was associated with high work adjustment, good physical and mental health, low absenteeism and health related presenteeism (Sounan, et al., 2012). Quality of Nursing Work Life measurement tool served as a predictor of nurse's intention to leave and turnover in the Hospital (Fu, et al., 2015).

Dominant variables studied in relation to QWL were: job satisfaction (Anbarasan & Mehta, 2010; Ramesh, Nisha, Josephine, Thomas, & Joseph, 2013; Sounan, et al., 2012; Battu & Chakravarthy, 2014; Rai, 2013), job motivators (Anbarasan & Mehta, 2010; Ramesh, Nisha, Josephine, Thomas, & Joseph, 2013; Dargahi & Yazdi , 2007; Dolan, Salvador , Cabezas, & Tzafrir, 2008), job awareness and commitment (Anbarasan & Mehta, 2010; Ramesh, Nisha, Josephine, Thomas, & Joseph, 2013; Sounan, et al., 2012; Almalki, FitzGerald, & Clark, 2012; Dolan, Salvador , Cabezas, & Tzafrir, 2008), organizational climate or culture (Anbarasan & Mehta, 2010; Ramesh, Nisha, Josephine, Thomas, & Joseph, 2013; Battu & Chakravarthy, 2014; Thakre, Thakre, & Thakre, 2017), communication (Sounan, et al., 2012; Battu & Chakravarthy, 2014; Nayak , Sahoo , & Mohanty, 2016; Dargahi & Yazdi , 2007), working conditions (Eren & Hisar, 2016; Rai, 2013; Battu & Chakravarthy, 2014), training and development (Thakre, Thakre, & Thakre, 2017; Hatam, Zarifi , Lotfi, Kavosi , & Tavakoli, 2014; Momeni, Shafipour, Esmaeili, & Charati, 2016), work environment (Anbarasan & Mehta, 2010; Thakre, Thakre, & Thakre, 2017; Dargahi & Yazdi , 2007; Eren & Hisar, 2016), control at work (Rai, 2013; Sounan, et al., 2012), compensation (Thakre, Thakre, & Thakre, 2017; Dargahi & Yazdi , 2007; Hatam, Zarifi , Lotfi, Kavosi , & Tavakoli, 2014; Momeni, Shafipour, Esmaeili, & Charati, 2016), work stress (Battu & Chakravarthy, 2014; Sounan, et al., 2012), human relation and coordination (Thakre, Thakre, & Thakre, 2017; Dargahi & Yazdi , 2007; Eren & Hisar, 2016), work life/ home life (Sounan, et al., 2012; Almalki, FitzGerald, & Clark, 2012; Nayak , Sahoo , & Mohanty, 2016) (Dargahi & Yazdi , 2007; Rai, 2013) (Fu, et al., 2015), participation in decision making (Dargahi & Yazdi , 2007; Sounan, et al., 2012), safe and healthy environment (Momeni, Shafipour, Esmaeili, & Charati, 2016; Hatam, Zarifi , Lotfi, Kavosi , & Tavakoli, 2014) (Dargahi & Yazdi , 2007; Sounan, et al., 2012). The important dimensions that had strong relationship with quality of work life were role clarity, autonomy of work and adequacy of resources, teamwork and facilities like transportation, lunch, accommodation, child care leave, recreational facilities etc.

CONCLUSION

Employment in the healthcare is increasing year by year, but shortages of healthcare workers still prevailing. With diverse range of medical and health services, there are eleven lakh allied health professionals in the country. Nursing associates, medical assistants, medical equipment operators, physiotherapist, dieticians and dental assistants are still short of demand. In the field, even those who are ready to jump to another field, thereby heavy turnover experienced. The work environment is influenced by the factors work stress and heavy work load in the healthcare sector. The turnover is high in the healthcare that also makes more shortages even after employing many staff every year. To increase or to attract employees for the

employment in the healthcare sector, working environment should be focused. Work environment can enhance by managers and policy makers by developing and appropriately implementing successful plans to provide good quality of work life. Studies suggested many factors which appeared to be related with QWL that has significant relationship were employee satisfaction and continuance, company health and safety policy, organizational climate, staff communication, training and development, autonomy of work and adequacy of resources, job characteristics, role clarity, work stress and supportive work culture dimensions. The factors have been drawn that can help in providing better quality of work life. QWL serves as a predictor of intention to leave and turnover. Assessment of quality of work life helps in identifying employees work life related possible shortcomings and helps in improving working environment in the healthcare organization that leads to successful employment.

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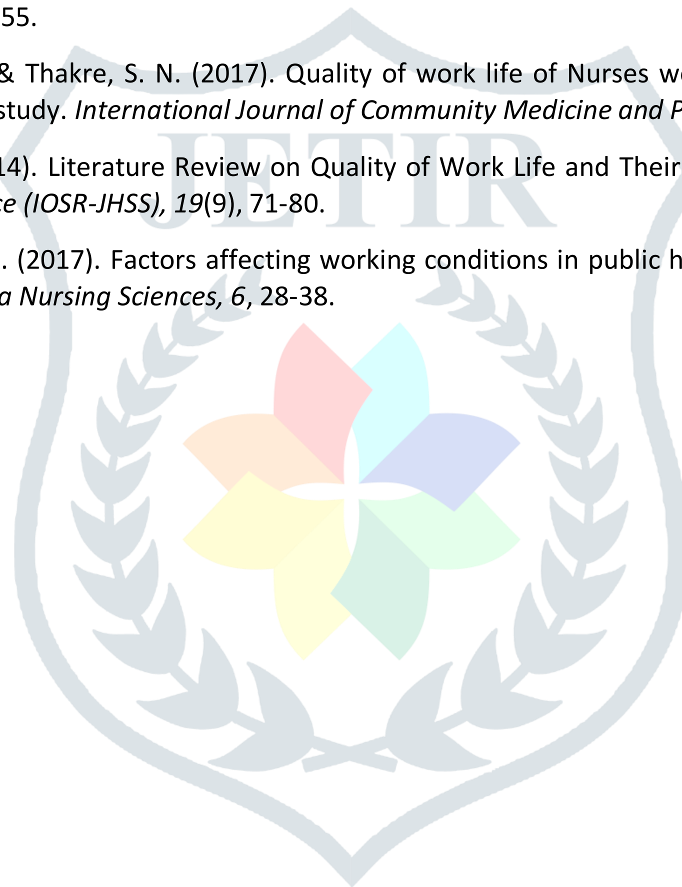

Table: Articles evaluated in the review

S.No.	Author, Year	Country	Respondents	Sample Size	Factors of Quality of Work Life	Results/ Findings
1.	Almaki *et al,* (2012)	Saudi Arabia	Primary Health Care Nurses	508	Work Life/ Home Life, Work Design, Work Context, Work World	Respondents were dissatisfied with their work life. Gender, age, marital status, dependent children, dependent adults, nationality, nursing tenure, organizational tenure, positional tenure and payment per month were significantly different.
2.	Simon L. Dolan *et al,* (2008)	Spain	Employees in The Catalan Health Organization	10,003	Supervisory Support, Intrinsic and Extrinsic Work Demands, And Employee Motivation	The results cleared that individual's motivation, capabilities and resources, a supportive work culture, quality and quantity of work demands may have significant impact on the quality of working life as well as on health consequences. Findings suggested taking of concrete actions to reduce stress, reduce negative health outcomes and enhance the quality of work lives of the people in health organization.
3.	H. Dargahi & M.K. Sharifi Yazdi, 2007	Tehran	Employees	65	Job Security Feeling, Psychological Calmness Feeling, Participation In Decision Making, Support From Co-workers, Career Prospect, Desired Job Environment, Motivation For Job Promotion, Balance Between Work And Family, Trust To Senior Management, Monetary Compensation, Job Welfare, Physical Education, On The Job Training, Cash Payment, Non Cash Payment, Indirect Privileges, Low Job Accident, Environmental Health, Clear Organizational, Goals And Policy Diversity In Job, Job Responsibility, Appropriateness Between Job And Personality, Human Relation, Observation, Social Working Care, Occupational Health, Medical Examination, Job Environment, Inspection, Management By Suggestion System, Transportation, Facility Health Insurance	Employees responding to this survey have a poor quality of work life. This indicates that majority of employees are not satisfied with most aspects of work life.
4.	Anbarasan *et al,* 2010	India (Mumbai)	Executives in Pharmaceuticals, Banking, Finance & Insurance Sector	100	Employee Satisfaction and Continuance, Perceived Job Motivators, Job Awareness and Commitment, Unconducive Work Environment and Perceived Organisational Culture	Respondents are aware about their job requirements and committed to their work, their working environment is not conducive to support them, leading to their lower perceptions on QWL.
5.	Pandit *et al,* 2010	India (Gujrat)	Nurses in Private and Government Hospitals	200	Company's Health and Safety Policy, Provision of Free Working Lunch, Provision of Transport Facilities by The Hospital, Availability of Maternal Leave with Salary, Job Related Training Programs Provided on Regular Basis by The Management, Availability of Leave When Required, Provision of Living with Family, Living Accommodation Provided by Organization, Living in A Hired House, Healthy and Hygienic Living Accommodation	company health and safety policy, availability of maternal leave, provision and availability of training programs, availability of free working lunch and a company provided family accommodation are the factors of QWL that play an important role to differentiate private and public hospitals quality of work life.
6.	Charles Sounan *et al,* 2012	Canada	Nurses, Doctors, Allied Health, Technicians, Managers, Senior Executives	9,578 French speaking and 16,398 English speaking	Organizational Communication, Work Area Communication, Supervision, Job Control, Role Clarity, Decision Making Involvement, Job Demand, Trust, Learning Environment, Safe Environment, Work-Life Balance, Job Stress, Overall Health, Physical Health, Mental Health, Job Satisfaction, Absenteeism, Health Related Presenteeism, Work Quality, Organisation Satisfaction and Patient Safety	The result suggested that healthy work environment was associated with high work adjustment, good physical and mental health and poor work environment was associated with low work adjustment, poor physical and mental health.
7.	Naveen Ramesh *et al,* 2013	India (Bangalore)	Nurses in Medical Colleges	758	Job Characteristics, Organizational Climate, Organizational Commitment, Job Satisfaction, Motivation and Quality of Work Life	Findings indicate the poor QWL among the existing nursing staff of medical colleges. Reasons were unable to balance their work and family lives, stressed in their work and unable to complete their work in the time available.

8.	Gauri S. Rai, 2013	USA	Staff Members of Ten Nursing Homes	511	Job and Career Satisfaction, Working Conditions, Control at Work, Home-Work Interface, General Well Being	The study shown that QWL is the quality of relationship. Also suggested that opportunity should be given to the staff to use their skills and methods of work and transparent administration should practicing open and accurate communication.
9.	N. Battu & G. K. Chakravarthy, 2014	India (Andhra Pradesh)	Nurses and Para-Medical Staff in Private and Public-Sector Hospitals of Vijayawada	150	Working Conditions, Work Stress, Job Satisfaction, Organizational Climate and Staff Communication	Quality of work life of nurses and paramedical staff is good in hospitals. Respondents in private hospital were satisfied with the working conditions, and staff communication but complaining high work stress. organizational climate is good in public hospitals.
10	Nahid Hatam *et al*, 2014	Iran	Knowledge Workers Include Administrative and Supportive Staff	300	Adequate and Fair Compensation, Safe and Healthy Environment, Development of Human Capabilities, Growth and Security, Social Integration, Constitutionalism, The Total Life Space, And Social Relevance	knowledge workers were dissatisfied about their quality of work life, and had a poor productivity. The quality of work life had a positively significant relationship with the productivity of human resources.
11.	T. Nayak & B. Sundaray, 2015	India (Odisha)	Nurses, Paramedical and supportive Staffs	158	Work Life Balance, Communication, Teamwork and Empowerment	Healthcare employees are clinically very proficient but they often lack the abilities required for the compliance of HR interventions. A cluster of strategically aligned and coherent HR interventions can achieve sustained improvements in QWL of employees rather than single or uncoordinated interventions.
12.	Xia fu *et al*, 2015	China	Nurses from Tertiary Hospitals	1922	Work Life/ Home Life, Work Design, Work Context, Work World	The study confirmed the reliability and validity of Chinese version of QNWL scale. QNWL could be used for clinical and research work related to nurses in China.
13.	Behzad Momeni, 2016	Iran	Nurses in Teaching Hospitals	180	Adequate and Fair Compensation, Safe and Healthy Environment, Development of Human Capabilities, Growth and Security, Social Integration, Constitutionalism, The Total Life Space, And Social Relevance	Improvement in income status, environment security, and growth/safety at the workplace is likely to increase the quality of sleep among nurses. Quality of work life and sleep quality had significant inverse, linear correlation in the nurses.
14.	Handan Eren & Filiz Hisar, 2016	Turkey	Nurses in University Hospital, Ankara	163	Work Environment, Relations with Directors, Working Conditions, Work Perception and Support Services	The study determined that the quality of work life and organizational commitment of older participants are at higher levels as increasing age increases nurses establish a better work environment and feel belonging to the organization. Study determined the presence of a positive relation between organizational commitment and work life quality.
15.	S. B. Thakre, 2017	India (Maharashtra)	Nurses in Clinical Department Like Medicine, Surgery, Obstetrics, Immunization, Emergency, Etc. of Government Medical College and Hospital, A Tertiary Health Care Institution of Yawatmal	100	Work Environment, Organizations Culture, Relation and Coordination, Training and Development, Compensation and Reward, Facilities, Job Satisfaction and Security, Autonomy of Work and Adequacy of Resources.	The respondents were not satisfied with the dimensions work environment, relation and cooperation, training and development, facilities, and adequacy of resources. However; respondents were not highly pleased with organizational culture, job satisfaction and security, autonomy of work sub-scale.