

## Quality of working life of nurses in Bangladesh: An empirical study in Dhaka City

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### Abstract

The purpose of this study is to investigate the quality of working life of nurses and the prevalent operational problems regarding the issue in Bangladesh. The study will also identify the factors that positively contribute to working life of nurses. A quantitative research design was applied in this study that used 100 semi-structured questionnaires from nurses employed both in public and private hospitals of Bangladesh. The findings indicate that Bangladeshi hospitals already provided the satisfactory working environment to the nurses. But in the issue of quality, working lives of nurses are not treated as healthy as required so far. This study also finds out that working life of nurses are influenced by some of their personal life factors too. A small sample is used, in the study, from the Dhaka City of Bangladesh; therefore, care is required when generalizing the results. This study will facilitate discussion in exploring the area of working life of health care employees in a developing country and form a base for conducting research in future on the impact of quality of working life on service quality of nurses.

**Keywords:** working life, quality of working life, nurse, hospital, Dhaka city, Bangladesh

### 1. Introduction

In recent years, Bangladesh has made enormous progress in health, surpassing its neighbors in increasing life expectancy, reducing fertility, and mortality of mothers and infants. Although Bangladesh is a country of 161 million people, it has only 0.4 physicians per 1,000 people, whereas India has 0.7, UK has 2.8, France has 3.4, and Italy 4.1 physicians per 1,000 people (Anwar, 2015) <sup>[3]</sup>. Doctors, nurses and other health workers are playing a significant role to attain the Sustainable Development Goals (SDGs) within 2030 by providing quality health services. Nursing deals with physical, mental, emotional, social and spiritual aspects of an ill person. It is not possible for unskilled nurses to deal with them, as stated by Dolly Maria Gonsalves, national consultant of World Health Organization in Bangladesh (Zannat, 2008) <sup>[26]</sup>. Nurses comprise a large portion of health sector workforce globally. Therefore, it is difficult to develop the health sector without improving nursing profession alongside proper education and facilities.

According to World Health Organization, the doctor to nurse ratio should be 1:3, but the picture is just the opposite in Bangladesh where for 63,000 doctors, there are 38,000 nurses (www.thedailystar.net, 2016). Besides, overwork and underpay are the common problem in nursing profession in Bangladesh. These scenarios create extra pressure on nursing profession. As a result, nurses are experienced with job-family role conflicts due to long working hours, frequent overtime work, shifting work, and inflexible and/or disordered working programs. Obligations to work nights or weekends can especially interfere with family needs and cause nurses to experience feelings of inadequacy in performance of their dual roles - work and family (Bilazer *et al.*, 2008) <sup>[5]</sup>. Moreover, some problems are specified that are relating to the human

resource management practices by the concerned authorities in this sector - lack of adequate number of nurses, poor quality training, lack of motivation, improper attitude and low salary (www.thedailystar.net, 2008) <sup>[26]</sup>. This can negatively affect nurses' job satisfaction and organizational devotion as well as work performance and attendance (Demir *et al.*, 2003) <sup>[8]</sup>. Generally, nurses are trained to consider patients' quality health care, but they themselves in the profession also need care. It is evident that quality of service depends heavily on the specific type of employee behavior. Hence, it is necessary to design an employee's working life with 'quality' by comprising an effective working environment and a peaceful life of an individual; because, employee's quality of working life (QWL) goes beyond its boundary and includes his/her personal life also. Literally, QWL is sometimes considered as a sub-concept of quality of life, which includes - income, health, social relationships, happiness and fulfillment and so on. Motivation and satisfaction are correlated with quality of working life. QWL of nurses is a comprehensive structure to describe the characteristics of a positive environment to ensure high job satisfaction of nurses, and improved sense of well-being for nurses as well as improved results for both patients and health care personnel (Brooks *et al.*, 2007) <sup>[6]</sup>. Therefore, determination of improvement in quality of working life of nurses is critically important to ensure quality care of patients where nurses can exhibit their ability to be active and powerful in their roles as client advocate, health promoter and teacher.

### 2. Aim of the Study

The objectives of the study are

1. To investigate the present scenario of QWL of nurses who are serving different health institutions of Bangladesh, and

- To explore the flaws that are prevailing in the working life of nurses in Bangladesh.

### 3. Research Methodology

All the nurses serving in different hospitals of Bangladesh constituted the population of the study. 5 government and 5 private sample hospitals were taken from different areas of Dhaka city, basing on the convenience of the locations. Of the 10 sample hospitals, 10 nurses from each hospital were randomly taken as respondents of the study. A total of 100 nurses were interviewed by a small team of interviewers. The sample size decision was based on cost and time considerations.

A questionnaire survey was considered the most suitable method of data collection of this study, as it allows for reaching out to a great audience in a very cost effective way. The items in the questionnaire were constructed after reviewing the relevant literatures. The questionnaire was developed in English and afterwards translated into Bengali for better understanding of the nurses. The questionnaire consisted a set of personal questions to better understand the demographic condition of the population.

A five point Likert scale was used in the questionnaire, where 1 means strongly disagree, 2 means disagree, 3 means neutral, 4 means agree, and 5 means strongly agree. After studying the relevant literatures, 7 factors - fair pay and autonomy, job security and safety, leave and holiday benefits, career growth, work environment, social and psychological support, and balance of work and family life - were selected for studying the nurses' quality of working life. Under those factors, 32 statements were made for rating by using the Likert scale. The collected data were initially fed into and processed by the SPSS-20 software. For analyzing the quality of working life of nurses, the data were collected from 1 July 2017 to 30 July 2017.

### 4. Literature Review

QWL is one of the most important organizational equipment, to improve organizational performance and to reduce employee turnover, which should be applied for job satisfaction, job design and job enrichment (Mishra, 2015)<sup>[13]</sup>. Basic objective of ensuring a healthy work life is the improved working condition as well as the greater organizational effectiveness. The relationship between QWL and nurses' involvement in the work is the critical factor in achieving a higher level of quality care delivery (Hsu & Kernohan, 2005). Better compensation and benefits may solve the problems of nurses in the short term, but improved QWL may be a long term approach for the sustainable development of health care sector. Awosusi (2010)<sup>[4]</sup> recommended to ensure the sustainable QWL of nurses by improving the general welfare, working conditions, and payment of nurses to ensure the standard delivery of healthcare services. Saraji and Dargahi (2006)<sup>[21]</sup> suggested that hospitals' managers and authorities required more training and education on QWL issues. Managers and decision makers should plan strategies to reduce violence in the workplace and also develop a program to improve the QWL of nurses (Eslamian *et al.*, 2015)<sup>[9]</sup>.

Creating and maintaining a healthy work life for nurses is vital

to improve their job satisfaction, reduce turnover, enhance productivity, and improve nursing care outcomes, as Almalki *et al.* (2012)<sup>[11]</sup> stated. They identified the reasons behind nurses' turnover - unsuitable working hours, lack of facilities, inability to balance family needs, inadequate vacations, poor management and supervision practices, lack of professional development opportunities, and an inappropriate working environment. Morsy and Sabra (2015)<sup>[15]</sup> found out a statistically significant correlation between QWL and job satisfaction of nurses. They recommended the policy makers to consider the family aspect of their registered nurses, like childcare facilities, convenient working hours and sufficient vacations, professional growth, and salary improvement. Amin (2013)<sup>[2]</sup> revealed that the majority of the nurses at Tamale Teaching Hospital were not satisfied with their salaries, promotion opportunities and leadership style of superiors. The study recommended the management to give reasonable autonomy to the nurses, to ensure skill development of nurses, and to adopt employee-oriented leadership styles.

It is evident that there is a direct and significant relationship between job performance and QWL in all aspects (Rastegari *et al.*, 2010)<sup>[20]</sup>. Educational status, work unit, and training were the important factors that significantly impact the QWL of nurses (Jembere, 2015)<sup>[12]</sup>. Moradi *et al.* (2014)<sup>[14]</sup> conducted another study where they found that nurses with associated degrees reported a better QWL than others. Funnell (2010)<sup>[10]</sup> explored that friendly interactions with patients, and supporting colleagues made the greatest contribution to the nurses' QWL. But they felt a sense of injustice about being underpaid and undervalued in relation to their demanding work responsibilities. Ramesh *et al.* (2013)<sup>[19]</sup> recommended that hospital health administration needed to improve the QWL of nurses which will improve their job satisfaction, organizational commitment, organizational climate and job characteristics.

Shyamala (2012)<sup>[22]</sup> exposed the significant correlation between QWL and job satisfaction of government hospital nurses in Bangladesh. The study identified that morning shift nurses perceived higher QWL and job satisfaction than the night shift nurses; and night shift nurses were suffering from more problems than the nurses of other shifts. Mosadeghrad (2013)<sup>[16]</sup> tested a theoretical model of the relationship between employees' QWL and their intention to leave the organization. He found that employees were least satisfied with pay, benefits, promotion, and management support. Therefore, an inverse relationship was existed between employees' QWL and their turnover intention. Dehaghi and Sheikhtaheri (2014)<sup>[7]</sup> worked on QWL and job satisfaction of nursing managers on top and middle nursing managers. The result showed that financial facilities were perceived at moderate level and other aspects of QWL were evaluated as relatively good.

## 5. Findings and Analysis

### 5.1 Demographic Profile

Table 1 clearly indicates that nursing is very popular to women in Bangladesh, because 97% respondents were female nurses. A greater part of nurses was young in their age, i.e. 64% nurses were 25-35 years older. 14% nurses were in

between 46-55 years in their age that indicates the sector might be suffered from the lack of senior nurses. In the issue of salary, majority (27% + 38% = 65%) were salaried poorly

(below Tk. 30,000); 21% were salaried moderately (Tk. 31,000 – 40,000); and only 14% (5% + 9%) were salaried by a handsome amount (Tk. 41,000+).

**Table 1:** Characteristics of the Respondents

<b>Gender</b>	<b>Male</b>	<b>3%</b>
	<b>Female</b>	<b>97%</b>
Age	25-35	64%
	36-45	22%
	46-55	14%
Institution	Public Hospitals	50%
	Private Hospitals	50%
Income per month	Below 20,000	27%
	21,000-30,000	38%
	31,000-40,000	21%
	41,000-50,000	5%
	Above 50,000	9%
Number of dependent(s)	1-3 persons	5%
	4-6 persons	79%
	7-9 persons	16%
Nature of residence	Rental house	41%
	Own house	26%
	Government quarter	22%
	Hostel	11%
Nature of transportation	Public bus	41%
	Company car	1%
	Own car	11%
	On foot	29%
	Rickshaw	18%

*Source:* Authors’ Calculation through SPSS Analysis

A very important demographic issue lies in the number of the dependents of nurses. 79% respondents were responsible for taking care of 4 to 6 persons as their dependents, while only 5% respondents were taking care of 1 to 3 of their dependents. But the scenario is acute for the rest 16% respondents, who were carrying the responsibility of 7-9 persons as dependents. The issue of residence might impact the nurses’ psychology positively when they perform their jobs. From among the respondents, 26% were residing in their own house, while majority (41%) were living in the rental house. Importantly, 11% were residing in the hostel and 22% were leading their life in the government provided quarters. The most influencing demographic factor of QWL of nurses were the mode of transportation they use for reaching to work as well as to home. Only 1% respondent were using the hospital provided car, 11% were moving by their own car, and

29% were moving by walking. But the rest 59% were commuting either by public bus or by rickshaw that might cause poor psychological condition of nurses.

**5.2 Data Interpretations through Descriptive Statistics**

Table 2 shows the descriptive statistics of seven factors of quality of working life of nurses in Bangladesh. The statistics are analyzed by using mean scores and standard deviations of those factors as a first step in order to describe the basic features of QWL of nurses. The mean scores varied between 3.49 and 4.00 (*Neutral to Agree*) that states in the quality issue of work life, the perceptions of nurses were in between ‘neutral to agree’. The values also mean that all the factors notably contribute to the quality of working life of nurses in Bangladesh.

**Table 2:** Descriptive Statistics

	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
Fair Pay and Autonomy	100	2.75	5.00	3.71	.57721
Job Security and Safety	100	2.00	5.00	3.51	.82111
Leave and Holiday Benefits	100	1.25	5.00	3.49	.85341
Career Growth	100	1.20	5.00	3.43	.81172
Work Environment	100	1.50	5.00	3.95	.72785
Social and Psychological Support	100	2.88	5.00	4.00	.57885
Balance of Work and Family Life	100	2.33	5.00	3.74	.52514
Valid N (listwise)	100				

*Source:* Authors’ Calculation through SPSS Analysis

If the mean scores are compared and ranked, it is seen that the highest mean score lies in *Social and Psychological Support* (4.00) which is followed by *Work Environment* (3.95), *Balance of Work and Family Life* (3.74), *Fair Pay and Autonomy* (3.71), *Job Security and Safety* (3.51), *Leave and Holiday Benefits* (3.49), and *Career Growth* (3.43). The factors significantly impact the nurses’ work life, as per the mean scores.

### 5.3 Defining the Factors of QWL with Results

#### 5.3.1 Fair Pay and Autonomy

Fair or equal pay is a principle of non-discrimination in compensation for work, i.e. pay should be based on the kind and quality of work done; and not according to the age, race, sex, religion, political association, ethnic origin, or any other individual or group characteristics. Professional autonomy is having the authority to make decisions and the freedom to act in accordance with one’s professional knowledge base (Skar, 2010) [23].

**Table 3:** Descriptive Statistics of Fair Pay and Autonomy

Variables		Mean	Std. Deviation
S_1	The payment policies adopted by my organization are good	2.82	1.29006
S_2	I am given an adequate and fair compensation for the work I do	2.90	1.21854
S_3	My organization provides good and modern services	4.55	.50000
S_4	My earnings are fair enough when compared to the others doing the same type of work in other organization	3.17	1.36371
S_5	I find my work quite peaceful	4.55	.50000
S_6	I am not discriminated on my job because of my gender/community/religion	4.29	.87957
S_7	I feel free to make comments and suggestions regarding the organization	3.92	1.04137
S_8	I am involved in making decisions that affect my daily work	3.50	1.06837

**Source:** Authors’ Calculation through SPSS Analysis

In (Table 3) the question of fair pay and autonomy of nurses, S\_3 and S\_5 are equally identified as the key variable with a mean score 4.55 that ensures the quality; but S\_1 and S\_2 displays the different scenario, where they negatively perceived the payment policies (2.82) and the fair compensation (2.90). Other variables show the satisfactory

characteristics in this section.

#### 5.3.2 Job Security and Safety

Employee needs such an assurance that an s/he can keep his/her job without the risk of becoming unemployed.

**Table 4:** Descriptive Statistics of Job Security and Safety

Variables		Mean	Std. Deviation
S_9	I feel quite secured about my job	3.06	1.16185
S_10	My organization provides the social security benefits	3.95	.85723

**Source:** Authors’ Calculation through SPSS Analysis

Both the variables in Table 4 shows satisfactory mean scores, i.e. *Neutral to Agree*. But in S\_9 states that nurses did not feel so much secured with their jobs, while in the issue of getting social security benefits (S\_10), they were agreed in the matter of quality. In other words, nurses’ jobs are not fully secured due to the nature of ownership of hospitals, but the social security benefits are available for those nurses who got the

secured job once.

#### 5.3.3 Leave and Holiday Benefits

There is generally an agreement between the employer and employee about vacation, holiday, severance, or sick pay, meal or rest periods, holidays off, or vacations.

**Table 5:** Descriptive Statistics of Leave and Holiday Benefits

Variables		Mean	Std. Deviation
S_11.	I can have required paid leave from my organization	3.64	1.09655
S_12.	I can enjoy all the holidays with payment	3.78	1.09710
S_13.	My organization allows a flexible time option	3.78	1.14221
S_14.	I feel satisfied with the number of holidays I get	2.74	1.21123

**Source:** Authors’ Calculation through SPSS Analysis

Table 5 points out that except S\_14 all other statements provide better mean scores which mean nurses were agreed with the available leave and holiday benefits as the indicators of quality of their work life. They could enjoy the paid leave and holidays; even they were provided flexible work hour benefits. However, they were not satisfied with the number of holidays they get, which is stated in S\_14 with a mean score 2.74.

#### 5.3.4 Career Growth

Career growth makes an individual to perceive that his/her organization creates an environment in which s/he is able to meet his/her career-related needs and reinforces those accomplishments through promotions and compensation, as Weng *et al.*, (2010) [25] defined.

**Table 6:** Descriptive Statistics of Career Growth

Variables		Mean	Std. Deviation
S_15.	My organization offers sufficient opportunities to develop my own abilities	3.55	1.12254
S_16.	My organization communicates every new change that takes place	3.44	1.26587
S_17.	My organization offers sufficient training opportunities to perform my job competently	3.85	1.00880
S_18.	Promotions are handled fairly in my organization	3.73	1.19642
S_19.	I find better career growth in my job	2.58	1.19916

*Source:* Authors' Calculation through SPSS Analysis

Mean scores of all the statements, except *S\_19*, represent that Bangladeshi hospitals were providing all ingredients of career opportunities but the career growth (2.58). Nurses were served with the necessary training for developing their skills and they got all the information of organizational change. They perceived that authority were equitably and fairly treating them during promotion, but the notable thing is nurses were

suffering from the career growth opportunities.

### 5.3.5 Work Environment

An ideal workplace involves physical geographical location as well as the immediate surroundings of the workplace (office building), and other factors, like - quality of air, noise level, and additional perks, benefits of employment and so on.

**Table 7:** Descriptive Statistics of Work Environment

Variables		Mean	Std. Deviation
S_20.	Safety measures adopted by the organization are good	3.91	1.03568
S_21.	My organizational environment is good and highly motivating	3.98	1.03455

*Source:* Authors' Calculation through SPSS Analysis

Table 7 shows a satisfactory scenario of Bangladeshi hospitals as workplace. In both the statements, the mean scores crossed the neutral condition successfully. It indicates that nurses were enjoying their working environment which the hospital authority served them.

### 5.3.6 Social and Psychological Support

Employee seeks for perception or assistance of other people which is a part of a supportive social network. In any work environment, coworkers' and supervisors' support for employees' psychological and mental health are needed.

**Table 8:** Descriptive Statistics of Social and Psychological Support

Variables		Mean	Std. Deviation
S_22.	I feel comfortable and satisfied with my job	3.69	1.18658
S_23.	I am proud to be working for my present organization	3.99	.97954
S_24.	There is a harmonious relations with my colleagues	4.42	.88967
S_25.	There is a very cordial relations with my immediate supervisor	4.35	.60927
S_26.	When I do my job well, I am praised by my superior	4.34	.62312
S_27.	My society treat my work as a prestigious job	3.96	.98391
S_28.	My organization allows a flexible time option	3.63	1.18624
S_29.	Good transportation facilities are provided by the organization	3.63	1.17770

*Source:* Authors' Calculation through SPSS Analysis

In this factor, nurses expressed their feelings for their coworkers (S\_24), immediate supervisors (S\_25), and other bosses (S\_26) very positively, as the mean scores crossed 4. Later, they stated positively about their organization (S\_23) and added others' positive response for their jobs (S\_27). Even in the question of job satisfaction (S\_22), they responded positively, which would be a key success factor of any organization.

### 5.3.7 Balance of Work and Family Life

Work life balance is a concept of proper arrangement between career and lifestyle of a job performer. Here, quality of work life is an extent to which that job performer is satisfied with his/her personal and working needs through participating in the workplace while achieving the goals of the organization (Swamy *et al.*, 2015)<sup>[24]</sup>.

**Table 9:** Descriptive Statistics of Balance of Work and Family Life

Variables		Mean	Std. Deviation
S_30.	It is easy to take time off during our work to take care of personal or family matters	2.96	1.23026
S_31.	I am ready to take additional responsibilities with my job	4.16	.67749
S_32.	I get sufficient support from my family to do my job	4.11	1.05309

*Source:* Authors' Calculation through SPSS Analysis

This factor is very significant in some professions, and nursing is one of them. If they cannot make necessary

arrangements between their work life and personal life, the previous factors will not work and quality will not be ensured.

Here, considering thing is nurses were (S\_31) ready for performing additional duties (4.16) with the (S\_32) support of their family members (4.11), but they were not (S\_30) allowed for taking time off to solve the family matters.

### 5.3.9 Defining another Issue that Influences QWL of Nurses

It is evident that quality of working life not only depends on the factors of workplace but also on some other

complimentary factors of daily and/or even personal life. Here, 'harassment by stalkers in the road' is taken as the complimentary factor, which negatively impacts the nurses' psychology when they physically move to work and to home. Table 10 shows that 59% of nurses were harassed or insulted in the road that might cause them to perform their jobs poorly. Of course, almost 41% nurses were not victim of such incidents.

**Table 10:** Harassment in the Road

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	34.0	34.0	34.0
	Sometimes	25	25.0	25.0	59.0
	No	39	39.0	39.0	98.0
	Never	2	2.0	2.0	100.0
	Total	100	100.0	100.0	

*Source:* Authors' Calculation through SPSS Analysis

## 6. Conclusions

It is generally perceived that handsome salaries and benefits can attract and retain the human resources with satisfaction. But study shows that QWL can create the motivation and satisfaction which also ensures the service quality of people. The major focus of the study was to investigate the present scenario of QWL of nurses in Bangladesh. In this study, seven factors were accentuated to know the prevailing conditions of work life of nurses that they are leading year after year. The study also discovered the problems and errors of QWL of nurses that were making them sufferer for performing their jobs efficiently.

The results of the study show that career growth opportunities were not effectively provided to the nurses, whereas they got proper social and psychological supports. Importantly, they perceived their working environment satisfactorily which indicates a healthy working life of nurses. But nurses were facing the problems regarding job security and leave benefits. The results also show that majority were using public transports for commuting that might hamper a better and healthy working life of those nurses. Abusive wording, harassment, attack and/insult by local mustans or stalkers in the road is a very common scenario, but a very serious issue in Bangladesh. As most of the nurses are female, the problem is sometimes beyond control even by the law enforcing body that has negative impact on the work life of nurses.

Inside the organization, nurses made complaint against their payment policies made by the authorities, compensation systems that the organizations were practicing, number of holidays they got, and their career opportunities. These were negatively impacting the work life of nurses, on which greater attention to be given to improve the prevailing conditions of work life of nurses. In addition, if all the factors equally be considered in the hospitals/organizations, it will ensure a very efficient and healthy working life which ultimately will create the commitment of nurses. This study was just the first phase in the investigation of the QWL of nurses in Bangladesh. It will direct the future research on the impact of QWL on service quality of nurses.

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