

ASSESSMENT OF NURSING STAFF SATISFACTION REGARDING THEIR JOB IN A MILITARY MEDICAL COMPLEX

By

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Abstract

The study assessed the nursing staff satisfaction level regarding their job. The sample consisted of 140 nurses who were available during the study time. A cross-sectional analytic design was utilized in conducting the study. The study was conducted in a Military Medical Complex. Data were collected through questionnaire sheets of two sections: socio demographic characteristics section and questionnaire section of thirty six closed-end questions categorized under six main components. The results showed that the nursing staff satisfaction regarding job showed generally low percentage. The highest satisfaction was with the domain of job characteristics (28.6%), and the lowest was the domain of salaries and incentives (17.9%).

Keywords: Egypt, Medical Complex, Staff nursing, Job satisfaction

Introduction

The job satisfaction is a positive or negative attitude that an employee has toward his or her job or some specific aspects of job, with an internal state of mind of him (Suzuki *et al*, 2006). It is a feeling or affection held by a member of an occupation system; if feeling was positive or active resonance, so he was satisfied, and vice versa (Disch *et al*, 2014). The job satisfaction depended level on difference between what a person actually gained from his or her job and what was expected (Castle *et al*, 2007).

The work pressure and attitude towards job have significant impact on job satisfaction and organizational commitment among hospital nurses (Halfer *et al*, 2008). Global studies showed that job satisfaction and organizational commitment were statistically significant predictors of nurse absenteeism, turnover, or intent to quit (Salt *et al*, 2008; Lee *et al*, 2009).

An unsatisfied employee at work, with less committed and would try to find another better opportunity, but if no opportunity he might emotionally or mentally be withdraw from the organization (Adams, 1965). So, organizational commitment must assess the employees' intention to quit and overall contribution to the organization (Angle and Perry, 1981).

Job satisfaction among workers is one of

the indicators of quality of work life (QWL). This was the perceptions and conceptions of the staff in the working area and the desirability or undesirability of working area from the staff's point of view (Davis, 1997). The emphasis on quality of work life strategies have revolutionized organizations' ability to increase level of staff job satisfaction, to improve performance, to decrease job turnover rates and alleviate their tension and heighten productivity level (Dolan and Schuler, 1995). Monitoring occupational health and safety (OH&S) was part of broader quality systems such as ISO 9000 and a key component of OH&S management systems as well, implementation indicators were developed for occupational health services (Poika, 1995). The assessment of staff satisfaction focuses on the interests of nurses and the organization coincided and suggested aspects of the work place that modification would improve nursing work life and organizational productivity, achieved by changes in communication, management style, compensation, and job redesign and result in greater employees' participation and commitment (Brooks and Anderson, 2014).

The basic purpose of staff satisfaction assessment is to develop job that are excellent for people as well as for productivity. This can achieve decent living standard and economic security, mutual trust among employ-

ers and workers and promote participation in decision-making, culture of openness regarding information, healthy and safe work environment, work-life balance, opportunities to use and develop skills, and encourages initiative and creativity (Byrne, 2008). Thus, staff satisfaction promotes human dignity and growth, collaborate work, compatibility of people and organizational goals etc. As a result, employees become satisfied, motivated, involved and committed individuals with respect to their lives at work (Islam, 2011).

Nurses' voice must be addressed and participation in policy level decision-making should be enhanced, with a dialogue culture among the employer and employees, for performance improvement and reduction of the work dissatisfaction. Legal aspect and social compliance has to be reviewed and monitored regularly and correction measure to be taken, Also, transport and housing facilities for all employees (Deery *et al*, 2012). Healy and Bramble (2013) stated that high rates of labor turnover in the call centre sector were, in the view of some commentators, indicative of widespread employee 'burnout'. They carried out a case study, undertaken within the call centre of a large Australian public-sector utility firm, which explored workers' experiences of job burnout using a combination of quantitative and qualitative methods. This supported earlier claims that call centre workers were at least as susceptible to burnout as workers in other occupations that were previously considered the most 'burnout-prone'. They argued that experience of job burnout for call centre workers could be largely attributed to the repetitive nature of work itself, variability of customer demands, the pervasiveness of managerial surveillance, the remoteness of customer-employee exchanges, and the performance of 'emotio-

nal labour' by workers in call centre. Thakre *et al.* (2017) reported that nurses' quality of work life was at the moderate level and socio-demographic characteristics of nurses and QWL was significantly associated. They added that health care authorities should develop strategies for improving the nurses work conditions and their QWL, so that, nurses would be able to perform better care for their patients. They concluded that the initial step in understanding the work life of nurses in a tertiary health care setting, and a need for outcome-driven study to evaluate effectiveness, efficacy and cost benefits of specific strategies to improve nurses' QWL.

Study significant: Nurses' satisfaction and retention are continuous challenges facing managers. Thus, they have the responsibility to understand what attracts and retains nurses to a certain health care organization by assessing staff satisfaction in order to be able to suggest steps and actions should be taken to improve their satisfaction.

Aim of the study: The study aimed to assess nurses' job satisfaction.

Subjects and Methods

Research design: A descriptive design was utilized in conducting the study.

Setting: The study was conducted in El Galaa Military Medical Complex (GMMC), which was opened in 2014 and consisted of six hospitals with around 1000 beds included 291 ICU Beds, 37 surgical theatres. Six referral hospitals are: El-Galaa main Hospital, Trauma & Emergency Hospital, Pediatric & Gynecology Hospital, ENT Hospital, Oncology Hospital and Nephrology Center. The subjects consisted of staff nurses working in GMMC in its 7 related hospitals. The study sample consisted of the 140 nurses who were available during the time of the study after exclusion of 15 nurses included in the pilot study.

Final sample

Qualification	Number
Secondary Nursing School Diploma	121
Technical Institute of Nursing Diploma	7
Bachelor Degree in Nursing	12
Total	140

Data collection: Job satisfaction scale consisted of two sections:

Section I: Collection of data related to demographic characteristics of study subjects as age, qualification, experience, marital status, and work department.

Section II: Scale was designed by the national Institute for Occupational Safety and Health (National Institute for Occupational Safety and Health (NIOSH, 2012) to assess staff satisfaction of their workplace. It consisted of thirty six closed-end questions categorized under six main headings or components of six questions each as follows: 1- Psychological work environment, e.g. feeling respect at work, etc. 2- Job characteristics, e.g. job assignments are challenging, etc. 3- Salaries and incentives, e.g. salary is fair compared to peers, etc. 4- Team work, e.g. each team member has full understanding of work goals, etc. 5- Supervisor leadership style, e.g. supervisor encourages sharing in decisions, etc. and 6-Participation in decision-making, e.g. the chance to influence decision related to work, etc.

Scoring system: Responses for the questions were on a 5-point Likert scale ranging from strongly agreed to strongly disagree.

These were scored respectively from 5 to 1. The scores of the statements of each component were summed-up, converted into percent score, and the total divided by the number of the items, giving a mean score for each component. The satisfaction was considered high if the percent score was 60% or more and low if less than 60%.

Pilot study: A pilot study was conducted on 15 nurses to examine the items' sequence, feasibility and applicability of the tools, clarity of the language, and for estimating the time needed to fill them. These 15 respondents were selected randomly from the study setting, and were excluded from the main study sample. Time taken to fill in the questionnaire ranged from 30 to 45 minutes. The pilot study also assessed the reliability of the tools. Cronbach alpha coefficient was

calculated to assess the reliability of the study tools through their internal consistency. This turned to be 0.97 for the questionnaire, denoting a high degree of reliability.

Fieldwork: The actual field work started at the beginning of March 2016 and ended in December 2016. The researcher collected the data by herself through meeting nurses in groups at the workplace and explaining to them the aim of the study and the method of filling out the satisfaction scales. Data were collected two days per week, from 9 to 10 AM. The filled forms were returned anonymously on the same day or the next day. The response rate was 100%.

Ethical consideration: Oral informed consents were obtained from the participants. They were informed about all the rights to refuse or withdraw from the study with no consequences. They were reassured about the anonymity and confidentiality of the information collected, and that it would be used only for the purpose of scientific research. Confidentiality was ensured by not including names or other identifiers in the data collection tool.

Statistical analysis: Data were analyzed using SPSS 16.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables.

Quantitative data were compared using non-parametric Kruskal-Wallis or Mann-Whitney tests as normal distribution of the data could not be assumed. Qualitative categorical variables were compared using chi-square test. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5, Fisher exact test was used instead. Chi-square was used to assess the significance of trends of scales. Pearson correlation analysis assessed the interrelationships among quantitative variables, and Spearman rank correlation for ranked ones. Significance was considered at $p\text{-value} < 0.05$.

Results

Table 1: Demographic characteristics of nurses in sample (n=140)

Items	Frequency	Percent
Age (years):		
<25	79	56.4
25-	43	30.7
30+	18	12.9
Range (M±SD)	18.0-55.0 (25.6±6.7)	
Nursing qualification		
Nursing School Diploma	121	86.4
Technical Institute Diploma	7	5.0
Bachelor of Nursing	12	8.6
Experience (years)		
<5	61	43.6
5-	32	22.9
10+	47	33.6
Range (M±SD)	0.0-36.0 (7.3±6.7)	
Marital status		
Single	84	60.0
Married	56	40.0

Ages were between 18 & 55 (25.6±6.7) years, 56.4% were less than 25 years and 60.0% were married. Majority (86.4%) car-

ried a Nursing School Diploma with experience less than five years (43.6%), with (7.3±6.7) years,

Table 2: Distribution of satisfaction as to psychological environment & job characters among nurses (n=140)

Items	Frequency	Percent
Psychological environment:		
There is mutual trust among all staff members	22	15.7
I feel freedom at work	20	14.3
I have close friendship with my peers	38	27.1
I feel respected at work	34	24.3
I feel satisfied with my achievements at work	40	28.6
I have good dealing with my colleagues at work	39	27.9
Job characteristics:		
My job assignments are important	38	27.1
I feel accountable of all what I do	42	30.0
I have skills necessary to perform my job	37	26.4
I feel free in deciding at work	23	16.4
The workload is acceptable	32	22.9
My job assignments are challenging	36	25.7

Agreement was very low about psychological work environment; 28.6% satisfied with work achievement and 14.3% feeling freedom at work. Job characteristics domain,

showed low agreement% with all items. Highest one was feeling accountable with all they did (30.0%), but lowest was upon their feeling free in work decision (16.4%).

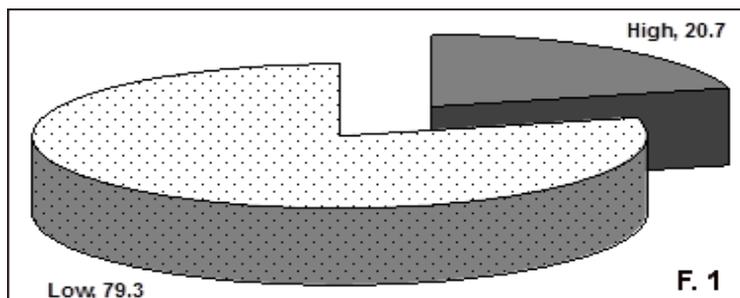


Fig. 1: Total satisfaction level among studied nurses (n=140), 20.7% high satisfaction level of their job

Table 3: Distribution of satisfaction related to salaries, incentives and team work among nurses (n=140)

Items	Frequency	Percent
Salaries and incentives:		
I feel happy with my job revenues	24	17.1
My salary depends on my efforts at work	19	13.6
I totally understand system of incentives at work	16	11.4
My salary fair compared to my peers	25	17.9
My salary commensurate with my skills and efforts	20	14.3
My personal performance determines my revenue	18	12.9
Team work:		
I feel I am an important member of the work team	34	24.3
My team members express themselves freely	25	17.9
Each team member has full understanding of work goals	28	20.0
Team members express their emotions freely	26	18.6
Team members share in decisions of importance to them	23	16.4
Team members have different and integral skills	29	20.7

Salaries and incentives agreement was 11.4% for understanding work incentives system, and 17.9% felt salary was fair compared to peers. About team work was

low, highest was feeling as an important team work member (24.3%) and lowest was that members share in decisions of their importance (16.4%).

Table 4: Distribution of satisfaction as to supervisor leadership style and participation in decision-making among nurses (n=140)

Items	Frequency	%
Supervisor leadership style:		
My supervisor encourages my sharing in decisions	25	17.9
My supervisor with good planning skills	25	17.9
My supervisor provides enough information to sub-ordinates	22	15.7
My supervisor's treatment is fair	26	18.6
My supervisor explains job objectives clearly	22	15.7
My supervisor competent in motivating sub-ordinates	29	20.7
Participation in decision-making:		
I have chance to influence decisions related to my work	24	17.1
I can share in decisions to solve work problems	29	20.7
I get enough information about my work objectives	31	22.1
I get enough information about my performance at work	35	25.0
I enjoy cooperating with my peers	31	22.1
I have enough freedom at work	25	17.9

Agreement was 15.7% for supervisors provided enough information to subordinates and explained job objectives and 20.7% felt that the supervisor was competent in motivating subordinates. As to decision-

making, agreement was very low. Highest % was related to nurses got enough information about work performance (25.0%), and lowest was related to the chance to influence work decisions (17.1%)

Table 5: Distribution of satisfaction levels among (n=140)

High Satisfaction (60%+)	Frequency	Percent
Job characteristics	40	28.6
Psychological work environment	38	27.1
Team work	37	26.4
Participation in decision-making	35	25.0
Supervisor leadership style	29	20.7
Salaries and incentives	25	17.9

Nurses' satisfaction varied generally low percentages. Highest satisfaction was with

job characteristics (28.6%), lowest was domain of salaries and incentives (17.9%).

Discussion

In the present study, nurses' responses were generally low satisfaction levels in all domains. About one-fourth or less of them expressed their satisfaction with the psychological environment, very low satisfaction with feeling of freedom at work, and mutual trust among all staff members. The findings might be due to the fact that the hospital climate and culture were fully characterized by formal and official chain of commands, as well as traditional bureaucratic organizational structure.

The present study, only about one-fourth of the nurses felt their job assignments were important, challenging, and felt accountable of what they do. Winter *et al.* (2010) found that characteristics were quite important to determine the satisfaction level since overwork and too little time to complete work led to frustration and feelings of resentment without commitment. The employees were asked to do too much work in too little time to complete their responsibilities, considered that they did less work than they must do (Parker, 2010).

Generally speaking, over the past 10 years, the nursing field within the United States and Canada evolved in response to a variety of external and internal developments of its health care systems. The creation of new nursing positions and the increase in educational requirements for nurses and nurse practitioners' licensure developed feelings of role confusion and increased stress in the workplace (Robinson and Griffiths, 2007). Hegney *et al.* (2006) in Austria identified the factors with impact upon nursing work reported that workplace safety and workplace morale must be linked, which provided information for policy makers and nurse managers on areas that need to be addressed to retain nurses within aged care, acute hospital and community nursing. Khani *et al.* (2008) in Iran stated that nurses suffered from the high demands of their profession, and often complained of overwork and underpay, Problems persisted with the nurses'

job satisfaction, burnout, organizational commitment and intent to leave. Tummers *et al.* (2013) in the Netherland reported that the major difference in hospital-based and nursing home practice was in the work organization as assessed by the organizational characteristics environmental uncertainty and decision authority. Relations found between variables are in majority in line with the JDC-model and confirm the applicability of this theory in different types of health care settings. Brooks and Anderson (2014) in the United Kingdom assessed quality of nursing work life and concluded that nursing workload was too heavy, which had a negative impact on their satisfaction.

In the present study nurses' feeling that their work was neither important nor challenging, this is known as job demand, which is one of the significant workplace characteristics that influence job satisfaction, and consequently the satisfaction. Demerouti *et al.* (2010) in Germany tested a theoretically derived model of burnout and overall life satisfaction. The model discriminated between two conceptually different categories of working conditions, namely job demands and job resources. They concluded that there were strong effects of job demands and job resources on exhaustion and disengagement respectively, and the mediating role of burnout between the working conditions and life satisfaction. This was contributed to the existing knowledge about antecedents and consequences of occupational burnout, and provides guidelines for interventions aimed at preventing or reducing burnout among nurses. Aiken *et al.* (2012) in USA determined the association between the patient-to-nurse ratio and patient mortality, failure-to-rescue (deaths following complications) among surgical patients, and factors related to nurse retention. They concluded that in hospitals with high patient-to-nurse ratios, surgical patients experience higher risk-adjusted 30-day mortality and failure-to-rescue rates, and nurses are more likely to experience burnout and job dissatisfaction. Hayes *et al.* (2012)

in Canada conducted a comprehensive review of the related literature to examine recent findings related to the issue of nursing turnover and its causes and consequences, and to identify on methodological challenges and the implications of new evidence for future studies. They stated that nursing turnover continues to present serious challenges at all levels of health care, and that longitudinal research was needed to produce new evidence of the relationships between nurse turnover and related costs, and the impact on patients and the health care team.

The responses of the present study nurses in the satisfaction domains of team work, participation, and supervisor leadership style were quite low. These three domains are inter-related and it is expected that they should have a similar evaluation by nurses. Thus, nurses were not feeling that the team members share in decisions of importance to them, that their supervisors were providing enough information to subordinates, and they were not having the chance to influence decisions related to their work. These findings were much lower than the corresponding areas of organizational commitment as reported by the nurses; however, participation was among the least areas of commitment reported by them.

The most common factors include lack of control over work, and lack of supervisor's support and lack of opportunity for active involvement Nadler and Lawler (1983) in USA argues that the values that QWL brought to the workplace were in danger of being lost. To avert this danger, several "definitions" of the concept that miss the point are debunked; six factors that distinguish more and less successful QWL efforts are delineated. They concluded that 3 major components of QWL efforts must be managed well if they must succeed: development of projects at different levels, changes in management systems and structure, and changes in senior management behavior. Brisbois (2003) stated that Canadian Governments have two roles to play here: First,

governments should strive to be model employers. In order to achieve this, governments need to measure and track indicators of job quality for their own workforces. Second, governments should encourage employers to track and monitor job quality indicators. Governments can contribute to job quality initiatives by: funding additional research in this area; disseminating relevant information on job quality to employers and employees; and providing benchmark data on trends in job quality over time. This should include support for more research on the international job quality comparisons. Boonrod (2009) in Thailand reported that to develop the QWL among professional nurses at Phramongkutklo Hospital; nursing administrators should promote their job satisfaction, organizational commitment, organizational climate, and job characteristics. Professional nurses who have better QWL, were more likely to stay in their positions and provide better nursing care.

On the other hand, Adams and Bond (2000) in England studied the hospital nurses' job satisfaction; individual and organizational characteristics using the Ward Organizational Features Scales (WOFS), relationships between aspects of the organization of acute hospital wards, nurses' personal characteristics and nurses' job satisfaction are examined among a nationally representative sample of 834 nurses. The positive contribution of the cohesiveness of ward nursing staff was highlighted, but the potential for many current NHS staffing strategies and work environments undermined the development of cohesive working relationships. Other influential factors were nurses' relationships with medical staff, perceptions of their workload and their evaluation of the appropriateness of the system of nursing being practiced. They concluded that the importance of measuring nurses' subjective assessments of their work environment is emphasized. A weak association was found between grade and job satisfaction. Individual nurse characteristics were found not to be

associated with job satisfaction. Yeh *et al.* (2007) in Taiwan examined job stress and work attitudes among temporary (i.e. fixed-term) and permanently employed nurses, using data collected via a structured questionnaire filled out by 249 nurses in two hospitals. Temporary nurses in the sample were generally younger, less experienced, unmarried, or married without children. Questionnaire responses also indicate that they suffer from greater job stress and lower affective organizational and occupational commitments compared to their permanent counterparts. A positive correlation was found between perceived contract breaches and job stress and a negative correlation was identified between perceived contract breaches and affective occupational commitment. In both cases the effects were more intense among full-time, permanently employed nurses. Olofsson *et al.* (2013) in Sweden reported that recurring stressful situations obviously caused problems for the nurses in their daily work. Not only did they lack responses from their supervisors, they also experienced emotions of frustration, powerlessness, hopelessness and inadequacy, which increased the general stress experienced at work. They concluded that the experience of absence of response leads to negative stress in nurses.

In the present study, the satisfaction domain of salaries and incentives turned to be the lowest in nurses' responses. The main problems were related to the lack of clear system of incentives at work, which is associated with the feeling that salary and incentives distribution is not fair compared to peers. This latter issue was the most raised in the corresponding organizational commitment area. The findings are in agreement with the finding of the Nursing Work life Satisfaction survey, which showed that pay and autonomy were the two most important components of nurses' quality of work life (Valarmathi and Bhalakarishnan, 2013) Also, Saif (2016) in Jordan stated that for many years, economists and psychologists

have argued for the importance of quality of working life (QWL), citing its critical effect on workplace success, development, and staff retention. QWL rests on the principle that people are the most important assets in any organization, and should be treated with dignity and care (Pablos and Tennyson, 2014); QWL is receiving an increasing amount of interest globally (Jayakumar and Kalaisevi, 2012), and is guaranteed by law in America and Europe (Beinum, 2012). He concluded that a safe rest area with refreshment facilities should be provided to ED workers. The triage system should be applied on a scientific basis, in order to regulate patient management and prioritize urgent cases.

In the present study, satisfaction assessment was put into evidence that the nurses have low levels, reflecting high dissatisfaction with work. This agreed with Saraji and Dargahi (2006) in Iran showed a poor quality of work life among respondents, indicating the majority of employees were dissatisfied with most aspects of work life. As in the current study, income and job characteristics were the most important issues for a high satisfaction. Rose *et al.* (2006) in Malaysia reported that three exogenous variables were significant: career satisfaction, career achievement and career balance, with 63% of the variance in QWL. Besides, Aiken *et al.* (2012) reported such as the lack of involvement in decision making, poor relationship with management, low salaries and poor benefits, and poor recognition, which are linked to emotional exhaustion and burnout, with subsequent negative effects on patient outcomes. However, Raduan *et al.* (2006) demonstrated a significant difference of satisfaction between married and singles, with higher scores among married. Moreover, Winter *et al.* (2010) claimed a happy family life correlated with high levels of job satisfaction and objective career success. The differences might be explained by the priority given to family or to career, which varies according to age and stage of work

life. Thus, Rose *et al.* (2006) found that being married leads individuals to give their personal lives priority over their work lives. Nonetheless, the military setting could influence this relationship, married status of Army nurses were not related to satisfaction, which is in line with the current study findings.

Conclusion

Undoubtedly, the quality of work life (QWL) is a process by which the organizations' employees and stakeholders get an insight into how to work better together to improve both the staff's quality of life and the organizational effectiveness simultaneously.

The outcome data showed that the nurses had low levels of job satisfaction, especially with the salaries and incentives. But, they have high levels of organizational commitment, particularly in relation to domains of the investment, feeling of experience at work, and identification, although the domains of participation and compliance were low. Consequently, the nurses' satisfaction should be into consideration of improving.

Recommendations

Continuing education sessions for nurses to explain job objectives and enough information about work

More frequent meetings between staff nurses and their supervisors for better relationships

Reviewing the system of incentives and seeking alternative methods for recognition of good work.

Increasing the nurses' participation hoppy in the decision-making due to the low scores in satisfaction.

Nurses' satisfaction of the quality working life should be taken into the Health Authorities consideration.

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References

- Adams, A, Bond, S, 2010:** Hospital nurses' job satisfaction, individual and organizational characteristics. *J. Adv. Nurs.* 32, 3:536-43.
- Adams, JS, 1965:** Inequity in social exchange. In: L. Berkowitz (Ed.); *Advances in the Experimental and Social Psychology.* New York, NY: Academic Press.
- Aiken, LH, Clarke, SP, Sloane, DM, Sochalski, J, Silber, JH, 2012:** Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *J. Am. Med. Assoc.* 288:1987-93.
- Angle, HL, Perry, JL, 1981:** An empirical assessment of organizational commitment and organizational effectiveness. *Adminis. Sci. Quart.* 26, 1:1-14
- Beinum, V, 2012:** Working on the Quality of Working Life: Developments in Europe. Boston: Martinus Nijhoff Publishing.
- Boonrod W, 2009:** Quality of working life: perceptions of professional nurses at Phramongkutklo Hospital. *J. Med. Assoc. Thai.* 92, 1: S7-15.
- Brisbois, R, 2003:** How Canada Stacks Up: The Quality of Work: An international perspective. Canadian Policy Research Networks Inc. (CPRN) Web Site: <http://www.cprn.org>
- Brooks BA, Anderson MA, 2014:** Nursing work life in acute care. *J. Nurs. Care Qual.* 19, 3: 269-76.
- Byrne, U, 2008:** Work-life balance: Why are we talking about it at all? *J. Business Inform. Rev.* 25, 3:190-6.
- Castle, NG, Engberg, J, Anderson, RA, 2007:** Job satisfaction of nursing home administrators and turnover. *Med. Care Res. Rev.* 64:191-211.
- Davis, E, 1997:** The leadership role of health services managing. *Int. J. Hlth. Care Qual. Assur.* 10, 4:23.
- Deery, S, Iverson, R, Walsh, J, 2012:** Work Relationships in Telephone Call Centers: Understanding Emotional Exhaustion and Employee Withdrawal. *J. Manage. Stud.* 39, 4:471-96.
- Demerouti, E, Bakker, A, Nachreiner, F, Schaufeli, W, 2010:** A model of burnout and life satisfaction amongst nurses. *J. Adv. Nurs.* 32, 2: 454-64.
- Disch, J, Edwardson, S, Adwa, J, 2014:** Nursing faculty satisfaction with individual, institutional, and leadership factors. *J. Profess. Nurs.* 20:323-32.

- Dolan, SL, Schuler, RS, 1995:** La gestion des ressources humaines au seuil de l'an 2000. (2ième Édition). Saint Laurent, ERPI. 18.
- Halfer, D, Graf, E, Sullivan, C, 2008:** The organizational impact of a new graduate pediatric nurse mentoring program. *Nurs. Econ.* 26:243-9.
- Hayes, LJ, O'Brien-Pallas, L, Duffield, C, Shamian, C, Buchan, J, et al, 2012:** Nurse turnover: A literature review - an update. *Int. J. Nurs. Stud.* 49, 7:887-905
- Healy, J, Bramble, T, 2013:** Organizational trust and empowerment in restructured healthcare settings. *J. Nurs. Admini.* 30, 9:413-25.
- Hegney, D, Eley, R, Cbiol, M, Plank, A, Bukikstra, E, et al, 2006:** Workforce issues in nursing in Queensland: 2001 and 2004. *J. Clin. Nurs.* 15, 12:1521-30.
- Islam, S, 2011:** Quality of work life: an insight of causes of attrition in insurance sector in India. *Int. Conf. Manage. (ICM) Proceed.* 342-352.
- Jayakumar, A, Kalaisevi, K, 2012:** Quality of work life: An overview. *Int. J. Market. Finan. Serv. Manage. Res.* 1, 10:140-51.
- Khani, A, Jaafarpour, M, Dyrekvandmogadam, A, 2008:** Quality of Nursing Work Life. *J. Clin. Diag. Res.* 2:1169-74.
- Lee, TY, Tzeng, WC, Lin, CH, Yeh, ML, 2009:** Effects of a preceptorship programme on turnover rate, cost, quality and professional development. *J. Clin. Nurs.* 181:217-25.
- Nadler, DA, Lawler, EE, 1983:** Quality of work life: Perspectives and directions. *Organizational Dynamics* 11, 3:20-30.
- Olofsson, B, Bengtsson, C, Brink, E, 2013:** Absence of response: A study of nurses' experience of stress in the workplace. *J. Nurs. Manage.* 11:351-8.
- Pablos, P, Tennyson, R, 2014:** Strategic Approaches for Human Capital Management and Development in a Turbulent Economy. New York: Business Science IGI. <http://dx.doi.org/10.4018/978-1-4666-4530-1>
- Parker, A, 2010:** The work-family research agenda in changing contexts. *J. Occupat. Hlth. Psychol.* 4:382-93.
- Poika, A, 1995:** Implementation of a quality system for the examination of occupational diseases. *Occup. Med. (London)* 45:298-304.
- Raduan, CR, LooSee B, Jegak U, Khairuddin, I, 2006:** Quality of Work Life: Implications of Career Dimensions. *J. Soc. Sci.* 2, 2:61-7.
- Rahman, S, Ferdausy, S, Karan, R, 2010:** Role of quality of work life in job satisfaction, job performance, and turnover intention: an empirical study. *J. Busi. Admin.* 25:117- 38
- Robinson, S, Griffiths, P, 2007:** Nursing education and regulation: In *International Profiles and Perspectives*. London: University of Southampton
- Rose, RC, Beh, LS, Uli, J, Idris, K, 2006:** Quality of work life: Implications of career dimensions. *J. Soc. Sci.* 2, 2:61-7.
- Saif, NI, 2016:** Quality of working life in the emergency department: Physicians' and nurses' perspective. *Int. J. Business Manage.* 11, 3:73-82.
- Salt, J, Cummings, G, Profetto-McGrath, J, 2008:** Increasing retention of new graduate nurses: A systematic review of interventions by healthcare organizations. *J. Nurs. Admi.* 38:287-96.
- Saraji, GN, Dargahi, H, 2006:** Study of Quality of Work Life (QWL). *Iranian J. Publ. Hlth.* 35, 4:8-14.
- Suzuki, E, Itomine, I, Kanoya, Y, Katsuki, T, Horii, S, et al, 2006:** Factors affecting rapid turnover of novice nurses in university hospitals. *J. Occup. Hlth.* 48:49-61.
- Thakre, SB, Thakre, SS, Thakre, SN, 2017:** Quality of work life of nurses working at tertiary health care institution: a cross sectional study. *Int. J. Commun. Med. Public. Hlth.* 4, 5:1627-36
- Tummers, G, van Merode, F, Landeweerd, A, Candel, M, 2013:** Individual and group-level relationships between organizational characteristics and psychological work reactions in nursing work: A multi-level study. *Inter. J. Stress Manage.* 10, 2:111-36
- Valarmathi, A, Bhalakarishnan, H, 2013:** Study on quality of work life in textile sector in and around Coimbatore district. *J. Business Manage. Soc. Sci. Res.* 2, .2:42-6
- Winter, R, Taylor, T, Sarros, J, 2010:** Trouble at mill: Quality of academic work-life issues within a comprehensive Australian University. *Stud. High Educ.* 25, 3: 279-94
- Yeh, YY, Ko, JR, Chang, Y, Chen CV, 2007:** Job stress and work attitudes between temporary and permanently employed nurses. *Stress Hlth.* 23:111-20.