

Doctors' Work Life Quality and Effect on Job Satisfaction: An Exploratory Study Based on Literature Review

Partha Lodh^{1,*}, Dr. Saileswar Ghosh²

¹Research Scholar, Department of Management, Brainware University, Barasat, Kolkata, India

Email: parthalodh@yahoo.com

²Associate Professor, Department of Management, Brainware University, Barasat, Kolkata, India

Email: swg.mgmt@brainwareuniversity.ac.in

*Corresponding Author

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Abstract— Every day, the health-care system becomes more complicated. It is mostly due to changes in lifestyle, greater demand for patient care, and the effect of technology on the health-care delivery process. Sophisticated devices necessitate specialized knowledge, which necessitates a better and more current medical education system, which, in turn, necessitates a better organizational structure. All of this has an impact on the entire medical profession, as novel difficulties must be met with increasing skill and potential development, as well as increased dedication to the profession, as performance management becomes a major aspect in avoiding professional hazards in various forms. As a result, the entire health policy needs to be updated in order to provide health care professionals, particularly doctors, with enough quality work life and improved job satisfaction in order to improve their performance at work. We try to answer these questions in our research.

Keywords— quality of life, job satisfaction, performance, health care system, doctor.

I. INTRODUCTION

Doctors operate under severe strain worldwide, whether in the public or commercial sector, it is widely acknowledged. However, there has been little work done to isolate the components that affect their working conditions at work, and only a few study evaluations are now available. In our article, we attempted to go deeper into those elements by researching scholarly articles on health care as well as QWL conceptual studies in general.

In the 1960s and 1970s, first-world countries began to pay attention to quality of work life (QWL) as a human resource intervention. The industrial economy benefited from the introduction of computer technology and de-skilling, but at the expense of the working classes. Outsourcing of jobs to attain a competitive cost advantage put domestic labourers in jeopardy. As a result, workers were subjected to enormous workloads and high levels of stress, as they were

forced to become goal-oriented without any autonomy or job security.

The expansion of high-tech jobs and the scope of employment in IT industries has attracted the curiosity of researchers from various disciplines to examine work-life balance techniques. The purpose of this exercise was to find ways to motivate employees to attain high levels of performance, improve job satisfaction, and lower the risk of employee attrition (Hannif & et.al, 2008, 272).

II. ANALYSIS

The concept of "quality of work life" was originally stated in 1972 at an international labour relations conference. After the United Auto Workers and General Motors started a Quality Work Life (QWL) campaign to reform the workplace, it gained even more attention.

The term 'QWL' was first coined by Irving Bluestone (of General Motors). His emphasis was on workers' active participation in decision-making, which had a wide range of effects on firm performance.

In his research, Seashore (1975) attempted to link QWL to employee satisfaction. He described it as role efficacy that has an impact on an employee's pay, job security, and job happiness. On the other side, it has an impact on the employer in terms of productivity, cost, and quality control, among other things.

QWL is defined by alpha, beta, and gamma variations, which are correlated with time frame, shift in reference point, and individual priorities, according to Golembiewski et al. (1976).

"A process by which an organisation responds to employee demands by establishing mechanisms that allow individuals to actively engage in the decisions that form their life at work," according to Robbins (1989).

QWL is a multidimensional term that is strongly tied to Industrial Labor Relations, according to Hsu and Kernohan (2006).

Other researchers have defined QWL as a multidimensional construct that relates employee wellbeing, job quality and job description, working environment and relationship, autonomy and control (Korunka, Hoonakker, & Carayon, 2008; similar work was also done by Schouteten, 2004; Van Laar, Edwards, & Easton, 2007).

Several academics have proposed several categories and criteria to describe and assess quality of life. Walton (1980) divided QWL's basic components into four categories. According to him, work meaning, job social and organisational harmony, work challenge, and richness are all impacting aspects on QWL.

D. Statt (2004) outlined the function of factors that affect employee job satisfaction, such as working environment, including work schedule and payment structure, coworker attitude, and rewards for great service, among others.

The eleven dimensions of QWL were defined by Klatt, Murdick, and Schuster (1985). Remuneration, workplace discomfort, organisational health programmes, flexible work hours, and management participation are all factors to consider. Workplace control with recognition, interpersonal relationships, grievance resolution, resource adequacy, valid promotion policies, and job security are only a few of them.

Winter et al., (2000) investigated how supervisory, structural, and social variables, as well as role stress, work characteristics, and supervisory, structural, and social variables, influenced academicians' experiences, attitudes, and behaviours both directly and indirectly, using QWL.

Bhanugopan and Fish identify a lack of job stress, burnout, turnover intentions, employment enjoyment and stability, and professional advancement as some of the signs (2008).

Connell & Hannif (2009) highlighted three characteristics: i) job description; ii) total working hours/work-life balance; and iii) supervisory policies. Job security, reward systems, salary, and growth chances, they say, are among the most important subjects.

Adhikari and Gautam (2010) describe work life quality as proper salary and benefits, job stability, and a safe and healthy working environment.

In their descriptive research among Nurses, Hsu and Kernohan (2006) revealed 56 QWL characteristics that fall into six domains, including demographics, socioeconomic components, and health behaviours.

To perform descriptive research, Hsu and Kernohan (2006) used a convenience sample. They divided the participants into 16 focus groups, each with three to five registered nurses with at least two years of experience from one medical centre and five rural hospitals. They discovered 56 QWL categories that fell into six categories: socioeconomic relevance, demography, organisational self-actualization, and so on.

. Donald et al. (2005) assessed QWL indicators in six Canadian public health care organisations by analysing pertinent paperwork and performing focus groups or team interviews (HCOs). The focus groups were taped and analysed utilising qualitative data analysis methods. Employee happiness and working circumstances have been found to be important indicators of QWL.

. According to research, low levels of QWL have an effect on organisational culture and effectiveness, employee health, high stress and burnout levels, more complaints, greater direct medical expenses, and patient morbidity and mortality rates (An, Yom, & Ruggiero, 2011; Cole et al., 2005; Laschinger, Finegan, Shamian, & Almost, 2001, Nayeri et al., 2009 and Sirgy et al., 2001). Bragard et al. (2012) looked into the relationship between quality of work life (QWL) and the Quality of Work Life Systemic Inventory (QWLSI), as well as a QWLSI-based intervention methodology.

Better motivation - Emadzadeh, Khorasani, and Nematizadeh (2012) surveyed 862 primary school teachers in Isfahan about the quality of their work lives. It discovered that, despite the lack of other quality criteria such as remuneration, self-motivation has a significant effect in institutional success.

To examine if there was a link between QWL and productivity, Nayeri et al. (2011) conducted a descriptive study of 360 clinical nurses working in Tehran University

of Medical Sciences facilities. According to the statistics, 61.4 percent of the people had a moderate QWL. Only 3.6 percent of nurses were judged to be doing their tasks properly.

III. WORK LIFE QUALITY: HEALTH CARE SECTOR

Health is undoubtedly the most delicate field of research, as health-care providers must sometimes prioritise the value of a patient's life over the benefit of the organisation. As a result, workers in many categories of health jobs are subjected to persistent physical and emotional stress, increasing the risk of early burnout.

The key to running a successful healthcare firm is having a highly competent and diverse personnel.

Employees in such an organisation, on the other hand, must be dedicated to their profession and spend significantly more time than those in other fields. As a result, they are subjected to extreme physical and emotional strain. As a result, it is critical to maintain the organization's working environment at its best in order to recruit top talent.

In their study, Seashore (1975), Khaleque & Rahman (1987) emphasised the relevance of job satisfaction. However, QWL has only been minimally distinguished from job satisfaction in a few research. Quinnand, Shepherd, Davis, and Cherns all expressed their opinions on the subject in 1974 and 1975, respectively.

In their study, Attridge and Callhan (1990) emphasised the importance of the work environment and offered six dimensions: organisational features, resources, type of labour, job-related benefits, workplace relationships, career development, and recognition.

O'Brien- Pallas et al. (1994) proposed a framework for assessing nurses' quality of life. Brooks (2001) expanded on it by looking at work-life balance, work composition, work environment, and work world, among other things. These criteria were developed with a variety of elements in mind, including family and work life balance, social and cultural considerations, and so on.

In independent research among young female workers, Oginska-Bulik (2006) and Melchior et al. (2007) indicated that irregular job schedules and longer service hours negatively influence them and are a primary cause of mental breakdown.

In 2006, Saraji and Dargahi performed research at Teheran University of Medical Sciences on the positive and negative effects of financial benefits, occupational safety, work-life balance, and other factors on employee satisfaction. They used a questionnaire with 14 essential factors to conduct a

cross-sectional, descriptive, and analytical investigation. This survey included around 900 employees from 15 different hospitals. The majority of them were unsatisfied with various issues. Employee pay structure, autonomy and participation in decision-making, career development, occupational safety measures, job security and reward system, relationship with seniors, work-life balance, and other QWL characteristics were discovered as a result of this study.

Lockley et al., (2007) similarly linked an intensive work schedule to lower QWL and family strife. Barger et al. produced a similar picture in a separate investigation (2009).

In 2007, Vultee., et. al. conducted a significant study in Sweden on the operational independence of physicians. They came to the conclusion that organisational support is an important component in increasing job satisfaction and reducing work-related weariness.

The notion of a work-related quality of life (WRQoL) scale for employees in the health-care system was developed by Van Laar et al. (2007). It described six elements, including work conditions, stress at work and how to manage it, the interface between work and family life, job satisfaction and career fulfilment, and so on.

Shailesh et al. (2007) conducted research on Psychiatrists in New Zealand, focusing on the emotional side of their work, as well as job satisfaction and burnout.

Burns and Muller looked into Hospital-Physician Relationships (HPRs) in terms of financial performance in 2008, and came to the conclusion that better financial status for physicians, as well as the application of positive operational and behavioural skills within the organisation, can help manage HPRs. successfully

Madaan (2008) investigated the demographics of senior and junior residents in India, concluding that working conditions are a deterring factor in this regard.

In 2009, O'Leary et al conducted a gender-specific study among Russian physicians and discovered that males have a higher level of job satisfaction than females.

Webster et al. (2009) used content analysis, interviews, and continual comparative studies to investigate work-life balance in nursing communities, employing factors such as safety, recognition, and opportunity.

In their study of health care workers as a whole, Barger et al. (2009) identified psychological and physical diseases such as depression, musculoskeletal, gastrointestinal, and cardiac disorders as a direct result of ill-defined shift work, which disrupted each worker's typical circadian cycle. Van der Colff and Rothmann discovered similar findings (2009).

Barker and Nussbaum (2011) highlighted physical and emotional negative impacts in both acute and chronic forms, and recognised elements like as night shifts and shifting responsibilities as severe occupational hazards connected with the health care profession. Another study by Geiger-Brown et al (2012) recommended for reducing duty hours from 12 hours to 8 hours in order to provide better health care for patients. In this study, a positive link was established between the occurrence of immunological disorders and breast carcinoma in female employees, presumably due to excessive exposure to artificial illumination, which suppressed Melatonin and resulted in carcinogenesis as a result. This finding was supported by prior research by Hansen (2001) and Lockley et al. (2007).

Vagharseyyedin et al. (2011) projected six parameters to measure Nurses' QWL, including shift work, economic benefit, work place relationship, demanding job character, demographic pattern, and, most importantly, leadership or managerial attitude at work.

Nataranjan and Annamalai (2011) emphasised the importance of creating a support structure for employees in order to preserve QWL, minimising absenteeism and enhancing productivity.

Bagtatos (2011) raised worry about individual demands such as wellness, security, and so on, and how these relate to corporate needs.

In their study, Lee et al. (2013) employed the CHINESE version of the QNWL (C-QNWL) to measure the QWL of nurses using 10 subscales such as work-life balance, leadership style, self-awareness, job security, good teamwork, autonomy, and staffing pattern. Within the study population, there was a mixed response.

Institutional infrastructure and ergonomics, like all other professions, have an essential impact in physicians' QWL and performance. This viewpoint is backed by the findings of the South African Human Rights Commission (SAHRC, 2000), which emphasised the importance of proper infrastructure, such as electricity, water supply, and a well-functioning communication system. They also underlined the importance of having sufficient space and public facilities in hospital facilities in order to provide better health care. After evaluating 434 hospitals, the DPSA Report (2006) recommended appropriate maintenance and timely replacement of life-saving medical equipment. With the advent of urbanisation, the rate of hospital admissions for emerging types of illnesses such as AIDS, SARS, and other diseases has increased, causing more hardship to physicians who are operating under a damaged institutional framework. In their research throughout time, Benatar (2004), Hall (2004), and Breier et al (2009) have presented sufficient data to support this viewpoint.

In their research in Senegal and Malawi, Rouleau et al. (2012) and Bemelmans et al. (2011) described a serious shortage of competent people, including doctors and nurses, contributing to poor medical care and increasing morbidity and mortality.

As a result of the crisis, several developing countries have resorted to task-shifting, or the use of unskilled labour in places where high-skilled personnel are unavailable. Such examples were described by Breier (2009) and Munga et al. (2012) in South Africa and Tanzania, respectively. Walsh et al., (2010) mentioned situations in Zambia where nursing staff had to perform the duties of doctors in order to avert a disaster. As mentioned by Connell et al., junior doctors and even recently hired nurses are frequently used, resulting in inadequate patient management (2007). On the other hand, Chikanda (2006) and Breier (2009) described a situation in which highly competent professionals, such as specialist doctors, were forced to perform activities normally performed by junior or unskilled employees due to general staff shortages. This obstructs normal functioning as well.

In their study on health care workers in Uganda, Opollo et al. (2014) adopted Van Laar WRQoL scale to assess perceived work-related quality of work life, taking into account gender and work hours of employees, and reported considerably low levels of QWL among the studied sample.

Adisa T. et al. (2014) researched the work-family balance of female employees in Nigeria (both doctors and nurses) and found a negative pattern, which they attribute to the workplace and domestic environment.

Nowrouzi et al. (2015) used a mixed strategy that included both questionnaires and semi structured interviews to study the association between QWL and nurses' health and pushed for a significantly proportional outcome.

Physician migration seeking better possibilities and prospects is a current and serious issue for the health sector's personnel shortage. Al-Momani, (2008); Manyisa et al., (2015) investigated why doctors prefer the private sector due to financial benefits, resulting in a large number of vacancies in the public sector.

Scully, R. et al. (2017) investigated maternity leave and its influence on female employees' professional and personal lives, finding a negative economic impact and high job unhappiness.

Various academics looked into this topic in depth in order to combat the tendency of skilled health care workers migrating and to enhance retention. Marchal, Brouwere, and Kegels (2005) proposed certain specific policy adjustments, such as flexi-work, career growth policies, and so on. Cho et al. (2006) emphasised the need of providing sufficient resources and time to complete the task, as well as monetary

assistance, to improve institutional loyalty. In his study, Manyisa et al., (2015) emphasised the importance of proper infrastructure in increasing job satisfaction and retention.

Turner. I (2017) also investigated gender-specific job-related stress in the Nigerian Medical Service and discovered widespread unhappiness among female physicians, who find it difficult to strike a balance between work and home life due to a lack of personnel and lengthy working hours.

IV. RESEARCH GAP

1. Most of the studies done on Nursing cadres only with few studies done on doctors or paramedics.
2. Very few studies done on gender basis, keeping female doctors in consideration separately
3. Not much studies done including private and govt. sectors both at a time and publishing a comparative study

V. CONCLUSION

Even though there is considerable agreement on the concept of employee well-being, the preceding debate has led us to the conclusion that defining quality of life measurements is a difficult task. Clearly, there are objective (physical and structural design) and intervening regulatory variables that influence employee work processes. As outcome factors, researchers are looking at immediate effects on employee psychology (positive attitudes, devotion, and satisfaction) as well as long-term repercussions on organisation performance.

The importance of establishing a joyful working environment for health care professionals, patients, and the firm is clear from this data. A review of the literature revealed methods for overcoming barriers to achieving ideal working environments. According to this study, excessive workloads, irregular shifts, and long working hours are important indicators of job discontent, high degrees of burnout, low morale fatigue, and emotional exhaustion among health care personnel.

REFERENCES

[1] Ashoob, Taghi. 2006 "*Study of The Relationship between Quality of Work Life and Organizational Commitment of The High Schools of Gonbad-e- Kavus City*", master's dissertation.

[2] Adkoli, B. V. (2006). Migration of health workers: Perspectives from Bangladesh, India, Nepal, Pakistan and Sri Lanka. *Regional Health Forum*, 10(1), 49–58.

[3] Adhikari, D.R & Gautam, D.K. Labor legislations for improving quality of work life in Nepal. *International Journal of Law and Management*, 52(1), 2010, 40-53.

[4] Asgari, Mohammad Hadi and Dadashi, Mohammad Ali. Determining the Relationship between Quality of Work Life (QWL) and Organizational Commitment of Melli Bank Staff in West Domain of Mazandaran in 2009-2010, *Australian Journal of Basic and Applied Sciences*, 5(8), 2011, 682-687

[5] Bragard, L G. Dupuis D, Razavi C. Reynaert and A.M. Etienne. Quality of work life in doctors working with cancer patients *Occupational Medicine (London)*, 62 (1), 2012, 34-40.

[6] Barger, L. K., Lockley, S. W., Rajaratnam, S. M., & Landrigan, C. P. (2009). Neurobehavioral, health, and safety consequences associated with shift work in safety-sensitive professions. *Current Neurology and Neuroscience Reports*, 9(2), 155–164.

[7] Barker, L. M., & Nussbaum, M. A. (2011). Fatigue, performance and the work environment: A survey of registered nurses. *Journal of Advanced Nursing*, 67(5).

[8] Bemelmans, M., van den Akker, T., Pasulani, O., Tayub, N. S., Hermann, K., Caruso, C. C., Bushnell, T., Eggerth, D., Heitmann, A., Kojola, B., Newman, K., et al. (2006). Long working hours, safety, and health: Toward national research agenda. *American Journal of Industrial Medicine*, 49(11), 930–942.

[9] Chikanda, A. (2006). Skilled health professionals' migration and its impact on health delivery in Zimbabwe. *Journal of Ethnic and Migration Studies*, 32(04), 667–680.

[10] Cho, J., Laschinger, H. S., & Wong, C. (2006). Workplace empowerment, work engagement and organizational commitment of new graduate nurses. *Nursing Leadership-Academy of Canadian Executive Nurses*, 19(3), 43.

[11] Connell, J., Zurn, P., Stilwell, B., Awases, M., & Braichet, J. (2007). Sub-Saharan Africa: Beyond the health worker migration crisis? *Social Science & Medicine*, 64(9), 1876–1891.

[12] Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of South Africa: Historical roots of current public health challenges. *The Lancet*, 374(9692), 817–834.

[13] Casio, W.F.(1998), *Managing human resources: productivity, quality of work life, profits*, Irwin: McGraw-Hill, Boston, MA., 1998 .

[14] Davoodi, Seyed Mohammad Reza, 1998. "*Study of the Impact of Quality of Work Life on Job Satisfaction among The Staff of Mobarakeh Steel Complex*", master's dissertation, Tehran, Islamic Azad University.

[15] Delobelle, P., Rawlinson, J. L., Ntuli, S., Malatsi, I., Decock, R., & Depoorter, A. M. (2009). HIV/AIDS knowledge, attitudes, practices and perceptions of rural nurses in South Africa. *Journal of Advanced Nursing*, 65(5), 1061–1073.

[16] Efraty, Davidand Sirgy, M. Joseph. The effects of quality of working life (QWL) on employee behavioral responses, *Social Indicators Research*, 22(1), 1990.

[17] Emadzadeh, Mohammad kazem, Khorasani, Mahnaz and Nematizadeh, Fateme. Assessing the quality of work life of primary school teachers in Isfahan city, *Interdisciplinary*

- Journal of contemporary Research in Business*, January, 3(9), 2012, 438-448.
- [18] Elizur, D., & Shye, S. Quality of work life and its relation to quality of life. *Applied Psychology: An International Review*, 39 (3), 1990, 275-291.
- [19] Geiger-Brown, J., Rogers, V. E., Trinkoff, A. M., Kane, R. L., Bausell, R. B., & Scharf, S. M. (2012). Sleep, sleepiness, fatigue, and performance of 12-hour-shift nurses. *Chronobiology International*, 29(2), 211–219.
- [20] George, G., & Rhodes, B. (2012). Is there really a pot of gold at the end of the rainbow? Has the occupational specific dispensation, as a mechanism to attract and retain health workers in South Africa, leveled the playing field? *BMC Public Health*, 12(1), 613.
- [21] Hannif, Zeenobiyah & et.al, Call Centers and the Quality of Work Life: Towards a Research Agenda, *Journal of Industrial Relations*, 50(2), 2008, 271–284.
- [22] Hsu, M. Y., & Kernohan, G. Dimensions of hospital nurses' quality of working life. *Journal of Advanced Nursing*, 54, 2006, 120–131.
- [23] Holden, R. J., Scablon, M. C., Patel, N. R., Kaushal, R., Escoto, K. H., Brown, R. L., et al. (2011). A human factors framework and study of the effect of nursing workload on patient safety and employee quality of working life. *BMJ Quality & Safety*, 20 (1), 15–24.
- [24] Kalra, S. K., & Ghosh, S. Quality of work life: A study of associated factors. *The Indian Journal of Social Work*, 1984, 45-54.
- [25] Kotzee, T., & Couper, I. (2006). What interventions do South African qualified doctors think will retain them in rural hospitals of the Limpopo Province of South Africa? *Rural and Remote Health*, 6(3), 581.
- [26] Klatt, Murdick and Schuster (1985), *Human resource Management*, Ohio, Charter E.Merrul Publishing Company, pp.585-592.
- [27] Kuehn, B. M. (2007). Global shortage of health workers, brain drain stress developing countries. *JAMA*, 298, 1853–1855. *BMC Health Service Research*, 10 (Suppl. 1): S1.
- [28] Laschinger, H. K., Finegan, J., Shamian, J., & Almost, J. Testing Karasek's demands-control model in restructured healthcare settings: Effects of job strain on staff nurses' quality of work life. *The Journal of Nursing Administration*, 31, 2001, 233–243.
- [29] Lau, R.S.M(), Quality of work life and performance: An ad hoc investigation of two key elements in the service profit chain model, *International Journal of Service Industry Management*, 11(5), 2000, 422 – 437.
- [30] Lewis, D., Brazil, K., Krueger, P., Lohfeld, L., & Tjam, E. Extrinsic and intrinsic determinants of quality of work life. *Leadership in Health Services*, 14, 2001, 9–15.
- [31] Lehmann, U., Dieleman, M., & Martineau, T. (2008). Staffing remote rural areas in middle- and low-income countries: A literature review of attraction and retention. *BMC Health Services Research*, 8(1), 19.
- [32] Li, J., Fu, H., Hu, Y., Shang, L., Wu, Y., Kristensen, T. S., et al. (2010). Psychosocial work environment and intention to leave the nursing profession: Results from the longitudinal Chinese NEXT study. *Scandinavian Journal of Public Health*, 38(3 Suppl), 69–80.
- [33] Lockley, S. W., Evans, E. E., Scheer, F. A., Brainard, G. C., Czeisler, C. A., & Aeschbach, D. (2006). Short-wavelength sensitivity for the direct effects of light on alertness, vigilance, and the waking electroencephalogram in humans. *Sleep- New York Then Westchester*, 29(2), 161.
- [34] Lockley, S. W., Barger, L. K., Ayas, N. T., Rothschild, J. M., Czeisler, C. A., & Landrigan, C. P. (2007). Effects of health care provider work hours and sleep deprivation on safety and performance. *Joint Commission Journal on Quality and Patient Safety*, 33(Suppl. 1), 7–18.
- [35] Locke, E.E. (1976), "The nature and causes of job satisfaction", in Dunnette, M.D. (Ed.), *Handbook of Industrial and Organizational Psychology*, Rand McNally, Chicago, IL, 1297-1349.
- [36] Manyisa, Z. M. (2015). A conceptual model for improving working conditions in public hospitals in Mpumalanga Province. An occupational health and safety perspective [PhD thesis]. Department of Nursing Science, University of Limpopo (Medunsa). Melchior, M., Caspi, A., Milne, B. J.,
- [37] Mokoka, K. E., Ehlers, V. J., & Oosthuizen, M. J. (2011). Factors influencing the retention of registered nurses in the Gauteng Province of South Africa: Original research. *Curationis*, 34(1), 1–9.
- [38] Mullei, K., Mudhune, S., Wafula, J., Masamo, E., English, M., Goodman, C., et al. (2010). Attracting and retaining health workers in rural areas: Investigating nurses' views on rural posts and policy interventions. *BMC Health Services Research*, 10(1), S1.
- [39] Munga, M. A., Kilima, S. P., Mutalemwa, P. P., Kisoka, W. J., & Malecela, M. N. (2012). Experiences, opportunities and challenges of implementing task shifting in underserved remote settings: The case of Kongwa district, central Tanzania. *BMC International Health and Human Rights*, 12(1), 27.
- [40] Nadler, D.A. and Lawler, E.E. Quality of Work Life: Perspective and Direction. *Organizational Dynamics*, 11(3), 1983, 20-30.
- [41] Najafi, Ali, 2006. "Study of The Relationship between Quality of Work Life and Profiting of Middle Managers of Iranian Gas Company", Master's dissertation, Tehran, Allameh
- [42] Nayeri, Nahid Dehghan, Salehi, Tahmineh and Noghabi Ahmad Ali Asadi. Quality of work life and productivity among Iranian nurses, *Contemporary Nurse*, 39(1), 2011, 106–118
- [43] Nayeri, N. D., Negarandeh, R., Vaismoradi, M., Ahmadi, F., & Faghihzadeh, S. Burnout and productivity among Iranian nurses, *Nursing & Health Sciences*, 11, 2009, 263–270
- [44] Robbins, S.P. (1989), *Organizational Behavior: Concepts, Controversies, and Applications*, Prentice-Hall, Englewood Cliffs, NJ.
- [45] Rossmiller, R. A. The secondary school principal teachers' Quality of Life, *Educational Management and Administration*, 20. 1992. 132-146.
- [46] Turner, B.A. & P. Chelleadurai. Organization and occupational commitment, intention to leave and perceived

- performance of intercollegiate coaches, *Journal of sport management*. 2005
- [47] Turner, B.A., & Pack. Multi-dimensional commitment of intercollegiate student-athletes: its effects on intention to leave and satisfaction" *Journal for the study of sports and athletes in education*. 2007 .
- [48] Van Laar, D., Edwards, J. A., & Easton, S. The Work-related quality of life scale for healthcare workers. *Journal of Advanced Nursing*, 60, 2007, 325–333.
- [49] Walton, R.E. Improving the QWL, *Harvard Business Review*, 19 (12), May-June, 1980, 11-24.
- [50] Winter, R., Taylor, T. and Sarros, J., Trouble at Mill, "Quality of Academic work life issues within a comprehensive Australian University", *Studies in Higher Education*, 25 (3), 2000, 279-294.
- [51] Zare, Hamid, Haghgooyan, Zolfa and Asl, Zahra Karimi. Determining and Prioritizing the Criteria and Scales of Quality of Work Life (QWL) by AHP Method, *European Journal of Social Sciences*, 27(3), 2012, 346-359.