Quality of Work Life and its Factors among Nurses in MOH Hospitals in Najran Region

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Abstract

The nurses are the strongest key pillars in providing quality care services and they play a vital role in maintaining health status and achieving health-related targets like health promotion, prevention of disease, restoration of health, institutional care, and rehabilitation services. However, these nurses stay an invisible workforce of the health care industry. QWL is the relationship between employees and the total working environments. The aim of the study was to assess the quality of work-life and its factors among nurses working at the Ministry of Health Hospitals in the Najran Region of Saudi Arabia. Methods: A descriptive research designs namely a cross-sectional survey. The samples were selected through a multistage stratified random sampling technique. The tool used for the study was Brooks& Andersons and a demographic questionnaire. Data were analyzed using descriptive statistics. Results: The study findings reported that most of 68% of the nurses were satisfied with the quality of work-life dimensions like the work environment, work-life, and work world, and 48% of the nurses were dissatisfied with the work design and work context dimension. Conclusion: Nursing is a unique profession and facing various threats in day-to-day practice and it is an essential need to focus on their quality of life to promote their work environment. Nursing administrators need to create effective strategies to enhance better quality of life of the nurses.

Keywords: Quality of work life, factors, Nurses, Ministry of Health, Saudi Arabia.

Introduction

Nurses are the most diverse and largest personnel in the health care system. The word “nurse "originated from the Latin word “Nutritious "which means someone who nourishes fosters and protects. The role of nurses in the health care domain is expanding and their performance is not limited to institutional care alone and extended to various disciplines in a health care organization 1.

The nurses are the strongest key pillars in providing quality care services and they play a vital role in maintaining health status and achieving health-related targets like health promotion, prevention of disease, restoration of health, institutional care, and rehabilitation services. However, these nurses stay an invisible workforce of health care industry2

The evolution in health care and global demand for quality patient care, nurses are facing numerous challenges in today’s complex care environment like shortage of manpower, working hours, workplace hazards and work pressure violence is directly linked to care settings and services3,4.

Quality of Life is defined as an individual’s insight into their place in life from the perspective of the traditions and value systems in which they exist and in relation to their goals, prospect, standards, and concerns5. QWL is the relationship between employees and the total working environments. Today, Quality Work life has become an important issue and many studies have been published on the topic from various settings7. However, it is always pointing out the need to improve the quality of work-life.
Nurses are well trained to give excellent patient care to increase the quality life of their patients, on the other hand, their own quality of work-life has been ignored. Quality of nursing work Life is an extensive and wide program designated to promote employee satisfaction, strengthening workplace learning, and serving employees to manage change and transition.

Healthy work environment is an important aspect of people’s lives and most people spend a large part of their working lives at work, understanding the crucial factors like job satisfaction, relationship with co-workers, professional development opportunities, salaries financial benefits and equities are the essential components to improve the employee performance and productivity. In nursing perspective to have an employee’s satisfaction and to retain the employee in an organization, quality of work-life is indispensable.

Reviewing the earlier studies many elements were found to have a significant relationship with the quality of work life. The most often examined components are socio-demographic variables like education, experience, marital status, and gender; on other hand significance difference was found with the work environments like the low levels of respect, appreciation, and support and poor communication and interaction with the co-workers.

Focusing on improving the quality of work-life and improving employee satisfaction and strengthening the organizational climate with this background the present study was undertaken to check the quality of nursing work-life and its factors among nurses working under the Ministry of Health Hospitals in Najran Region.

Materials and Methods

The research was carried out at the Ministry of Health Hospitals in the Najran region, Saudi Arabia, between January to May 2019. The total number of Ministry of Health Hospitals in the Najran region was 10. They were distributed throughout urban and rural areas. The samples were selected through a multistage stratified random sampling technique. The hospitals were allocated randomly into rural and urban and there were 5 Hospitals in rural and 5 in urban. The estimated sample size was 592 and it was made the sample size to be 600 and it was planned to select 600/10=60 nurses from the selected hospitals and from each hospital, 60 nurses were selected randomly from the list of nurses working at each department. After selecting the participants, the researcher obtained the basic information from the study participants and explained the purpose of the study and obtained informed consent. The tool used for the study was Brooks & Andersons to measure the Quality of nursing Work Life and it’s a self-completion questionnaire with 47 items for subscales which focus on work environment dimension (9 items), work design (11 items), work context dimension (15 items), work-life/home life (7 items) and works world dimension (5 items) is scored on a six-point Likert scale in terms of strongly disagree, moderately disagree, disagree, agree, moderately agree, strongly agree. The score on each item was summed up to obtain the total score and the subscale scores were obtained by summing up the score obtained in the subscales.

The research study was conducted after obtaining official written approval from the Institutional Review Board, Directorate of General Affairs, Najran. Permission was also obtained to conduct the study from various hospital authorities. The tool was translated in Arabic and English language and distributed to selected study participants and they were instructed to respond to the questionnaire. After seven days the researcher himself went back to the hospital and collected the questionnaire. The incomplete data was eliminated. Confidentiality, anonymity, and rights of the participants were fully ensured throughout the study period. Data as analyzed by using descriptive statistics as frequency and percentage.
Results

Table 1: Percentage Distribution of the nurses based on Socio-demographic characteristics

| Variable                        | Category       | Number | Percentage |
|---------------------------------|----------------|--------|------------|
| Age                             | 20-30          | 154    | 27%        |
|                                 | 30-40          | 158    | 28%        |
|                                 | 40-50          | 136    | 24%        |
|                                 | 50-60          | 116    | 21%        |
| Gender                          | Female         | 384    | 68%        |
|                                 | Male           | 180    | 32%        |
| Civil status                    | Single         | 224    | 40%        |
|                                 | Married        | 340    | 60%        |
| Professional Qualification      | Diploma        | 184    | 33%        |
|                                 | Bachelor       | 380    | 67%        |
| Nationality                     | Saudi          | 222    | 39%        |
|                                 | Non-Saudi      | 342    | 61%        |
| Nursing Experience              | <5 years       | 163    | 29%        |
|                                 | 5 to 10 years  | 142    | 25%        |
|                                 | 10 to 15       | 131    | 23%        |
|                                 | >10 years      | 128    | 23%        |
| Position                        | Nurse          | 460    | 82%        |
|                                 | Head Nurse/Supervisor | 104 | 18%        |
| Area of working                 | ICU            | 132    | 24%        |
|                                 | Emergency      | 124    | 22%        |
|                                 | Ward           | 164    | 29%        |
|                                 | Others         | 144    | 25%        |
| Average working hours per week  | <48 per week   | 442    | 78%        |
|                                 | >48 hours per  | 122    | 22%        |
| Flexible duty Schedule          | Yes            | 386    | 68%        |
|                                 | No             | 178    | 32%        |
| No of Night duties              | 5-7            | 234    | 41%        |
|                                 | 8-10           | 330    | 59%        |
| Monthly Income                  | <5000 SR       | 326    | 58%        |
|                                 | >5000 SR       | 238    | 42%        |

Table 2: Factors influencing the quality of nursing work life among nurses working at the Ministry of Health Hospitals.

| NO | ITEMS                                                                 | AGREE | DISAGREE |
|----|-----------------------------------------------------------------------|-------|----------|
|    |                                                                      | No    | Percentage | No    | Percentage |
|----|                                                                      | No    |            | No    |            |
| 1  | My hospital work environment is good and highly motivating           | 254   | 45%        | 310   | 55%        |
| 2  | Working conditions are good in my department.                         | 294   | 52%        | 270   | 48%        |
| 3  | It is hard to take time off during our work to take care of personal or family Matters | 194   | 34%        | 370   | 66%        |
| 4  | My hospital authority offers sufficient opportunities to develop my own abilities | 224   | 40%        | 340   | 60%        |
| 5  | The hospital authority or superiors provides enough information to discharge my responsibilities | 394   | 70%        | 170   | 30%        |
| 6   | I have given a lot of work empowerment to decide about my own style and pace of work. | 242 | 43% | 322 | 57% |
| 7   | I feel safely protected against damage (Physical, Moral, Verbal) at work              | 412 | 73% | 152 | 27% |
| 8   | The hospital provides a secure environment                                         | 420 | 74% | 144 | 26% |
| 9   | Break area / locker room for the nursing staff in my area is comfortable           | 246 | 43% | 318 | 57% |

**WORK DESIGN DIMENSION**

| 10  | I am satisfied with my job                                                         | 366 | 65% | 198 | 35% |
| 11  | I am over worked                                                                  | 454 | 80% | 110 | 20% |
| 12  | I perform many non-nursing tasks                                                   | 446 | 79% | 118 | 21% |
| 13  | I have adequate staffs available in my work unit to meet the needs of the clients | 246 | 44% | 318 | 56% |
| 14  | I have enough time to do my job well                                               | 286 | 51% | 278 | 49% |
| 15  | I am able to provide good quality patient care                                    | 446 | 80% | 118 | 20% |
| 16  | I have the autonomy to make patient care decisions                                 | 320 | 57% | 244 | 43% |
| 17  | I receive a sufficient amount of assistance from support personnel.               | 242 | 322 |
| 18  | I receive quality assistance from support personnel (the dietary aides, housekeeping, patient care technicians and nursing assistants). | 240 | 43% | 324 | 57% |
| 19  | I have experienced many interruptions in my daily work routine                    | 264 | 47% | 300 | 53% |
| 20  | I am able to communicate well with my nurse manager / supervisor                  | 412 | 73% | 152 | 27% |

**WORK CONTEXT DIMENSION**

**Management and Supervision**

| 21  | My nurse Manager / Supervisor provides adequate supervision                       | 342 | 61% | 222 | 39% |
| 22  | I am able to participate in decisions made by my nurse manager / supervisor       | 228 | 40% | 336 | 60% |
| 23  | Upper-level management has respect for nursing                                    | 286 | 51% | 278 | 49% |
| 24  | I receive feedback on my performance from my nurse manager / supervisor           | 326 | 58% | 238 | 42% |
| 25  | Nursing policies and procedures facilitate my work                                 | 486 | 86% | 78  | 14% |
| 26  | I am recognized for my accomplishments by my nurse manager / supervisor           | 186 | 33% | 378 | 67% |

**Relation and cooperation with co-workers**

| 27  | There is teamwork in my work setting                                              | 318 | 56% | 246 | 44% |
| 28  | I communicate well with the physicians in my work setting                          | 410 | 73% | 154 | 27% |
| 29  | I feel respected by physicians in my work setting                                  | 442 | 78% | 122 | 22% |
| 30  | I am able to communicate with the other staff                                     | 508 | 89% | 56  | 11% |
| 31  | Friendships with my co-workers are important to me                                 | 278 | 49% | 286 | 51% |
| 32  | I feel a sense of belonging to my workplace                                       | 384 | 68% | 180 | 32% |

**Professional Development Opportunities**

| 33  | I receive support to attend in-services and continuing education programs         | 246 | 44% | 318 | 56% |
| 34  | My work setting provides career advancement opportunities                           | 196 | 35% | 368 | 65% |
| 35  | It is important to me to have support from my hospital in pursuing higher studies | 284 | 50% | 280 | 50% |

**WORK-LIFE/HOME LIFE DIMENSION**

| 36  | My energy left after work                                                        | 184 | 33% | 380 | 67% |
| 37  | I am able to balance work with family needs                                      | 244 | 43% | 320 | 57% |
| 38  | I am able to arrange for day-care when my child is ill                           | 224 | 40% | 340 | 60% |
Table 1: Socio-demographic characteristics of the nurses working at the Ministry of Health Hospitals in the Najran region.

The quality of the Nursing work-life questionnaire was distributed to 600 the Ministry of Health Nurses and the overall response rate was 97%(n=584). The incomplete questionnaires were removed and overall the response rate was 94%(n=564). The present study findings reported that the majority of the respondents were in the age group of 30 to 40 years and most of the respondents were female (n=384, 68%). Regarding the civil status most of the respondents were married (n=340,60%) and the majority of the nurses had a Bachelor's degree (n=380, 67%). In relation to the Nationality majority of the respondents were Non-Saudis (n=342,61%) and the majority of them belong to the Nurse class (n=460, 82%). In describing the work-related characteristics, the majority of the nurses have experience of fewer than 5 years. Regarding the working hours, the majority of them are after the 48 hours per week schedule according to the Ministry of Health standards and 330 (59%) nurses had done 8 to 10 days of night duty in a month and the majority of them stated that their duty schedule was flexible. Regarding the salary, most of them received a monthly salary of fewer than 5000 Saudi Riyals (n=326, 58%).

Table 2: Table 2: Describing the quality of work-life among nurses in various dimensions.

The brooks and Anderson the 6-Point scale was collapsed into two categories: Agree and Disagrees. The Agree category contains a positive response (agrees, moderately agree and strongly agree) while disagreeing the category contains negative responses (strongly disagree, moderately disagree and disagree) and table 2 shows the number and percentage of nurse respondents for each category.

1. Work environment dimension

The present study reported that the majority of nurse respondents perceived that they were satisfied with the items in the dimension of the work environment life. 74 % (n=420) respondents felt that the hospital provides a safe and secure work environment and 73% (n=412) nurses reported that safe to personal harm (Physical, Moral, Verbal) at work and 70% (n=394) respondent were satisfied with the hospital authority and superiors to provide adequate information to deliver the responsibility to the patient. Despite the respondents were expressing that they were not satisfied with many working factors. approximately % (n=370) nurses reported that it's hard to take off during working days to take care of personal and family members and 57% (n=318) nurses expressed that they do not have a break area and enough lockers in their work unit.

2. Work-design dimension

Factors related to the nursing workforce were the most important factors in the work design dimension. Eighty percent (n=446) of respondents indicated that they are agreed to give good quality of nursing care and 80% (n=454) of the respondents stated that their workload is heavy. Seventy-nine percent (n=446) reported that they are performing many non-nursing tasks and 65% (366) nurses expressed that they are satisfied with their job. The respondents were not satisfied with the received quality help from support people (the dietary aides, housekeeping, patient care technicians and nursing assistants and 318 (56%) respondents reported that there are not enough registered nurses available in the

|   |   |   |   |
|---|---|---|---|
| 39 | I am able to arrange for child-care when I am at work | 196 | 34% | 368 | 66% |
| 40 | The system of working schedule negatively affect my life | 412 | 73% | 152 | 27% |
| 41 | I need support to care my elderly parents | 268 | 48% | 296 | 52% |
| 42 | My organization Policy for vacation is appropriate for me and my family | 442 | 78% | 122 | 22% |

**WORK WORLD DIMENSION**

|   |   |   |   |
|---|---|---|---|
| 43 | I believe my Society has an accurate image of nurses | 246 | 43% | 318 | 57% |
| 44 | I would able to find my same job in another organization with about the same salary and benefits. | 346 | 61% | 218 | 39% |
| 45 | My salary is adequate | 164 | 29% | 400 | 71% |
| 46 | My work impacts the lives of patients /families | 476 | 84% | 88 | 16% |
| 47 | My job is secure | 368 | 65% | 196 | 35% |
work unit to meet the needs of the client. Approximately 43%(n=244) nurses stated that they do not have the autonomy to make patient care decisions.

3. Work context dimension

a). Management and supervision

Factors related to management and supervision issues. The majority of the respondents 86%(n=486) reported that the nursing policies and procedures were supportive enough to facilitate the work and about 61%(n=342) reported that they are receiving adequate supervision from their nurse manager/supervisor. The respondents reported that do not receive enough feedback and for their accomplishments 67%(n=378) and 60%(n=336) of the nurses do not have the chance to take part in the decision-making process.

b). Relation and cooperation with co-workers

In terms of relation and cooperation with the co-workers the respondents reported that they are positively satisfied with the domains of co-workers. Eighty-nine percent(n=508) stated that they have good communication with other co-workers and 78%(n=442) reported that they were respected by the physicians in work setting and reported that 56%(n=318) there was teamwork in their work setting and 68%(n=384) agreed that they feel a sense of belonging in the workplace.

c). Professional development opportunities:

In terms of professional development opportunities, the majority of the nurses agreed that its important domain have the opportunity further professional training and education. 65%(n=368) claimed that their work organizations do not give adequate opportunities for career advancement and 56%(n=316) reported that they do not receive support to attend in-service and continuing nursing education program and 50%(n=280) stated that the hospital does not support for pursuing the higher studies.

4. Work life/Home life dimension

The majority of the nurse respondents show that they were not satisfied with the dimension of work life. Approximately 78%(n=442) respondents felt that the policy for vacation was right for nurses and for their families. 73%(n=412) of respondents agreed that they are not happy with the working hours which negatively affects their day-to-day life and 67%(n=380) of the nurses reported that they have no energy left after the work and 66%(n=368) nurses reported that their need to have childcare services and 60%(n=340) agreed that it is important to have childcare services near to the hospital premises.

5. Work world dimension

The majority of the respondents were satisfied with the work world dimension. 84%(n=476) nurses believed that nursing work positively affects the lives of patients which indicates that nurses have excellent skills in providing quality care to the patient, family, and community. Approximately 61%(n=346) nurses perceived that they will not find a similar job in other organizations and almost 65%(n=368) believe that their present job is safe and secure. About 71%(n=318) nurses reported that they were not satisfied with their current salary and 57%(n=43%) nurses in this study did not believe that society has an exact image of nurses.
Discussion:

The quality of work-life is a subjective experience linked with personal feelings and perceptions of the nurses. The comprehensive assessment of the quality of work-life among nurses will enhance the organizational commitment, increase productivity, and cut the turnover of the nurses. Hospital is the most demanding workplace for the nurses, therefore paying attention to their work environment thus nursing quality life needs to be strengthened. The purpose of the study was to assess the quality of work-life and its factors among nurses in the Najran region, Saudi Arabia. The present study findings reported that 56% of the respondents were satisfied and 44% were unsatisfied with their quality of work-life. However, the study findings are consistent with a study conducted by Mohamed et al on the quality of work-life among primary health care nurses in the Jazan region and reported that primary healthcare nurses were dissatisfied with their work life. Similarly, Hamdan conducted a study on the quality of work-life among nurses in the Hail region and described that nurses had a moderate quality of work-life.

The present study has five major domains and 47 sub-items are included. The present study findings reported that 53% of the respondents were satisfied with safe and secure environment and they were highly motivated to work effectively. Nurses have the potential way of improving health and health care for all, and to realize the potential, they must have an environment with safe and secure staffing. The World Health Organization (WHO) defines a healthy environment is a place of “physical, mental, and social well-being,” supporting optimal health and safety. The present study identified that the majority of the participants were satisfied with the factors like working conditions, information to discharge the responsibilities, safe and secure environment. On the other hand, they were dissatisfied with the working hours, insufficient opportunities, decision-making process, and break area. The present study findings are consistent with a study conducted by Hays et al on work environment and quality of work among nurses and reported that a healthy environment reinforces the nurses to work effectively. Similarly, another study was conducted by Suhash et al on the quality of work-life of nurses working at tertiary health care hospital and reported that 50% of the nurses were satisfied with work environment.

In the present study almost of the participants were satisfied with the work design dimension and they reported that they were satisfied with their job, despite the shortage of staff in their unit still they were able to give better quality care to the patients and the majority of the participants described that they were able to communicate freely with their supervisor. The respondents were unsatisfied with workload and performing the non-nursing a task which brings them unnecessary pressure and change their perception towards their work design and also reported that they don’t have autonomy in decision-making process and most of the participants reported that they are facing a lot of challenges and many interpretations in performing many non-nursing tasks which affect their quality of work-life negatively. The study results consisted of a study conducted by Hassan on the role of the nurse managers in improving employee’s performance and satisfaction and reported that employees satisfaction is the most essential element in the organization and stressed that their responsibilities take greater part in achieving the organizational goals. Several studies have reported about the nurses working condition, overwork, performing a non-nursing the task and destruction of daily work but there was no significant improvement was observed and negatively impact the performance of the employees.

The respondents were not satisfied with the management practices were identified as one of the problematic areas in the 'work context' dimension are lack of supervision, feedback, participation in decision making and respect showed by upper-level management and working hard without appreciation and recognition of the performance of nurses has a direct influence on the work dimension. The respondents were satisfied with the nursing policies and procedures, communication, teamwork and a sense of belonging in the workplace. The study results were supported by Abu Al Rub et al conducted a study on quality of work and nursing recognition and reported that there was a significant relationship with staff turnover and appreciation and also emphasized that nurses need to be recognized for their hard work and dedication. Regarding the carrier development and opportunities majority of the respondents were dissatisfied with educational programs and there was no support from an employer to pursue higher studies which negatively affect the quality work of an employee. The present study results were supported by several studies that have been conducted and reported that the health care professional need to have updated knowledge and skills to give quality patient care. The study reported that most of the nurses stated that they were dissatisfied with the work-life dimension and disclosed that they don’t have energy, after the duty and not able to balance between the work and family.
needs. The system of working schedule greatly affects the routine life and no supportive services available to care for the elderly parents and kids and they were unable to balance between the work-life and family life.

Regarding the work world dimension, most of the nurses reported that they were dissatisfied with the salary and financial incentives are one of the essential factors that affect the quality of work-life among nurses. Several studies have reported the salary-related issues. However, there was no solution was found. Most of the respondent was satisfied with the image in the society job satisfaction. The study results were supported by Zakari conducted a study on professional ethics among Saudi nurses and reported that Saudi nurses have high professional qualities. Similarly, Moeed conducted a study on job satisfaction among nurses and the results revealed that nurses have a high level of job satisfaction. There are several factors that affect the quality of work-life however this current study intensively analyzed the quality of work-life among nurses in the Najran region.

Conclusion

The purpose of the study was to assess the quality of work-life among Ministry of Health nurses in Najran, Saudi Arabia. Findings reported that the majority of the nurses were not satisfied with their quality of work life. Nursing is a unique profession and facing various threats in day-to-day practice and it is an essential need to focus on their quality of life to promote their work environment. Nursing administrators need to create effective strategies to enhance better quality of life for the nurses.

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