

Original Article

The Relationship between Quality of Work Life and Happiness in Nurses: A Sample from Turkey

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Abstract

Background: The provision of high quality health services depends on a work environment which supports the capacity, performance, health and happiness of employees.

Objectives: The aim of the study was to investigate the relationship between quality of work life and happiness in nurses.

Methodology: The study was performed on 345 nurses (80% female and 20% male). Data was collected with Quality of Nursing Work Life Scale and Short Form of the Oxford Happiness Questionnaire.

Results: The quality of work life and the happiness of the nurses were found to be a little above average. Position and working style of the nurses affected quality of work life while the working units affected both quality of work life and happiness. A positive significant relationship was found between quality of work life and happiness.

Conclusions: It is suggested to revise and reorganize work environments and to make the necessary regulations for increasing both the job satisfaction and general life satisfaction among employees.

Key words: happiness, quality of work life, nurse

Introduction

Work life is an integral part of life. Work environments, where the most active part of the day is experienced, can affect physical, psychological, and social health because of the negative effects, accidents, and risks that may occur. For this reason, it has been reported that the characteristics of the work environment are very important with regard to the protection and continuity of the health of employees (Brooks et al., 2007). One of the work environments that carry important risks with regard to employee health and safety is the hospital, where health services are provided (Nayeri et al., 2009).

Quality of work life is taking into account the needs of the employee and providing compliance between these needs and the work environment, arranging the work environment in a manner that

makes the efficient operation of the employees possible. A high quality work environment makes it possible for employees to notice their talents and improve themselves. This, in turn, increases the performance and satisfaction of employees (Çatak & Bahcecik, 2015; Swamy et al., 2015). The provision of high quality health services is dependent on a work environment that supports the capacity, performance, and health of the employees. However, it has been reported that the necessary importance wasn't given to employee health and workplace safety and that the evaluation of the appropriateness of the work environments weren't evaluated properly (Stuenkel, Nguyen & Cohen, 2007). Additionally, quality of work life was reported to have important effects on the general life satisfaction of employees beyond their physical

and mental health (Royuele, Lopez-Tamayo & Surinach, 2009).

Happiness, which is defined as life being evaluated cognitively and affectively (Bekhet, Zauszniewski & Nakhla, 2008), is a concept as old as humanity itself. The meaning and aim of human life is happiness. The basic aim of nursing, which takes all dimensions of humanity into account, is to ease a person's life and help him/her become happy. However, it is important for the members of an occupational group that strives for the happiness of others to be happy as well. Studies on happiness have shown that happy individuals feel better and experience positive emotions as well as being more successful in interpersonal relationships (Diener & Seligman, 2002). When people are happy, the probability of these happy people focusing on the needs and desires of others increases.

In the literature, it has been reported that it is important for a person to be happy at the workplace to be happy in life in general since people spend most of their time in the workplace and the job someone has greatly contributes to their prosperity and happiness (Rodríguez-Muñoz & Sanz-Vergel, 2013; Fisher, 2010) In a manner parallel to this, it is unavoidable for the satisfaction felt for one's work life to affect their general life satisfaction. Additionally, happy people have been reported to have higher life energy and creativeness, becoming more successful in work life (Boehm & Lyubomirsky, 2008). In a concept analysis study performed on the happiness of nurses, one of the three important elements that affect happiness was reported to be the work environment (Ozkara, 2015). The American Nurses Association has determined the year 2017 to be the Year of the Healthy Nurse and the theme of the month of August as happiness, encouraging nurses to seek happiness in both their domestic and professional lives (American Nurses Association, 2018). Additionally, it has been stressed that happiness in the work life was an important factor not only for employees but also for the success of the job and the institution (Page & Vella-Brodrick, 2009; Boehm & Lyubomirsky, 2008). Alongside this, other studies have reported that nurses work under difficult conditions such as heavy workloads, insufficient personnel, the aging nurse workforce, policies and management systems that don't support nurses, insufficient pay, lack of resources and materials, limited career opportunities, limited education

opportunities, and bad working conditions (Lin, Chiang & Chen, 2011; Aiken et al., 2008).

These hard conditions unavoidably affect the happiness of nurses and the quality of the care they provide. Lin et al., have stressed the importance of helping nurses discover the things that give them energy and bring meaning to their lives and creating a high quality and appropriate work environment (Lin, Chiang & Chen, 2011). In the literature, studies on happiness in nurses are relatively new. This study aimed to determine the relationship between quality of work life and happiness and affecting factors.

Method

Study design and participants

This study was planned as a descriptive and comparative and conducted with 345 nurses working at a hospital in Edirne, Turkey. The research protocol was reviewed and approved by the public hospitals general secretariat (approval no: 2017/ 26559790/605.01). The aim of the study and the rules of ethics were explained to the participants. The completion of the questionnaires took approximately 10 to 15 minutes.

Measures

Data was collected using a questionnaire including the socio demographic (age, gender, marital status, presence of children, education status etc.) and work life characteristics of nurses (years of working in their current institution, position, working unit and working style etc.), the Quality of Nursing Work Life Scale (QNWL), and the Short Form of the Oxford Happiness Questionnaire.

The Quality of Nursing Work Life Scale (QNWL)

The scale, which was developed by Brooks to determine the quality of work life of nurses, was tested for validity and reliability in Turkish in 2015 by Sirin and Sokmen. The 5-point Likert type scale with 35 items has five subscales: work environment, relations with managers, work conditions, job perception and support services. Items were scored between "1", meaning "totally disagree," and "5", meaning "totally agree." The total score that can be obtained from the scale varies between 35 and 175, with increasing scores indicating higher quality of work life for nurses (Sirin & Sökmen, 2015). The Cronbach's

alpha internal consistency coefficient of the scale was found to be .89 in this study.

The Oxford Happiness Questionnaire – Short Form (OHQ-SF)

The scale, which was developed by Hills and Argyle to determine the happiness level of individuals, was tested for validity and reliability in Turkish in 2011 by Dogan and Cotok. The 5-point Likert type scale consists of 7 items. Items were scored between “1”, meaning “totally disagree,” and “5”, meaning “totally agree.” The total score that can be obtained from the scale varies between 5 and 35, with increasing scores indicating higher happiness levels (Dogan & Cotok, 2011). The Cronbach’s alpha internal consistency coefficient of the scale was found to be .78 in this study.

Data analysis

For statistical analysis, the SPSS 20.0 (IBM Corp. Released 2011. IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp.) statistical software package was used. In the determination of the characteristics of the nurses, descriptive statistics were used (frequency, percentages, mean and standard deviation). In the comparison of the socio demographic and work life related characteristics of the nurses and their Quality of Nursing Work Life Scale and Oxford Happiness Questionnaire scores, the student t test for independent groups was used for variables consisting of two categories, and the One-way ANOVA test was used for variables with three or more categories. In the examination of the relationship between scores taken from the two scales, Pearson correlation analysis was used. The limit for statistical significance was accepted as $p < .05$.

Results

The mean age of nurses surveyed was 34.83 ± 7.85 years. Of the participants 80% were female, 71% had bachelor’s degrees, 65.8% were married, 56.5% had children, and 30.1% had working in their current institution of 1 to 5 years. Also, 36.8% of the nurses worked in surgical clinics, 83.8 % were employed as bedside nurses, and 75.1% worked in shifts (Table 1). The nurses mean score on the QNWL total was 109.35 ± 17.99 . Nurses, participated in the study scored 25.16 ± 7.36 on the work environment subscale, 16.20 ± 3.12 on the relations with managers subscale, 31.25 ± 3.40 on

the work conditions subscale, 23.77 ± 5.12 on the job perception subscale and 12.93 ± 3.23 on the support services subscale. Also, the mean score of the OHO-SF was found 23.08 ± 5.05 (Table 2).

In the study, statistically significant differences were found between nurses positions, working units, working styles and the mean score on the QNWL ($p < 0.01$, $p < 0.01$, $p < 0.05$ respectively). Alongside this, statistically significant differences were found working units and the mean score on the OHO-SF ($p < 0.01$) (Table 3). Also, A positive correlation was found between the mean scores of the QNWL and OHO-SF ($r = .605$, $p < 0.001$) (Table 4).

Discussion

The aim of the study was to determine the relationship between quality of work life and happiness and affecting factors. Throughout the world, nurses face many problems that affect their quality of work life such as workload, insufficient pay, insufficient personnel and resources, patient expectations, overtime, and occupational diseases. These problems affect, beside the quality of work life of the nurses, the quality of the care provided, the efficiency of the institution, the health of the employees, job satisfaction, and the morbidity and mortality rates of the patients. In the literature, in a manner similar to this study, studies reporting the quality of work life of nurses to be average or a little above average are found (Catak & Bahcecik, 2015; Ozturk et al., 2013; Almalki, Fitz Gerald & Clark, 2012; Brooks & Anderson, 2004). Quality of work life can vary according to the unit, hospital, region, or country the individual works in. In a study conducted by Nayeri et al. (2009), in Iran, the quality of work life of nurses (65%) was found to be on an average level, while in a study conducted by Ramesh et al. (2013), in India, the quality of work life of nurses was found to be on low levels and in studies conducted by Dai et al. (2016), in Taiwan and Brooks and Anderson (2004) in the USA, the quality of work life of nurses was found to be on good levels. The results of the study show that the general quality of work life of nurses is on an average level and that there is a need to perform interventions to increase this.

In our study, the nurses were found to take the highest mean score among the QNWLs’ job perception sub dimension and the lowest from the work environment sub dimension.

Table 1. Socio-demographic and working characteristics of nurses (n=345)

| Variables | N or Mean \pm SD | % or range |
|--|--------------------|------------|
| Age (years) | 34.83 \pm 7.85 | 19-56 |
| Gender | | |
| Female | 276 | 80 |
| Male | 69 | 20 |
| Marital status | | |
| Married | 227 | 65.8 |
| Single | 118 | 34.2 |
| Presence of children | | |
| Yes | 195 | 56.5 |
| No | 150 | 43.5 |
| Education status | | |
| High school of health | 32 | 9.3 |
| Associate degree | 68 | 19.7 |
| Bachelor's degree | 245 | 71.0 |
| Years of working in their current institution | | |
| 1-5 year | 104 | 30.1 |
| 6-10 year | 33 | 9.6 |
| 11-15 year | 41 | 11.9 |
| 16-20 year | 68 | 19.7 |
| \geq 21 | 99 | 28.7 |
| Position | | |
| Nurse manager | 56 | 16.2 |
| Bedside nurse | 289 | 83.8 |
| Working unit | | |
| Internal medicine clinics | 122 | 35.4 |
| Surgical clinics | 127 | 36.8 |
| Intensive care units | 96 | 27.8 |
| Working style | | |
| Working during the day | 86 | 24.9 |
| Working in shifts | 259 | 75.1 |

SD, Standard deviation.

Table 2. Nurses' scores on the Quality of Nursing Work Life Scale (QNWL) and Oxford Happiness Questionnaire (OHO-SF) (n=345)

| Scales | Total Item | Score range | Mean | SD |
|----------------------------------|------------|-------------|--------|-------|
| Total score of QNWL | 35 | 52-159 | 109.35 | 17.99 |
| Work Environment subscale | 9 | 9-45 | 25.16 | 7.36 |
| Relations with managers subscale | 5 | 7-23 | 16.20 | 3.12 |
| Work Conditions subscale | 10 | 22-38 | 31.25 | 3.40 |
| Job perception subscale | 7 | 7-35 | 23.77 | 5.12 |
| Support services subscale | 4 | 4-20 | 12.93 | 3.23 |
| Total score of OHO-SF | 7 | 9-34 | 23.08 | 5.05 |

SD, Standard deviation.

Table 3. Mean QNWL and OHO-SF scores according to socio-demographic and working characteristics of nurses (n=345)

| Variables | | QNWL | | OHO-SF | |
|---|--|----------------|-----------------|----------------|-----------------|
| | | Mean | SD | Mean | SD |
| Gender | Female | 108.88 | 18.85 | 22.74 | 4.99 |
| | Male | 111.20 | 14.01 | 24.44 | 5.11 |
| | <i>P</i> * | 0.340 | | 0.012 | |
| Marital status | Married | 109.14 | 19.06 | 23.04 | 5.31 |
| | Single | 109.75 | 15.79 | 23.16 | 4.54 |
| | <i>P</i> * | 0.764 | | 0.831 | |
| Presence of children | Yes | 110.92 | 17.64 | 22.94 | 5.09 |
| | No | 107.30 | 18.29 | 23.26 | 5.00 |
| | <i>P</i> * | 0.063 | | 0.572 | |
| Education status | High school of health | 106.25 | 12.96 | 22.34 | 4.61 |
| | Associate degree | 108.98 | 17.68 | 22.58 | 4.80 |
| | Bachelor's degree | 109.85 | 18.65 | 23.31 | 5.17 |
| | <i>P</i> ** | 0.558 | | 0.394 | |
| Years of working in their current institution | 1-5 year | 109.39 | 18.72 | 23.47 | 5.93 |
| | 6-10 year | 104.09 | 10.71 | 22.24 | 4.66 |
| | 11-15 year | 111.04 | 11.83 | 24.17 | 4.06 |
| | 16-20 year | 109.77 | 17.94 | 23.01 | 4.22 |
| | ≥ 21 | 110.06 | 21.58 | 22.55 | 5.04 |
| <i>P</i> ** | 0.499 | | 0.342 | | |
| Position | Nurse manager | 119.92 | 14.75 | 24.08 | 4.20 |
| | Bedside nurse | 107.30 | 17.86 | 22.88 | 5.18 |
| | <i>P</i> * | 0.000* | | 0.064 | |
| Working units | Internal medicine clinics ^a | 102.59 | 18.91 | 21.52 | 5.46 |
| | Surgical clinics ^b | 113.81 | 19.25 | 24.80 | 4.20 |
| | Intensive care units ^c | 112.04 | 11.51 | 22.79 | 4.88 |
| | <i>P</i> ** | 0.000** | a<b,c | 0.000** | b>a,c |
| Working style | Working during the day | 114.19 | 19.52 | 22.72 | 5.48 |
| | Working in shifts | 107.74 | 17.19 | 23.20 | 4.90 |
| | <i>P</i> * | 0.004* | | 0.443 | |

SD, Standart deviation; *P**, Student t test; *P***, Oneway ANOVA**Table 4. Correlation between OHO-SF and QNWL total and subscales scores (n=345)**

| Variable | Quality of Nursing Work Life | | | | | |
|------------------------|------------------------------|-------------------------|-----------------|----------------|------------------|---------|
| | Work Environment | Relations with managers | Work Conditions | Job perception | Support services | Total |
| <i>r</i> -value | 0.554 | 0.475 | 0.330 | 0.513 | 0.488 | 0.605 |
| OHQ-SF <i>p</i> -value | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* |

**p*<0.001, according to a Pearson's correlation analysis.

In a study conducted by Catak and Bahcecik (2015) using the same scale, similar results were reached. In a study where Dai et al. (2016), evaluated the quality of work life of nurses using a different scale, the nurses were found to take the highest scores from the job and career satisfaction dimension of that scale. Quality of work life is the compliance between the employee and the conditions of the work environment, and the quality of this compliance. For nurses to provide high quality care and experience job satisfaction, a positive work environment is needed. These results show the necessity of regulations regarding the work environment of nurses.

In this study, in the evaluation performed using the OHO-SF, the general happiness indexes of nurses were found to be a little above average. This finding shows that the physical and psychological conditions of the nurses are not actually ideal. In a study by Malekhia and Abedi (2014), the happiness levels of nurses were found to be a little above average in a manner similar to our study, while in studies conducted by Moghadam (2014) in Tehran and Meng et al. (2015), in China, the happiness levels of nurses were found to be average. By researching the factors affecting the happiness of nurses and performing appropriate and effective interventions, the happiness indexes of nurses can be increased. These interventions, beyond increasing the motivations of nurses, would also help improve nursing applications. This idea stems from the fact that people can be of more use to others when they are happy.

In current study, the QNWL scale scores of the nurse managers were found to be higher compared to bedside nurses and the scores of nurses who always worked during the day were found to be higher than nurses working in shifts. These findings align with another study conducted on nurses (Dai et al., 2016). In order to ensure continuity in patient care, it is unavoidable for nurses to work in shifts. However, it is important to regulate shifts by taking into account the health and performance of the employees. Irregular working hours cause difficulties not only in the sleep patterns and health of individuals, but also their life planning and family relations. This can negatively affect both quality of work life and general quality of life. In

some studies, the quality of work life of nurses who always work during the day has been reported to be higher (Ozturk et al., 2013). In a study by Yildirim and Aycan (2008), it has been reported that workloads and the shift system was one of the strongest reasons behind conflict between work and family life, with this conflict being related to low job and life satisfaction.

In this study, the OHO-SF scores of nurses working at surgical clinics were found to be higher than nurses working at internal medicine clinics and intensive care units, and their QNWL scores working at internal medicine clinics were found to be lower than nurses working at surgical clinics and intensive care units. In a study, no relationship between the clinics the nurses work at and quality of work life could be found (Ozturk et al., 2013) while in a study by Dai et al. (2016), the quality of work life of nurses who worked at surgical clinics was found to be lower. In a study by Cam and Yildirim (2010), the job satisfactions of nurses who worked at surgical clinics were found to be higher than those working at internal medicine clinics. The excessive workload, long working hours, and dealing with mortal diseases all increase work stress and exhaustion levels (Metin & Ozer, 2007). Generally, internal medicine clinics are units where patient circulation is less and chronic and terminal phase patients are cared after for longer durations. Thus, it can be thought that nurses who work at internal medicine clinics don't see the positive outcomes of the care provided to patients sufficiently and in the short term, leading to less job satisfaction, negative effects of quality of work life, and unhappiness.

According to the results of our study, there was a positive significant relationship between the quality of work life of the nurses and their happiness levels. Happiness is a complex structure affected by many personal, professional, and situational factors. Karl, Peluchette and Harland (2007), have stated that there was a connection between the emotions of happiness felt by nurses and their job satisfaction, with happiness being an important factor for job satisfaction. In a study by Ramesh et al. (2013), it was found that the quality of work life of nurses was low and that they were not happy. In the same study, the nurses stated that they had very little energy after work and

that they couldn't find balance between their professional and domestic lives. Balance between professional and domestic life ensures a person's peace and happiness. When this balance is disrupted, the person can become unhappy (Sedoughi et al., 2016). For this reason, the happiness levels of nurses increase as their quality of work life increases.

Conclusion

Nursing is an occupational group formed mostly by women which requires being beside the patient most and continuous care provision. In many societies, it is a fact that women undertake more responsibility within the family as wives and mothers compared to men beyond their responsibilities regarding their jobs. In the nursing occupation, which is mostly populated by women, a higher quality work environment would increase the satisfaction and happiness of the employees. It is suggested that institutions and nurse managers should make regular evaluations on the job satisfaction and work environment conditions of nurses and realize the necessary regulations to increase the quality of work life of nurses according to the results of these evaluations. Revising and regulating the work environment of nurses would be very beneficial with regard to increasing both their job satisfaction and general life satisfaction.

References

- Aiken LH, Clarke SP, Sloane DM, Lake ET & Cheney T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration*, 38:223–229.
- Almalki M, Fitz Gerald G & Clark M. (2012). Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study. *Human Resources For Health*, 10:1-13.
- Amerikan Nurses Association. [Cited 10 Jan 2018]. Available from URL: <http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/2017-Year-of-Healthy-Nurse/August-Happiness.html>
- Bekhet AK, Zauszniewski JA & Nakhla WE. (2008). Happiness: Theoretical and empirical considerations. *Nursing Forum*, 43:12–23.
- Boehm JK & Lyubomirsky S. (2008). Does happiness promote career success? *Journal of Career Assessment*, 16:101-116.
- Brooks BA & Anderson MA. (2004). Nursing work life in acute care. *Journal of Nursing Care Quality*, 19:269-275.
- Brooks BA, Storfjell J, Omoike O, Ohlson S, Stemler I, Shaver J & Brown A. (2007). Assessing the quality of nursing work life. *Nursing Administration Quarterly*, 31:152–157.
- Cam O & Yildirim S. (2010). Job satisfaction in nurses and effective factors: Review. *Turkiye Klinikleri Journal of Nursing Sciences*, 2:64-70.
- Catak T & Bahcecik N. (2015). Determination of nurses' quality of work life and influencing factors. *Journal of Marmara University Institute of Health Sciences*, 5:85-95.
- Dai H, Tang F, Chen IJ & Yu S. (2016). Taiwanese version of the work-related quality of life scale for nurses: translation and validation. *The Journal of Nursing Research*, 24:58-67.
- Diener E & Seligman MEP. (2002). Very happy people. *American Psychological Society*, 13: 81-84.
- Dogan T & Cotok NA. (2011). Adaptation of the Short Form of the Oxford Happiness Questionnaire into Turkish: A validity and reliability study. *Turkish Psychological Counseling and Guidance Journal*, 4:165-172.
- Fisher CD. (2010). Happiness at work. *International Journal of Management Reviews*, 12:384-412.
- Karl KA, Peluchette JV & Harland L. (2007). Is fun for everyone? Personality differences in healthcare providers' attitudes toward fun. *Journal of Health & Human Services Administration*, 29:409-447.
- Lin SY, Chiang HY & Chen L. (2011). Comparing nurses' intent to leave or stay: Differences of practice environment perceptions. *Nursing and Health Science*, 13:463–467.
- Malekiha M, Abedi MR. (2014). The relationship between work engagement and happiness among Nurses in Iran. *Reef Resources Assessment and Management Technical Paper*, 40:809-816.
- Meng R, Luo Y, Liu B, Hu Y & Yu C. (2015). The nurses' well-being index and factors influencing this index among nurses in central China: A cross-sectional study. *PLoS One*, 10:1-12.
- Metin O & Ozer FG. (2007). Determination of the Level of Nursing Burnout. *Journal of Anatolia Nursing and Health Science*, 10:58-66.
- Moghadam A. (2014). The relation between happiness and life expectancy among the nurses in Tehran. *Journal of Social Issues & Humanities*, 2:367-369.
- Nayeri ND, Negarandeh R, Vaismoradi M, Ahmadi F & Faghizadeh S. (2009). Burnout and productivity among Iranian nurses. *Nursing & Health Sciences*, 11:263–270.
- Ozkarar SE. (2015). Concept analysis of nurses' happiness. *Nursing Forum*, 50:55-62.
- Ozturk R, Gulec D, Guneri, SE, Sevil U & Gurmen N. (2013). Investigation of the relationship between patient satisfaction with quality of nursing work life. *Bahkesir Health Sciences Journal*, 2:167-174.
- Page KM & Vella-Brodrick DA. (2009). The 'what', 'why' and 'how' of employee wellbeing: A new model. *Social Indicators Research*, 90:441-458.

- Ramesh N, Nisha C, Josephine AM, Thomas S & Joseph B. (2013). A study on quality of work life among nurses in a medical college hospital in Bangalore. *National Journal of Community Medicine*,4:471-474.
- Rodríguez-Muñoz A & Sanz-Vergel AI. (2013). Happiness and well-being at work: A special issue introduction. *Journal of Work and Organizational Psychology*,29:95-97.
- Royele V, Lopez-Tamayo J & Surinach J. (2009). Results of quality of work life index in Spain. A comparison of survey results and aggregate social indicators. *Social Indicators Research*,90:225-241.
- Sedoughi Z, Sadeghi M, Shahraki SK, Anari SHS & Amiresmaili M. (2016). The relation of work, family, and life quality of nurses working at teaching hospitals of Kerman-Iran. *Bali Medical Journal*,5:110-115.
- Sirin M & Sokmen SM. (2015). Quality of nursing work life scale: The psychometric evaluation of the Turkish version. *International Journal of Caring Sciences*,8:543-554.
- Stuenkel DL, Nguyen S & Cohen J. (2007). Nurses' perceptions of their work environment. *Journal of Nursing Care Quality*,22:337-342.
- Swamy DR, Nanjundeswaraswamy TS & Rashmi S. (2015). Quality of work life: Scale development and validation. *International Journal of Caring Sciences*,8:281-300.
- Yildirim D & Aycan Z. (2008). Nurses' work demands and work-family conflict: A questionnaire survey. *International Journal of Nursing Studies*,45:1366-1378.