REVIEW OF LITERATURE
CHAPTER II

REVIEW OF LITERATURE

The past studies relating to the problem focus of this research are reviewed and various findings therein are presented in this chapter.

2.1 NURSES AND NURSING PROFESSION

Parker related the art of caring to aesthetic integrity. She described this as being characterized by aesthetic sensibility, which is responsiveness in nursing that encompasses recognizing and meeting the individual and unique needs of particular patients. She reflects on the complexities of nursing as a profession whose members must employ their knowledge of science and expertly combine it with the skilled art of caring.

Jones and Cheek (2003)\textsuperscript{19} identified that in encompassing art and science, nursing requires unique professional skills and special personal attributes. They suggested to include strong theoretical knowledge, high level communication skills, assessment and clinical judgment skills, plus the ability to solve problems.

Barbara (2004)\textsuperscript{20} described the experiences of a group of immigrant women nurses from Kerala, regarding their life and work in a culture other than their own. The immigrant nurses suffered from the challenges of living between two cultures and countries, racism and marginalization as female nurses of color. The study revealed that continuing inequities still there in health care system.

Purvi Parikh et.al, (2004)\textsuperscript{21} explored the nurses’ occupational stressors and coping mechanisms, individual and job characteristics, and work-family conflict, workload, role ambiguity, interpersonal relationships, and death and dying concerns. Emotional distress, burnout and psychological morbidity were the causes of occupational stress. Nurses’ common coping mechanisms include problem solving, social support and avoidance. Perceived control appears to be an important mediator


of occupational stress. Coping and job satisfaction appear to be reciprocally related. Shift work is highly prevalent among nurses and a significant source of stress.

Thomas P (2005)\textsuperscript{22} revealed in his study as nurses working in the government sector seemed to be more worried about being unable to adjust to working conditions abroad and therefore less keen to migrate. Better pay scales, a more relaxed work atmosphere and more facilities were the important determinants in such cases. He suggested to the health policy-makers in India need to take a serious look at the growing migration of nurses to foreign countries.

Michelle Kermode et.al, (2005)\textsuperscript{23} mentioned that the high level of occupational exposure to blood found among this group of rural north Indian HCWs highlights the urgent need for interventions to enhance their occupational safety to prevent unnecessary nosocomial transmission of blood borne virus. Elsje J. Hall\textsuperscript{24} mentioned as HIV/AIDS is found to increase the workload of nurses because of a higher number of patients with AIDS-related diseases, the comprehensive time-consuming care that is needed by many of these patients and the lack of support that is available to them. The secrecy surrounding the disease reduces their productivity, confront them with ethical issues and hinder them in curbing the further spreading of HIV/AIDS. Nurses can also be infected with the disease, which will ultimately lead to increased absenteeism, stress and lower performance among sufferers and increased workloads and emotional discontent for the remaining workforce.

Deoki Nandan et.al, (2007) described in his study about the need of deploying the adequate skilled human resources at different levels of health care set-up are essential for providing effective health care services for the population. For that he suggested the governments at state/national level, to frame a State specific human resource development and training policy, creation of human resource management information system, reorientation of medical and para-medical education and ensuring

\textsuperscript{23} Michelle Kermode, Damien Jolley, Biangtung Langkham,, Mathew Santhosh Thomas and Nick Crofts, Occupational “exposure to blood and risk of bloodborne virus infection among health care workers in rural north Indian health care settings” American Journal of Infection Control, Volume 33, Issue 1, February 2005, Pages 34-41.
\textsuperscript{24} Elsje J. Hall, “the challenges hiv/aids poses to nurses in their work environment” Report submitted to Employment and Economic Policy Research,Human Sciences Research Council
proper utilization of the trained manpower and standardization of training. They commented in their report as nursing management capacity, in the country, is quite weak. That gets reflected, in lack of active participation by human resources in nursing in any of the policy decision making processes. Issues and concerns being sidelined though no doubt and they came out with recommendations to have a separate nursing division at the state Directorate and preferably to be headed by a nursing professional on the post of 'Director Nursing' or its equivalent. The senior most nursing post must have total autonomy in decision making and to a member of all policy making bodies dealing with health and family welfare issues.

Madelaine Healey (2007)\textsuperscript{25} mentioned as the international recruitment of Indian nurses is not the win-win situation that is often portrayed by media and government in both India and the West. In fact, there are serious dilemmas in creating a nurse export industry in India, which have not yet been recognized. The global movement of nurses should not be allowed to happen without serious attempts by both destination countries and India to develop a sustainable, well-resourced nurse base at home. If the migration of nurses out of India and the accompanying expansion of private nurse education is to continue, it is already clear that it needs regulation, monitoring and probably restraint.

Abhijit V. Banerjee et.al, (2008)\textsuperscript{26} mentioned as the nurses in the government setup were the most absentees and low effort providers to the potential beneficiaries. To rectify the delinquents an experiment was carried out, in that they found as nurses were initially responsive to financial incentives latterly because of flexible rules the program had become completely ineffective.

Pal et.al, (2008)\textsuperscript{27} conducted a cross-cultural study with 27 doctors and 328 nurses from Norway, as well as 111 doctors and 136 nurses from India. The results revealed high Family work conflict (FWC) and low social support were predictors of job stress for Indian nurses.

\textsuperscript{25} Madelaine healey, “outsourcing care: ethics and consequences of the global trade in indian nurses” 2007


Brenda M Sabo (2008)²⁸ work environment, working with clients experiencing pain and suffering often associated with cancer, palliative or end-of-life care nurse-patient-family relationship significantly affects the physical, psychological, emotional and/or spiritual wellbeing of nurses and leads to fatigue (secondary traumatic stress), burnout and vicarious traumatization.

Alvaro Alonso et.al, (2009)²⁹ revealed in their study as the Indian nurses migrating mainly for economic reasons and professional and social aspirations also had the influence. Additionally they revealed nurses from India migrating to foreign with the idea to stay or settle.

Pratibha P. Kane(2009)³⁰ tried to establish the existence and extent of work stress in nurses in a hospital setting, she pointed out most important causes of stress were jobs not finishing in time because of shortage of staff, conflict with patient relatives, overtime, and insufficient pay. Because of these the nurse suffered from psychosomatic disorders like acidity, back pain, stiffness in neck and shoulders, forgetfulness, anger, and worry significantly increased in nurses having higher stress scores.

M.Eswari (2009)³¹ mentioned in her study Age, Nativity, Family members, Monthly Income, Marital Status and Working Experience were the predicting factors of nurses job satisfaction and the relationship with hospital is determined on good job satisfaction.

Erna Judith Roach (2009)³² Shared Governance promotes nursing professional growth through the principles of partnership, ownership, leadership and accountability. By implementing shared governance strategies specific channels of communication can be used to resolve conflicts within individual organisational

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²⁹ Alvaro Alonso-Garbayo and Jill Maben, “Internationally recruited nurses from India and the Philippines in the United Kingdom: the decision to emigrate,” Human Resources for Health 2009, 7:37,4491-7-37
³² Erna Judith Roach, “Shared Governance in Nursing”, the nursing journal of india, April 2009, VOL. C No. 4
settings and nurses can be prepared adequately to deal effectively with conflicts arising around patient care and physician-related issues.

K.K. Datta (2009)\textsuperscript{33} expressed the major issue in nursing was acute shortage and disproportionate nurse/patient ratio which is affecting quality of public health care. Inadequate infrastructure at work place, poor living conditions, limited scope for career development and no opportunity for specialization were the problems faced by the nurses and have to be taken care.

Jasmine (2009)\textsuperscript{34} stated that nursing involves multiple diverse functions, many being tasks that are performed while applying scientific concepts. These include assessment of patients, implementation and evaluation of care and the education of patients to address their health-related knowledge deficits.

Christopher DJ et.al, (2010)\textsuperscript{35} said as “among healthcare workers in India, nurses spend a large amount of time in direct contact with patients, and are at high risk for acquisition of infection and disease. They found that majority (95%) nurses were females, and almost 80% of them were under 22 years of age and the infectious rate is strongly associated with time spent in health care”.

Parker (2010)\textsuperscript{36} related the art of caring to aesthetic integrity. She described this as being characterised by aesthetic sensibility, which is responsiveness in nursing that encompasses recognizing and meeting the individual and unique needs of particular patients. She reflects on the complexities of nursing as a profession whose members must employ their knowledge of science and expertly combine it with the skilled art of caring.

\textsuperscript{33} K.K. Datta, “Public health workforce in india: career pathways for public health personnel” report submitted to World Health Organization (WHO) and the Ministry of Health & Family Welfare (MOHW), Government of India in 2009


Sumathi Muralidhar et.al, (2010)\textsuperscript{37} identified the high occurrence of Needle stick injuries (NSI) in health care workers with a high rate of ignorance and apathy. They suggested appropriate education and other interventional strategies by the hospital for reducing the NSI.

Nidhi Chaudhary from the WHO (2010)\textsuperscript{38} said, "In most countries, there is a shortage of nurses but nowhere is it as acute as in the developing world. The developing countries are unable to compete with better pay and better professional development."In India, nurse shortages occur at every level of the healthcare system. "The states with the worst healthcare human resource shortages are also the ones with the worst health indicators and highest infant and child mortality,"

Triza Jiwan (2010)\textsuperscript{39} discussed the importance of Emotional Quotient among nursing professional. The EQ would add the strengths of the nursing professionals and bring about qualitative improvements in the area of deliverance of nursing care to the patients as well as their interaction with other members of healthcare teams and this might had the significant impact on productivity.

Mohan Rao et.al, (2011)\textsuperscript{40} opined as “Nurses do not have much authority or say within the health system, and the resources to train them are still inadequate. The migration of qualified nurses is substantial and further strains the system. They urged the government to redesign appropriate packages of monetary and non-monetary incentives to encourage qualified health workers and to invest for improvise the relevance, quantity, and quality of nursing, medical, and public health education in the country”.

C Irin Light and R Bincy(2010)\textsuperscript{41} found that Injuries, Accidents, Ergonomic problems, Physical hazards, Chemical substances, Communicable Diseases, Violence

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\textsuperscript{37} Sumathi Muralidhar, Prashant Kumar Singh, R.K. Jain, Meenakshi Malhotra & Manju Bala, “Needle stick injuries among health care workers in a tertiary care hospital of India” Indian Journal of Medical Research 131, March 2010, pp 405-410

\textsuperscript{38} The times of india TNN May 12, 2010, 03.43am

\textsuperscript{39} Triza Jiwan, “Emotional Quotient Scores Over Intelligence Quotient”, the nursing journal of india, March 2010, VOL. Cl No. 3

\textsuperscript{40} Mohan Rao, Krishna D Rao, AK Shiva Kumar, Mirai Chatterjee, and Thiagarajan Sundararaman, “Human resources for health in India,” The Lancet, Volume 377, Issue 9765, 12-18 February 2011, Pages 587-598

\textsuperscript{41} C Irin Light, and R Bincy, “Occupational Safety for Nurses,” The nursing journal of India, May 2010, VOL. Cl No. 5
in the Workplace and Psychological Aspects were the predictors of occupational safety of nurses and suggested to the nurse administrator to implement the universal precautions, protective personal equipment and compulsory HBV vaccination, needleless delivery system and non-latex gloves, periodic breaks, safe working environment and safe patient lifting devices or lifting teams; Improving shift work schedule by avoiding permanent night shift, avoiding quick shift changes and planning some free weekends and nurses must be given opportunity to discuss their problems at work periodically with colleagues, supervisors, administrators and counselors for ensuring the occupational safety.

Krishna D. Rao et.al, (2010) expressed “financial and educational incentives attract nurses to rural postings; they do not make effective retention strategies. Frustration among rural health workers often stems from the lack of infrastructure, support for the staff, and drugs, a feeling exasperated by local political interference and lack of security and issues such as lack of water, electricity, education facilities for children, and connectivity increase dissatisfaction, while a primary care job commands little respect”.

Mamta Tripathi (2010) mentioned as the average age of nurses in ward were significantly older (43 years of age) than those in operation theatres (38 years of age) and intensive care units (39 years of age). The average annual duration of absenteeism per nurse (index of severity) was 27.7 days/ person. The average sickness leave days/spell (index of duration) was 8.82 days/person. The annual inception rate of non sickness leave (index of frequency) was 1.57 spells / person and for sickness leave was 1.27 spells / person. While nurses working in the ward area took the highest number of unplanned sickness leave (7.36 days/spell), the planned sickness leaves were highest (64.8 days/spell) among those in operation theatres. She found that the diseases of the respiratory tract, digestive system, infections and injury were major cause for leave and absenteeism.

42 Krishna D. Rao, Sudha Ramani, Seema Murthy, Indrajit Hazarika, Neha Khandpur, Maulik Chokshi, Sajanya Khanna, Marko Vujicic, Peter Berman, and Mandy Ryan. “Health worker attitudes toward rural service in India:” results from qualitative Research, November 2010
43 Mamta Tripathi, U. Mohan, Mukesh Tripathi, R. Verma, L. Masih and Hem Chandra Pandey, “Absenteeism among nurses in a tertiary care hospital in India”; the national medical journal of India vol. 23, no. 3, 2010
Kalaiarasi (2011) revealed the radiation burden faced by nursing staff in a radiology department depend on many factors. The place and duration of posting of a nurse in the various radios diagnostic wings influences the exposure rate. The results suggested maintaining the regulatory standards in a strict manner and the nursing staff should know the regulations and ensure the minimum radiation exposure.

Lavanya M (2011) National conference on ‘Nursing research — a milestone for career successes highlighted the need for developing knowledge base in nursing to improve the practices. “Since nursing is undergoing tremendous changes and challenges, research will greatly help meet the social challenges and needs in health care delivery. A strong research base enriches the nursing professional lives”.

Tanuka Roy Sinha et.al., (2011) revealed that among the major factors, dealing with the patients suffering from critical illnesses, lack of reward/recognition/apprehension and fatigue were the predictors of stress among nurses.

Jeyalindha Christopher (2011) revealed that the overall job satisfaction was high among 39% of nurses. The satisfaction was high about the working environment (43%), supervision (48%) and in-service education (46%). The overall job satisfaction had statistically significant association (p<0.05) with the years of experience in nursing.

Reema Gill (2011) expressed the opinion that professional, social and economic reasons are considered to be behind the nursing shortage in India. Similar reasons induce Indian nurses to look for migration opportunities in other countries. The high income countries have discovered India as a new source of well trained, English-speaking nurses to overcome their nursing shortages. This has resulted in

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44 Kalaiarasi E, “Hazards of Radiation Exposures for Nursing Staff and Measures to Control it”, The nursing journal of India, March 2011, VOL. ClI No. 3
45 Need to develop stronger research base in nursing The HINDU January 4, 2011
47 Jeyalindha Christopher, “Job satisfaction among staff nurses working in the department of accident and emergency services of a tertiary care hospital in south India”, Indian Journal of Nursing Studies Vol. 2, No.1, Jan.- June 2011
48 Reema Gill, “Nursing Shortage in India with special reference to International Migration of Nurses”, Social Medicine, Volume - 52 - 6, Number 1, March 2011
mass migration of nurses from India, which in turn may lead to non-availability of standard quality health services especially to the poor section of the population in the country. Strong political commitment is required for improving the nursing situation in India.

2.2 QUALITY OF WORK LIFE DIMENSIONS OF NURSES

2.2.1 NURSING AUTONOMY, PARTICIPATION AND CONTROL OVER PRACTICE

Julia Lane and Lavonne Straub (1986)\(^49\) studied the determinants of individuals' decisions to participate or not participate in the nurse labor market based on pay equity and socialized preferences. They found that the choices made by the surveyed nurses were non-economic in nature.

Foley, Barbara et.al (2002)\(^50\) conducted a study in the military hospitals to describe the characteristics of nurses and their work environment regarding satisfaction and clinical expertise. They identified the positive relationship between the autonomy, control over practice, and nurse-physician relationships with work environment in the military hospitals and acknowledged as those factors leads for desirable level of clinical expertise among nurses.

Marlene Kramer, Claudia E. Schmalenberg (2003)\(^51\) in their study interviewed with 279 staff nurses and identified in their study almost 60% of these hospital staff nurses stated little or no control over nursing practice and pleased for at least some empowerment in formal organizational structure, because which is encouraging nurses' control over practice, the patient care interface and professional autonomy.

Spence Laschinger et.al, (2003)\(^52\), identified as the structural empowerment determined the hospital characteristics of autonomy, control over practice environment, and positive nurse-physician relationships.


\(^{50}\) Foley, Barbara Jo, Kee, Carolyn C, Minick, Ptle, Harvey, Susan S., Jennings and Bonnie M. Characteristics of “Nurses and Hospital Work Environments That Foster Satisfaction and Clinical Expertise,” Journal of Nursing Administration”, May 2002 - Volume 32 - Issue 5 - pp 273-282

\(^{51}\) Marlene Kramer, Claudia E. Schmalenberg, “Magnet Hospital Nurses Describe Control Over Nursing Practice,” West Journal of Nursing Research, June 2003 vol. 25 no. 4 434-452.

Laschinger et al. (2006)\textsuperscript{53} found the positive significance between staff nurses' perceptions of work empowerment, and control over nursing practice and suggested for good organizational work environments that empower nurses to exercise more control over the content and context of their practice.

Job satisfaction was most strongly correlated with autonomy. George A. Zangaro and Karen L. Soeken (2007)\textsuperscript{54}. Spence Laschinger, Heather K. et al. (2008)\textsuperscript{55} conducted a study with 234 staff nurses and understood the Effect of Empowerment on Professional Practice Environments, Work Satisfaction, and Patient Care Quality and found that professional practice environment characteristics mediated the relationship between structurally empowering work conditions and both job satisfaction and nurse-assessed patient care quality.

Marit Silén et al. (2008)\textsuperscript{56} opined as the poor physician—nurse collaboration, lack of confidence of physicians, hindrances to patient participation, and ambivalence about the role of patients' next of kin are the major predictors of nursing decision making.

George and Janet C. (2009)\textsuperscript{57} found in his study as 65.1% nurses ranked in the higher level of professional autonomy, 34.9% ranked in the mid level and none in the lower level and mentioned as shared governance improve nurses’ perceptions of autonomy and create an atmosphere in which nurses can practice the art of nursing.

George and Janet C. (2009) revealed that nurses working in a well established shared governance setting perceived the best control over the nursing profession and the ability to make decisions regarding patient care. Nurses should have the voice in

\textsuperscript{56} Marit Silén, Mia Svantesson, Gerd Ahlström, “Nurses' Conceptions of Decision Making Concerning Life-Sustaining Treatment,” Nursing Ethics March 2008 vol. 15 no. 2 160-173
\textsuperscript{57} George, Janet C.(2009) Nurses' perceived autonomy in a shared governance setting, a published master’s thesis
decisions that are regarding their work environment and practice. Kowalik et.al, (2010)\(^{58}\).

McDonald et.al, (2010)\(^{59}\) mentioned nurses involved in power-sharing activities demonstrate a greater commitment to the organization and have improved job satisfaction and organizational structures should provide opportunities for nurses to participate in professional matters that are important to them support empowerment and that is essential for a healthy work environment.

Marla J. Weston (2010)\(^{60}\) argued as Clinical nurse autonomy and control over nursing practice (CONP) had been associated with increased nurse satisfaction and improved patient outcomes as well as the healthy work environment. Enhancing competence in clinical expertise, establishing participative decision making, and developing nurses' skills in making decisions were enhance the nurses’ autonomy.

Ji Sun Choi et.al, (2011)\(^{61}\) mentioned in his study as nurses’ participation in facility affairs was positively associated with nurses’ job satisfaction.

2.2.2 PAY-PAY EQUITY AND REWARD & RECOGNITION

Chiu and Randy (2000)\(^{62}\) investigated how the perception of pay equity, pay satisfaction, and job satisfaction affect the work motivation and in their study they found pay equity, pay satisfaction and job satisfaction were found to mediate the effect of positive affectivity on work motivation.

\(^{58}\) Kowalik, Syndi A, Yoder, Linda H. “A Concept Analysis of Decisional Involvement,” Nursing Administration Quarterly: July/September 2010 - Volume 34 - Issue 3 - p 259–267

\(^{59}\) McDonald, Susan F., Tullai-McGuinness, Susan , Madigan, Elizabeth A., Shively, Marty “Relationship Between Staff Nurse Involvement in Organizational Structures and Perception of Empowerment”, Critical Care Nursing Quarterly: April/June 2010 - Volume 33 - Issue 2 - p 148–162


\(^{62}\) Chiu, Randy, “Does perception of pay equity, pay satisfaction, and job satisfaction mediate the effect of positive affectivity on work motivation?”, Social Behavior and Personality”: an international journal, Volume 28, Number 2, 2000 , pp. 177-184(8)
Sara De Gieter et al. (2006)\textsuperscript{63} examined the nurses' reward perceptions, in order to identify potential reward options and revealed that a number of psychological and non-financial rewards were important for nurses in addition to their monthly pay and other remunerations. Additionally they revealed as the appreciation for their work by others, compliments from others, presents from others and contacts with patients were highly valued. Moreover they mentioned as some demographical variables influenced the reward perceptions. Younger and less experienced nurses considered promotion possibilities as more rewarding than the older and more senior ones. The latter valued job security and working for a hospital with a good reputation higher than their younger and more junior colleagues.

Buchan, J. and North, N. (2009)\textsuperscript{64}, examined the impact of a new national pay award for nurses implemented in New Zealand. They identified, after new pay award there was a steady growth in nurse numbers; reduced difficulty in recruiting; reduced vacancy rates; and increased application rates to schools of nursing.

Nicola North and James Buchan (2009)\textsuperscript{65} studied the impact of Nurses Pay Agreement on organizations. They found the impact on public sector nursing workforces were generally positive, some imbalances and unintended consequences arose from the agreement but they notice that the national pay agreement largely reflected local nurse market conditions.

Frederic H. Decker et al. (2009)\textsuperscript{66} conducted a survey with 2,146 nursing assistants (NAs) and examined the predictors of intrinsic job satisfaction, overall satisfaction, and intention to leave the job among nursing. They found that supervisor’s behavior and Pay satisfaction had the strongest association with intrinsic satisfaction and these predictors had the strongest associations with intention to leave and overall intrinsic satisfaction.

\textsuperscript{63} Sara De Gieter, Rein De Cooman, Roland Pepermans, Ralf Caers, Cindy Du Bois and Marc Jegers, “Identifying nurses' rewards: a qualitative categorization study in Belgium”, Human Resources for Health 2006, 4:15
\textsuperscript{65} Nicola North and James Buchan, “Winners and Losers: Organizational Impacts of a Nurses Pay Agreement,” Policy Politics Nursing Practice November 2009 vol. 10 no. 4 259-268
\textsuperscript{66} Frederic H. Decker, Lauren D. Harris-Kojetin, and Anita Bercovitz, Intrinsic “Job Satisfaction, Overall Satisfaction, and Intention to Leave the Job Among Nursing Assistants in Nursing Homes,” The Gerontologist (2009) 49 (5): 596-610.
Rachel M. Werner et. al, (2011)\textsuperscript{67} studied the Effect of Pay-For-Performance in 260 hospitals regarding improving the quality of health care. They noticed that more than half of the pay-for-performance hospitals achieved high performance scores, compared to less than a third of the control hospitals and improvements were largest among hospitals. They found pay-for-performance programs could have the greatest effect on health care quality and after five years.

2.2.3 RESOURCE ADEQUACY, TRAINING & DEVELOPMENT

Oz F. (2001)\textsuperscript{68} found that empathic communication skills were developed among the nurses as a result of empathy training but, this training did not make any changes in empathic tendency level of nurses.

Sean P. Clarke et. al, (2002)\textsuperscript{69} found needle stick injuries and near misses were generally twice in low staffing and poor organizational climate hospitals than well-staffed and better-organized units.

Takashi Shimizu et. al, (2003)\textsuperscript{70} investigated the relationship between burnout and communication skill training among Japanese hospital nurses to improve the mental health of human service workers. They found that the personal accomplishment and the two communication skills of the intervention group had improved significantly and suggested the communication skill training to reduce the burnout among Japanese hospital nurses.

Lynn Y. Unruh et. al, (2006)\textsuperscript{71} opined as the severe patient turnovers because of unadjusted nurses staffing according to patient ratios and found in poor staffing hospitals. Deoki Nandan et. al, (2007)\textsuperscript{72} described in his study about the need of

\textsuperscript{67} Rachel M. Werner, Jonathan T. Kolstad, Elizabeth A. Stuart and Daniel Polsky, “The Effect Of Pay-For-Performance In Hospitals: Lessons For Quality Improvement,” Health Aff April 2011 vol. 30 no. 4 690-698
\textsuperscript{68} Oz F. “Impact of training on empathic communication skills and tendency of nurses,” international journal of clinical excellence for nurse practitioners, 2001; 5(1):44-51
\textsuperscript{71} Lynn Y. Unruh, Myron D. Fottler, “Patient Turnover and Nursing Staff Adequacy”, Health Services Research, Volume 41, Issue 2, pages 599–612, April 2006
deploying the adequate skilled human resources at different levels of health care set-up are essential for providing effective health care services for the population. For that he suggested the governments at state/national level, to frame a state specific human resource development and training policy, creation of human resource management information system, reorientation of medical and para-medical education and ensuring proper utilization of the trained manpower and standardization of training.

Linda H. Aiken, et.al,(2007)\(^{73}\) found that hospitals employing more temporary nurses have the poor quality in patient care environments and they exhibited the high burnout and dissatisfaction and poor quality care than nurses in better staffed hospitals (Masako Kanai-Pak et.al (2008)

Hugonnet et.al, (2007)\(^{74}\) noticed as the low staffing is a key determinant of healthcare-associated infection in critically ill patients and suggested to maintain the nursing staffing at a higher level.

Tarja Tervo-Heikkinen et.al, ( 2008)\(^{75}\) revealed as staffing adequacy, respect and relationships were the most important factors of work environment and having an influence on job-related stress, job satisfaction, patient satisfaction and adverse events to patients and nurses.

Milisa Manojlovich (2008)\(^{76}\) stated as enough staffing and resource adequacy, nursing leadership, nurses’ involvement in hospital affairs, nurse–physician collaboration, nursing model of care were the multiple strategies to improve the practice environment for nurses. Unruh and Lynn, (2008)\(^{77}\) tried to assess the impact of hospital nurse staffing levels on given patient, nurse, and financial outcomes, they

\(^{73}\) Linda H. Aiken, , Ying Xue, , Sean P. Clarke, , FAAN, Douglas M. Sloane, “Supplemental Nurse Staffing in Hospitals and Quality of Care”, journal of nursing administration, 2007, iss.37(7-8), 335-342.

\(^{74}\) Hugonnet, Stéphane; Chevrolet, Jean-Claude; Pittet, Didier, “The effect of workload on infection risk in critically ill patients”, Critical Care Medicine, January 2007 - Volume 35 - Issue 1 - pp 76-81


found that adequate staffing and balanced workloads were central for achieving good outcomes.

Gail H. Wade et.al, (2008)\textsuperscript{78} executed a research with a sample of Registered Nurses (n = 731) employed by a large healthcare system in the mid-Atlantic region of the United States of America and found as staffing and resource adequacy also one of the variance predictor (30.6\%) in job enjoyment. Adequacy of nursing resources was a significant predictor for most of the patient outcomes Maria Schubert et.al, (2010)\textsuperscript{79}. Ji Sun Choi et.al, (2011) revealed as the resource adequacy were positively associated with NURSES’ JOB SATISFACTION.

\subsection*{2.2.4 WORK LOAD AND WORK HOURS}

Iskra-Golec et.al,(2000)\textsuperscript{80} pointed as the longer daily exposure to the work, lead the nurses to less social and domestic disruption, chronic fatigue, cognitive anxiety, sleep disturbance, emotional exhaustion, worse indices of health and well-being, and burnout.

Morgan, et.al, (2002) studied the registered nurses, nursing aides, and activity workers to understand occupational stress among them in the rural setup and found as growing numbers of resident patients increased the stress among nursing home staffs.

Joanna Pryce et al, (2006)\textsuperscript{81} conducted a study to evaluate the impact of shift rotation and scheduling system on the health, work-life balance and job satisfaction of nurses working in a psychiatric ward in Denmark. In their study they allowed a set of nurses to design their own work–rest schedules and found that the allowed group was more satisfied with their work hours and identified significant increases in work–life balance, job satisfaction, social support and community spirit in the allowed group compared with nurses in the control groups.


\textsuperscript{79} Maria Schubert, Tracy R. Glass, Sean P. Clarke, Linda H. Aiken, Bianca Schaffert-Witvliet, Douglas M. Sloane and Sabina De Ge, “Rationing of nursing care and its relationship to patient outcomes: the Swiss extension of the International Hospital Outcomes Study”.

\textsuperscript{80} Iskra-Golec, Irena; Folkard, Simon; Marek, Tadeusz; Noworol, Czeslaw, “Health, well-being and burnout of ICU nurses” on 12- and 8-h shifts. Work & Stress, Vol 10(3), Jul-Sep 1996, 251-256

Isik U. Zeytinoglu et al., (2007) conducted a survey with 1,396 nurses and examined the associations between deteriorated external work environment, heavy workload, nurses' job satisfaction and turnover intention. They found that the nurses had a poor job satisfaction and they revealed as were not happy because of their workload and environment. They identified the negative association between workload and job satisfaction and nurses' turnover intention. Fatimah Al-Kandari, and Deepa Thomas (2008) identified the following factors skipping tea/coffee breaks, feeling responsible for more patients than they could safely care, inadequate help, inadequate time to document care, verbal abuse by a patient or a visitor and concern about quality of care as the adverse outcome of increased patient load, and increased nursing care.

Ruggiero, Jeanne S.,(2005) conducted a survey with 247 critical care registered nurses to explore the relationships and relative contributions of selected work, shift worker health, and demographic variables to job satisfaction. He found as there were no significant differences in the variables among self-defined day-, night-, and rotating-shift nurses and additionally indicated that more weekends off per month and less depression and emotional stress contributed significantly to job satisfaction in nurses.

S.H. Hamaideh et.al,(2008) identified the significant relation between nurses' stressors and social supportive behaviours with shift worked, level of education, and model of nursing care and suggested to decrease nurses' stressors and improvise the social support behaviour of the nurses.

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Van Der Heijden et.al, (2008)\textsuperscript{86} indicated over time, giving rise to higher job demands and work-home interference were the general health deterioration factors of nurses and additionally revealed as they may aggravate the nurses’ general health.

Di Twigga, and Christine Duffield (2009)\textsuperscript{87} reported in their study as target, actual nurse hours, staff retention are closely associated and proper nurse-patient ratios were needed for attracting nurses and retaining.

Rubin Pillay (2009)\textsuperscript{88} conducted a cross sectional survey with 569 professional nurses from public and private sectors across South Africa to identify the work satisfaction of nurses. They found that public-sector nurses were generally dissatisfied with their pay, the workload and the resources available to them.

Katia Grillo Padilhaa et.al, (2010)\textsuperscript{89} revealed as the work load was heavy and nurses requested for adequate nursing professionals to meet the work load fluctuations and for reducing ICU costs.

Geneviève Jourdain et.al, (2010)\textsuperscript{90} found job demands are the most important determinants of emotional exhaustion and indirectly induce the depersonalization. They recommended the restructuring the role, reducing work overload and increasing the meaning of their work in order to retain nurses within the profession:


\textsuperscript{87} Di Twigga, and Christine Duffield, “A review of workload measures: A context for a new staffing methodology in Western Australia”, International Journal of Nursing Studies, Volume 46, Issue 1, January 2009, Pages 132-140


\textsuperscript{89} Katia Grillo Padilhaa, Regina Márcia Cardoso de Sousaa, , Paulo Carlos Garcia, , Sheila Tosta Bentoa, , Eva Maria Finardic, and Regina H.K. Hatarashi, “Nursing workload and staff allocation in an intensive care unit: A pilot study according to Nursing Activities Score (NAS”). Intensive and Critical Care Nursing, Volume 26, Issue 2, April 2010, Pages 108-113

\textsuperscript{90} Geneviève Jourdain, and Denis Chênevert, “Job demands–resources, burnout and intention to leave the nursing profession: A questionnaire survey,” International Journal of Nursing Studies, Volume 47, Issue 6, June 2010, Pages 709-722
Richard J Holden et al. (2011)\textsuperscript{91} revealed in their study as staffing adequacy was significantly related to job dissatisfaction and burnout but job-level workload was not uniquely and significantly associated with any outcomes. Additionally, they found the mental workload related to interruptions, divided attention, and being rushed was associated with burnout and medication error likelihood.

Amin Supreeta G (2011)\textsuperscript{92} conducted a study toward investigating the effects of workload and the influence of workload on nursing personnel. She found the cognitive loading was influenced by task complexity and task manipulations and long working hours, working more than one job, low staffing ratios, high patient acuity, minimal social support, low experience level, complicated equipment, complex procedures and varying workload were some of factors that may have a negative impact on the quality of care provided by nursing personnel.

2.2.5 SUPERIORS, MANAGEMENT AND CO WORKERS RELATIONSHIP AND RESPECT AT WORK

Lisa Sundina et al. (2007)\textsuperscript{93} conducted a cross-sectional study with 1561 registered and assistant nurses in Sweden to study the relationship between different work-related sources of social support and burnout among registered and assistant nurses in Sweden. They found co-worker and patient support were significantly related to all burnout dimensions, whereas supervisor support was only statistically significantly related to emotional exhaustion.

Hall and Debra S. (2007)\textsuperscript{94} revealed as the nurses had the greater levels of perceived supervisor support experienced more positive job outcomes and less


\textsuperscript{92} Amin Supreeta G., “A study to determine the influence of workload on nursing personnel, Ph.D Dissertation submitted to the WESTERN MICHIGAN UNIVERSITY”, 2011, 480,ProQuest® Dissertations & Theses, pages; 345517

\textsuperscript{93} Lisa Sundina.b, Jacek Hochwälderc, Carina Bildta and Jan Lisspersd, “The relationship between different work-related sources of social support and burnout among registered and assistant nurses in Sweden:” A questionnaire survey, International Journal of Nursing Studies, Volume 44, Issue 5, July 2007, Pages 758-769

\textsuperscript{94} Hall, Debra S, “The Relationship Between Supervisor Support and Registered Nurse Outcomes in Nursing Care Units”, Nursing Administration Quarterly: January/March 2007 - Volume 31 - Issue 1 - p 68-80
negative outcomes, including less occupational stress, than nurses with less perceived supervisor support.

Kathryn Wilkins and Margot Shields (2008)\textsuperscript{95} examined the registered nurses (RNs) in Canada to identify the factors in the workplace of a hospital associated with medication error. They found medication error was positively associated with many factors including low co-worker support, and low job security.

Respect and relationships among co-workers, staffing adequacy were the most important factors of work environment and nursing outcomes, Tarja Tervo-Heikkinen et al, (2008)\textsuperscript{96}.

Margot Shields and Kathryn Wilkins (2009)\textsuperscript{97} studied the physical and emotional abuse from patients in nurses working in hospitals or long term care facilities. They identified the abuse because of gender, experience, shifts, poor staffing or resources inadequate, poor nurse-physician relations, and poor co-worker and supervisor support.

Jayne Faulkner and Heather Laschinger (2008)\textsuperscript{98} conducted a study with 500 hospital nurses to examine the relationships between structural and psychological empowerment and their effects on nurses’ perceptions of respect. They found as the hospital nurses who perceived as structurally and psychologically empowered are more likely to feel respected in the workplace.

Bernadette et.al, (2008)\textsuperscript{99} found that the nursing leadership style had the impact on the team members and the nursing team. Additionally he revealed as the effective leadership promoted communication, greater responsibility, empowerment,
job clarity, patient-centered communication, continuity of care and interdisciplinary collaboration.

Greta G.Cummings et.al, (2008)\(^{100}\) found that the relational leadership, staffing adequacy, nurse autonomy, participation in policy decisions, support for innovative ideas and supervisor support in managing conflict, and positive relationships among nurses, managers and physicians play an important role in nurses’ job satisfaction and quality nursing environments.

Karatepe, O.M. (2009)\(^{101}\) revealed as the supervisor support and organisational tenure reduces family–work conflict and turnover intentions. Zangaro, George A.; Johantgen (2009)\(^{102}\) studied the Registered Nurses' Job Satisfaction in Navy Hospitals for understood the factors that influence satisfaction in both Navy and civilian nurses in military hospitals. Supervisor support was significantly associated with satisfaction for Navy nurses although coworker support was a significant factor for civilian’s job satisfaction.

Heather K. Spence laschinger (2009)\(^{103}\) found as, supervisor incivility, and cynicism and nurses’ perceptions of empowerment were strongly related to job satisfaction, organizational commitment, and turnover intentions.

Yvonne Brunetto et.al, (2011)\(^{104}\) identified that supervisor- nurse relationship affects the nurses’ perceptions of teamwork, role ambiguity and well-being, although the association is different for public sector as well as private sector nurses. Private sector nurses were the most satisfied with their supervisor-nurse relationship and


\(^{102}\) Zangaro, George A.; Johantgen, Meg, "Registered Nurses' Job Satisfaction in Navy Hospitals", Military Medicine, Volume 174, Number 1, January 2009 , pp. 76-81(6)

\(^{103}\) Heather K. Spence laschinger, Michael leiter , Arla day , Debra gilin “Recruitment and retention outcomes”, Journal of Nursing Management, Special Issue: This issue: Discussions on Job Satisfaction, Work Environment and Burnout Issue editors: Kristiina Hyrkkä and Denise Dende, Volume 17, Issue 3, pages 302–311, April 2009

\(^{104}\) Yvonne Brunetto, Rod Farr-Wharton, Kate Shacklock, “Supervisor-nurse relationships, teamwork, role ambiguity and well-being Public versus private sector nurses”, Asia Pacific Journal of Human Resources June 2011 vol. 49 no. 2 143-164
teamwork, and had higher perceived levels of both role clarity and consequent well-being.

Seyed Ali Akbar Ahmadi (2011)\textsuperscript{105} indicated that the managers should listen to their staff carefully and respect them and Managers should participate continuously and evaluate staffs and give feedback to them in order the staff to achieve the objectives of the organization.

2.2.6 PROFESSIONAL PROMOTIONS

Shields and Ward (2001)\textsuperscript{106} found as dissatisfaction with promotion and training opportunities have a stronger effect on intentions to quit than dissatisfaction with workload or pay.

Sun Ning et.al, (2009)\textsuperscript{107} identified the professional promotion, compensation, amount of work responsibility, work environments, and organizational policies were the causes of dissatisfaction and additionally found positive correlation between the empowerment and job satisfaction.

Ann E. Tourangeau et.al, (2010)\textsuperscript{108} found Eight thematic categories as (1) relationships with co-workers, (2) condition of the work environment, (3) relationship with and support from one’s manager, (4) work rewards, (5) organizational support and practices, (6) physical and psychological responses to work, (7) patient relationships and other job content, and (8) external factors were the influencing factors of the nurses intentions to remain employed.


Rhay-Hung Weng et.al, (2010)\textsuperscript{109} mentioned as the career development and role modeling functions have positive effects on the job satisfaction and organizational commitment of new nurses and they suggested to the nurse managers should improve the career development and role modeling functions of mentoring in order to enhance the job satisfaction and organizational commitment of new nurses.

Vasilios D. Kosteas (2011)\textsuperscript{110} mentioned in his study as promotions are an important aspect of a worker’s career and life, they lead to greater job satisfaction, even after controlling for wages and wage increases. It helps the firms for extracting effort and other positive behavior from their workers.

2.2.7 JOB DISCRIMINATION

John Aggergaard Larsen(2007)\textsuperscript{111} found that discrimination towards migrant workers happening in two modes they are, ‘blatant racism’ and ‘aversive racism’ and additionally he mentioned as the discrimination affects the sense of self, person’s ‘habitus’ and their professional careers.

Borkowski et.al, (2007)\textsuperscript{112} revealed that nurses who are male, are White-non-Hispanic, or have less than a master's degree were had the intension to leave the nursing profession, and benefits were a more important consideration to male and White-non-Hispanic nurses regarding their intent to leave the nursing profession.

Takashi Asakura et.al, (2008)\textsuperscript{113}, investigated 313 Japanese Brazilian workers to find the ethnic discrimination in the workplace was associated with well-being. They found as ethnic discrimination were associated with increased risk of poor self-rated health and psychological symptoms.

\textsuperscript{109} Rhay-Hung Weng, Ching-Yuan Huang , Wen-Chen Tsai, Li-Yu Chang, Syr-En Lin and Mei-Ying Lee, “Exploring the impact of mentoring functions on job satisfaction and organizational commitment of new staff” nurses, BMC Health Services Research 2010, 10:240
\textsuperscript{112} Borkowski, Nancy; Amann, Robert; Song, Seok-Ho; Weiss, Cynthia, “Nurses' intent to leave the profession: Issues related to gender, ethnicity, and educational level” Health Care Management Review: April/June 2007 - Volume 32 - Issue 2 - pp 160-167
Orn B. Bodvarsson and John G. Sessions (2008)\textsuperscript{114} measured the Racial Discrimination in Pay between Job Categories by cross-assignment discrimination test and found that racial based prejudice interaction, labor supply and integration, additionally they identified the strong evidence for salary differences between races.

Natsuko Ryosho (2011)\textsuperscript{115} conducted a qualitative study with female minority and immigrant certified nursing assistants and he found as the racism and cultural conflicts of nurses’ troubling them more.

\section*{2.2.8 \textbf{JOB STRESS}}

Morgan, Debra (2002)\textsuperscript{116} found that growing numbers of resident patients increases the stress among nursing home staff. Andrew C. Hawkins et al,(2003)\textsuperscript{117} witnessed that nurses with insecure attachment styles experience more stress than securely attached nurses and he suggested for proper supervision, support and career-long training to nurses for stress and coping experiences.

George A. Zangaro and Karen L. Soeken(2007) examined the strength of the relationships between job satisfaction and autonomy, job stress, and nurse–physician collaboration among registered nurses working in staff positions. They found that Job satisfaction was most strongly correlated with job stress (ES = .43), and suggested for improving the work environment to increase nurses' job satisfaction.

Lu, While and Barriball (2007)\textsuperscript{118} reported more than half of nurses53.7\% (n=275) surveyed in Mainland China were also satisfied, but that 15\% (n=77) were experiencing moderate to extreme occupational stress.

WEN-HSIEN HO et.al, (2009)\textsuperscript{119} found that the role stress among nurses could have a negative effect on their job satisfaction and their organizational

\begin{thebibliography}{9}
\bibitem{115} Natsuko Ryosho, “Experiences of Racism by Female Minority and Immigrant Nursing Assistants”, Affilia February 2011 vol. 26 no. 1 59-71
\bibitem{116} Morgan, Debra G., Semchuk, Karen M, Stewart, Norma J, D'Arcy, Carl. “Job Strain Among Staff of Rural Nursing Homes: A Comparison of Nurses, Aides, and Activity Workers”. Journal of Nursing Administration:March 2002 - Volume 32 - Issue 3 - pp 152-161
\bibitem{117} Andrew C. Hawkins, Ruth A. Howard, Jan R. Oyebode, “Stress and coping in hospice nursing staff: The impact of attachment styles”, Psycho-Oncology, June 2007, Volume 16, Issue 6, pages 563–572,
\end{thebibliography}
commitment and they suggested for reduction of role ambiguity in role stress has the best effect on enhancing nurses organizational commitment.

KEITH A. KING et.al,(2009) Nurses with high levels of perceived job stress and low levels of body satisfaction had higher disordered eating involvement and suggested for employee wellness programmes make healthy lifestyle of nurses choices.

Lee and song (2010) studied the nurses to investigate the relationship among emotional intelligence, self-efficacy and job stress of nurses and they found that emotional intelligence and self-efficacy were significantly negative correlation with job stress.

Trung-Thanh Nguyen (2011) studied the Vietnam hospitals nurses to understand the relationship among job satisfaction, job stress and intention to stay and he noticed the negative correlation between hospital nurses job satisfaction and job stress (r = -0.482, P<0.001).

2.2.9 JOB SAFETY

Greenglass et.al, (2000) examined the psychological reactions of nurses in response to stressors resulting from hospital downsizing. They identified the job insecurity creates emotional exhaustion, cynicism, depression, and anxiety.

Katharina Näswall et.al, (2005) conducted a survey with 400 Swedish acute care hospital nurses and examined the role of personality characteristics relation with

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119 Wen-Hsien Ho, Ching Sheng Chang, Ying-Ling Shih and Rong-Da Liang, “Effects of job rotation and role stress among nurses on job satisfaction and organizational commitment”, BMC Health Services Research 2009, 9:8
job insecurity and outcomes. They found that job insecurity and personality were related to strain and additionally they revealed as job insecurity affects strain even after controlling for individual characteristics.

Fatma ozyaman et.al, (2008)\textsuperscript{125} carried out a cross-sectional study with 462 nurses of private health sector in Izmir, Turkey with the aim of finding out the the effects of perceived job insecurity on perceived depression and anxiety among nurses. They found that that qualitative and quantitative job insecurity significantly affected perceived anxiety and depression levels in nurses working in private hospitals in Izmir, Turkey.

Lau et.al, (2008)\textsuperscript{126} found that job insecurity is associated with health of nurses. Job insecurity was the strongest predictor of mental distress and leads to poor health.

Laine et.al, (2009)\textsuperscript{127} conducted a large survey with 32,037 registered nurses across ten European countries and examined the job insecurity and intent to leave the nursing profession in Europe. They found that job security and unable to work correlated positively with intent to leave nursing in almost all the participating countries. The impact of job insecurity and intent to leave the profession were most strongly among the Finnish and Norwegian nurses. But the Dutch, British, Polish and German nurses, who reported worry about their employment security and less desired to leave the profession.

\textsuperscript{124} Katharina Näswall, Magnus Sverke & Johnny Hellgren, “The moderating role of personality characteristics on the relationship between job insecurity and strain”, Work & Stress, Volume 19, Issue 1, 2005

\textsuperscript{125} Fatma ozyaman BOYA, Yucel DEMIRAL, Alp ERGOR, Yildiz AKVARDAR and Hans De WITTE, “Effects of Perceived Job Insecurity on Perceived Anxiety and Depression in Nurses”. Industrial Health, Vol. 46 (2008) , No. 6 pp.613-619

\textsuperscript{126} Lau, Bjørn , Knardahl, Stein, “Perceived Job Insecurity, Job Predictability, Personality, and Health”, Journal of Occupational & Environmental Medicine, February 2008 - Volume 50 - Issue 2 - pp 172-181

Guo-Hua Huang et.al, (2010)\textsuperscript{128} found that affective Job Insecurity partially explains the effect of cognitive Job Insecurity on employees' job satisfaction, organizational commitment, and somatic well-being.

Marko Elovainio et.al, (2010)\textsuperscript{129} identified that insecure work contract was associated with lower work ability, job involvement and shift work was related to psychological distress, low job involvement and low work ability.

2.2.10 JOB SATISFACTION

Christine Kovner et.al, (2006)\textsuperscript{130} found that nurses who were self-perceived as healthy, working in nursing education and career oriented were more satisfied and he pointed as more than 40% of the variance in nursing satisfaction was explained by the various work attitudes: supervisor support, work-group cohesion, variety of work, autonomy, organizational constraint, promotional opportunities, work and family conflict, and distributive justice.

Milisa manojlovich and Heather laschinger (2007)\textsuperscript{131} examined 500 randomly selected nurses in Michigan for identifying the impact of structural empowerment on professional work environment factors that lead to nursing job satisfaction and they found the empowerment created positive practice conditions for job satisfaction.

T. P. SHARP (2008)\textsuperscript{132} conducted a survey with 161 registered psychiatric nurses in the states of Connecticut, Maine and Massachusetts (USA), to examine the job satisfaction based on Herzberg et al.'s two-factor theory and found the possible


\textsuperscript{130} Christine Kovner, Carol Brewer, Yow-Wu Wu, Ying Cheng, Miho Suzuki, “Factors Associated With Work Satisfaction of Registered Nurses”, Journal of Nursing Scholarship Volume 38, Issue 1, pages 71–79, March 2006


relationships between ability utilization, compensation, co-workers, achievement and job satisfaction. Additionally they revealed as safety, management conflict, and balancing the needs of job and family, also having impact on job satisfaction.

Masroor A.M., Fakir M. J. (2009)\textsuperscript{133}, studied the level of job satisfaction and intent to leave among Malaysian nurses and they found that the nursing staffs were moderately satisfied with their job in all the six facets of job satisfaction i.e. satisfaction with supervisor, job variety, closure, compensation, co-workers and HRM/management policies.

Wilkins et.al, (2009)\textsuperscript{134} revealed as coworker respect, overtime, shift work, shift length, weekly hours, overload, staffing inadequacy, autonomy, nurse-physician relations, and controlling for personal characteristics, were inversely associations with job dissatisfaction.

Faller, Marcia S et.al, (2011)\textsuperscript{135} examined the work-related burnout, job satisfaction, nurse-assessed quality of care, and intent to leave in travel nurses. They specified as the quality of care and job satisfaction were significantly influenced by whether a hospital held designation and number of patients cared for increases also increases the work-related burnout.

2.2.11 WORK LIFE BALANCE OF NURSES.

Lambert (2000)\textsuperscript{136} reported a positive relationship between the announcement of organizational work-life balance policies and shareholder returns and indicating that investors views family-friendly firms more favorably. Work-life balance policies are also reported to: improve organizations’ competitiveness by increasing their ability to attract employees (Bruck and Spector, 2002)\textsuperscript{137}.

\textsuperscript{133} Masroor A.M., Fakir M. J. – “Level of Job Satisfaction and Intent to Leave Among Malaysian Nurses”, Business Intelligence Journal, Jan 2009, 123 – 137
\textsuperscript{134} Wilkins, Kathryn; Shields, Margot, “Employer-Provided Support Services and Job Dissatisfaction in Canadian Registered Nurses”, Nursing Research: July/August 2009 - Volume 58 - Issue 4 - pp 255-263
\textsuperscript{135} Faller, Marcia S, Gates, Michael G, Georges, Jane M., Connelly, Cynthia D, FAAN, “Work-Related Burnout, Job Satisfaction, Intent to Leave, and Nurse-Assessed Quality of Care Among Travel Nurses,” Journal of Nursing Administration, February 2011 - Volume 41 - Issue 2 - pp 71-77
Helen et.al, (2005)\textsuperscript{138} have reported a link between an organization’s commitment to work-life balance policies and the employee’s commitment to the organization. This study of civil engineers reported higher commitment, job satisfaction, and lower turnover intention when the employees’ perceived their organization to be supportive of work-life balance initiatives.

JOANNA PRYCE et.al, (2006) conducted a study with Danish psychiatric hospital nurses. They found preferred shift rotation and open-rota system significantly increase the work–life balance, job satisfaction, social support and community spirit of nurses.

Y. P. S. Kanwar et.al, (2009)\textsuperscript{139} examined the impact of work life balance and burnout on job satisfaction and mentioned as Work-Life Balance and job satisfaction were positively related to each other, and additionally mentioned as “if WLB got irritated certainly it impacts in Job satisfaction of workers”

Laurie Cohen et.al, (2009)\textsuperscript{140} arrived to conclusion from their study as the relationship between work and non work aspects of life, as well as issues of autonomy, control, and identity, are integral predictors of work life balance. Jennifer Fereday (2010)\textsuperscript{141} mentioned in their study as the Organisational, team and individual structure influenced the flexibility of hours and personals and suggested to reconsider the type of work setting

Devi Elsa Sanatombi (2010)\textsuperscript{142} examined the nurses work life balance and identified as worries related to home heavily distracts the work and leads for poor

\textsuperscript{141} Carmel T. Collins, Jennifer Fereday, Jan Pincombe, Candice Oster , Deborah Turnbull ,”An evaluation of the satisfaction of midwives’ working in midwifery group practice”, Midwifery, Volume 26, Issue 4, August 2010, Pages 435-441
\textsuperscript{142} Devi Elsa Sanatombi, Rao Ashok, Mayya S, Bairy KL, “Perception and attitude towards work-life balance among allied and nursing health care professionals”, International Journal of Nursing Education, Year : 2010, Volume : 2, Issue : 2
patient care, stress, fatigue and long absent for work and They found a positive correlation between work-life balance and job satisfaction.

Tanaka et.al, (2011)\textsuperscript{143} mentioned in their study as quality-of-life benefits, flexible working style, lifelong learning were the three important factors of WLB and 'job satisfaction' and 'job motivation,' were positively correlated with work life balance. They suggested improving working conditions and maintaining the above said factors for a good WLB of nurses.

2.2.12 WORK QUALITY

Stone and Patricia (2007)\textsuperscript{144} found that working conditions, professional practice, nurse competence, tenure and Organizational climate factors lead the nurses to leave from their position. They suggested for improvising the professional practice in the work environment and clinical competence of the nurses for the reduced turnover and stable qualified workforce.

Chalermrat Kamchuchat et.al, (2008)\textsuperscript{145} mentioned in their study as, the patients and their relatives were the main perpetrators in verbal and physical abuse while co-workers were the main perpetrators in cases of sexual harassment and working in the out-patient unit, trauma and emergency unit, operating room, or medical or surgical unit increased the odds of violence by 80%.

Canton (2009)\textsuperscript{146} conducted a survey to find out the level of Workplace violence, Job Satisfaction among Home Healthcare Registered Nurses. They found as in nursing profession the odds of physical violence are 7.2 times greater than other professionals.


\textsuperscript{144} Stone, Patricia W., Larson, Elaine L. , Mooney-Kane, Cathy , Smolowitz, Janice, Lin, Susan X. , Dick, Andrew W., “Organizational climate and intensive care unit nurses' intention to leave”, Critical Care Medicine, July 2006 - Volume 34 - Issue 7 - pp 1907-1912


Christian M. Rochefort et al. (2010) surveyed 339 nurses regarding the relationship between work environment characteristics and nurses’ perceptions of care rationing, job outcomes, and quality of care. They found care activities most frequently rationed poor discharge planning, parental support and teaching, and comfort care. Additionally, they revealed 18.6% were dissatisfied with their job, 35.7% showed high emotional exhaustion, and 19.2% rated the quality of care on their unit as fair or poor.

Catherine A O'Donnell (2010) identified as nurses working alone or in teams of two were 6-fold and 3.5-fold more likely to feel isolated. They suggested that providing support to these nurses within their practice setting may help alleviate the feelings of isolation, and could reduce the number of leaving practice nurses.

Franche et al. (2011) found that the worker and workplace factors like pain-related work interference, depression, pain severity, respect, support at work, abuse at work, and organizational culture were associated with prolonged work absence.

Kaori Fujishiro et al. (2011) conducted a survey with 687 Philippine nurses and examined the association of workplace aggression with self-rated health and work-related injury and illness. They identified in their study as the Verbal abuse was associated with poor general health and physical assault and verbal abuse were associated with work-related injury and work-related illness. Additionally, they mentioned as Workplace aggression increased the risks of poor general health and created adverse work-related health outcomes among nurses in the Philippines.

2.2.13 NURSES HEALTH AND WELLBEING

Sense of wellbeing at work promotes intrinsic, pleasurable feelings of achievement and satisfaction that enhance quality of working life, and drives motivation to continue a career in nursing (Buchanan & Considine, 2002; Curtis, 2007\(^{151}\)).

Gordon (2005)\(^{152}\), concluded that nurses were working “against the odds” (p. 7,8) and that leads for low morale and poor sense of wellbeing. On evaluating the evidence, she concluded that low morale, and the resulting exodus of nurses from the profession because of poor working conditions.

Kuoppala et.al, (2008)\(^{153}\) conducted a meta analysis to study the association between leadership and well-being at work and work-related health and identified the job well-being was moderately associated with leadership (risk ratio [RR] 1.40, range 1.36 to 1.57).

Donatella Camerino et.al, (2008)\(^{154}\) found that Higher sleep quality and quantity and more favorable psychosocial factors significantly increased work ability levels and sleep and satisfaction with working time were gradually reduced from day work to permanent night work.

Bernd Rechela et.al, (2009)\(^{155}\) revealed as traditionally designed health facilities had a negative impact on the well-being of healthcare workers, as well as on staff recruitment, retention and performance and Better-designed health facilities can improve working conditions and staff safety, and enable staff to do their job more efficiently.

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A recent key message from the International Council of Nurses (ICN) Global Health Survey (2009)\textsuperscript{156} is more positive. It indicated that most nurses still find great enjoyment in their work, even though they are experiencing problems with their working conditions, and workloads in particular.

Duffin (2009)\textsuperscript{157}, reporting on a study of 160 UK emergency department nurses, reveals that many love working in their area of specialty and, even though 86\% felt they were under pressure at work, 92\% said they would recommend emergency room nursing to their colleagues. They reported enjoying patient contact and being able to make a difference, great camaraderie with work colleagues, their autonomy of practice, and the challenges and variety of emergency care work.

Poghosyan, Aiken and Sloane (2009)\textsuperscript{158}, reporting on an analysis of data from a large scale cross-sectional survey of nurses from eight countries, indicate that nurses are experiencing stress and burnout to the extent that it has become a global workforce challenge for the profession.

Speedy and Jackson (2010)\textsuperscript{159} indicated as unlike any other job, nursing offers the privilege of being able to work with people in the most highly intimate moments of their lives, from sharing in the joy of a birth to the sorrow of a death and almost anything else in between. During such times, interactions with patients and their relatives provide opportunities for nurses to make a difference to people’s lives.

\textsuperscript{157} Duffin, C. (2009). View from the front line. Emergency Nurse, 17(1), 14-17. 241
2.2.14 QUALITY OF LIFE OF NURSES

Rewarding relationships, together with the support and friendliness from professional colleagues and society, are two factors commonly linked to nurses’ enthusiasm and motivation for their work (Buchanan & Considine, 2002; Duffin, 2009; Gordon, 2005).

Cimete et al. (2003) argued the age, economic level, marital status, duration of working life, and position at work were the determinants of nurses’ job satisfaction and Quality of Life and their results demonstrated the positive correlation between job satisfaction and QOL.

Jeffrey H. Greenhaus et al., (2003) found that employees, who spent more time on family than work experienced a higher quality of life than balanced individuals who, in turn, experienced a higher quality of life than those who spent more time on work than family.

KUNERT Kryssie et al., (2007) examined the differences in perceptions of fatigue and its impact on life quality between the night-shift and day-shift nurses. They found the significant difference between two groups on perceptions of fatigue and the night shift nurses perceived a much higher level of fatigue and had poorer sleep quality comparative than day shift nurses. They suggested taking steps regarding decrease of the fatigue in nurses and improving their life quality.

Yu YJ et al., (2008) briefly explained in his study the job satisfaction, happiness of life, health status, work stress, and age were the predictive factors of Quality of Life of nurses. In their study they found the positive correlation exists in between job satisfaction and quality of life of nurses and suggested to the nursing

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161 Cimete, Güler, Gencalp, Nimet Sevgi, Keskin, Gülbahar, “Quality of Life and Job Satisfaction of Nurses, Journal of Nursing Care Quality:” April/May/June 2003 - Volume 18 - Issue 2 - p 151-158
managers to create better work environments to improve nurses’ job satisfaction, QOL and facilitate their retention in the nursing profession.

LIU Suhua (2008)\(^{165}\) studied the influencing factors on quality of life of 479 nurses in the basic level hospitals of Heze, China. They found the age, working age, marital situation, sleeping time, the latest appetitive situation, the time of change post, worrying to lose job, the frequency of night shift, worried of disease infection, working risk, social respect, income of every month, the satisfaction to working environment, family relationship, appetitive situation, working pressure and the confidence were the major predictors of life quality and the life quality of nurses in basic hospital was low.

Lise Fillion et.al, (2009)\(^{166}\) studied the Palliative care (PC) nurses from three regional districts in Quebec Province, Canada to test the job satisfaction and quality of life. A randomized waiting-list group design was conducted, intervention group (n=56) versus waiting-list group (n=53). Job satisfaction, perception of benefits of working in PC, and spiritual and emotional quality of life were measured at pre-, posttest, and 3-month follow-up. The PC nurses in the experimental group reported more perceived benefits of working in PC after the intervention and at follow-up. Spiritual and emotional quality of life remained.

Jian-An Su et.al, (2009)\(^{167}\) examined the mental health and quality of life among the Taiwanese nurses. They found as a single/divorced nurse’s life quality was very worse as compared with the Taiwanese norms. They identified the work-related stress as the major predictor for the poor life quality for the nurses and the predictors leading them to minor psychiatric disorder or depressive disorder.

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Wen-Chii Tzeng (2010)\textsuperscript{168} stated in his study as the majority of shift nurses (57\%) in Taiwan had sleep-quality scores >5 and it leads for poor life quality. They found in their study as the sleep-quality and quality-of-life scales were significantly, inversely correlated. The shift work nurses quality-of-life was significantly lower than the females in Taiwan's general population. Premenstrual dysphoria, occupational injury, illness, and medication use were the predictors of poor sleep quality and the quality-of-life.

Si-Ying WU et.al, (2011)\textsuperscript{169} identified that poor health-related quality of life (HRQOL) in the nurses was lower than that in the general population in China. They mentioned in their study as the occupational stressor, personal strain, job burnout, length of work hours, diet irregularity and age were the main risk and predictive factors for poor HRQOL, recreation and self-care were the main protective factors for HRQOL.

2.2.15. QUALITY OF WORK LIFE RELATED TO NURSES

Brooks and Anderson (2004)\textsuperscript{170} reported that nurses in USA were moderately happy with their quality of working life, as reflected by a mean of 3.9 on a 1-6 rating scale on which 1 reflected very poor and 6 reflected very good quality of working life.

Brooks and Anderson (2005)\textsuperscript{171} explain QWL as “the degree to which nurses are able to satisfy important personal needs through work experiences, while simultaneously achieving the goals of the employing organization”.

Shane P. Desselle (2005)\textsuperscript{172} conducted a Quality-of-Work life Study with United States pharmacy technicians and found that modest levels of job satisfaction, high perceived support from supervisors and coworkers, less perceived support from the employers , career commitment , relatively low career turnover intentions and its

\textsuperscript{168} Wen-Chii Tzeng, Sleep “Quality and Life Quality in Female Shift-Work Nurses in Taiwan”, 2010(conference paper).

\textsuperscript{169} Si-Ying WU, Huang-Yuan LI, Jun TIAN, Wei ZHU, Jian LI and Xiao-Rong WANG (2011) Health-related “Quality of Life and Its Main Related Factors among Nurses in China”. Ind Health 49, 158-165


significant association with Quality-of-work life attitudes among pharmacy technicians.

G Nasl Saraji and H Dargahi (2006)\textsuperscript{173}’s Nursing Work life Satisfaction survey results showed that Pay and Autonomy were the two most important components of nurses’ quality of work life and they indicated as they had the poor quality of work life and also mentioned as their work was not interesting and satisfying. Additionally they revealed as the employees of Tums hospital’s dissatisfied with occupational health and safety, relation with intermediate and senior managers, income, and balance between the work and family.

H. Dargahi and M.K. Sharifi Yazdi (2007)\textsuperscript{174} conducted a survey with Tehran university of medical sciences hospitals’ clinical laboratories employees QWL and found as they had the poor quality of work life and job environment, pay, salary payment system and occupational health were the predictors of QWL. In their study most of the employees (79.7\%) without executive position are more unsatisfied with their QWL. There is (80\%) expressed that they were very unsatisfied with their job environment and 96.9\% of the respondents indicated that their pay was not fair and 92.3\% of them believed that they were unsatisfied with cash payment to them. Two third of the employees expressed that they were unsatisfied with their environment and occupational health.

Huang (2007)\textsuperscript{175} indicated in their study as the dimensions of QWL leads for distinctive effects on organizational and career commitments and turnover intentions of auditors in Taiwanese public accounting firms.

KHANI et.al, (2008)\textsuperscript{176} argues as the nurses working environment, autonomy, rotating schedules, heavy workload and salary related issues affects the work life quality of nurses. Individual’s motivation, capabilities and resources, a supportive

\begin{footnotesize}
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\item H. Dargahi, M.K. Sharifi Yazdi, “Quality of work life in tehran university of medical sciences hospitals’ clinical laboratories employees”, Pakistan Journal of Medical Sciences, July - September 2007 Vol. 23 No. 4 630-633
\item Huang, Tung-Chun; Lawler, John; Lei, Ching-Yi, “The effects of quality of work life on commitment and turnover intention, Social Behavior and Personality”: an international journal, Volume 35, Number 6, 2007 , pp. 735-750(16)
\item Khani a, Jaafarpour m, Dyrekvanandogadam A. “Quality Of Nursing WorkLife”. Journal of Clinical and Diagnostic Research, 2008 December; 2:1169-1174.
\end{itemize}
\end{footnotesize}
work culture and careful considerations to the design, quality and quantity of work demands may have significant impact on the feelings towards one quality of working life as well as on health consequences in this health sector (Simon L. Dolan et.al (2008)).

Denvir et.al, (2008)\textsuperscript{177}, on behalf of the Institute of Employment Studies in the UK, which has an extensive history in the development of survey tools to measure employees quality of working life, recently designed and piloted a new survey. They recommended future approaches conceptualize quality of working life within eight broad dimensions of leadership; management; working conditions; rewards; skills and prospects; relations at work; the nature of work; and the organization of work.

Simon L. Dolan et.al, (2008)\textsuperscript{178} tried to find a theoretically driven model of the relationship between job demands, employees' motivation and resources, and supervisory support on employees' quality of work lives and their general health. Regarding the above concepts they conducted a cross-sectional study with 2,926 nurses. They found job demands and lack of supervisory support predicts low QWL and negative health outcomes: perceived motivation, resources and capabilities also appear as determinants but to a lesser extent.

N. Karl Haden (2008)\textsuperscript{179} conducted the QWL study among U.S dental school faculties and found that the majority of faculty members described themselves as very satisfied to satisfied with their dental school overall and with their department as a place to work but the tenured associate professors expressed the greatest level of dissatisfaction. Additionally they found that the opportunities and support for professional development was the highly needed one in dental schools.


Ayse P. Gurses et al., (2009)\textsuperscript{180} found that heavy nursing work load increased the Performance obstacles of ICU nurses, which in turn negatively affect perceived quality and safety of care and QWL. They suggested redesigning the ICU work system to reduce performance obstacles and for improved nurses' work and life.

Anne-Marie Pronost et al., (2009)\textsuperscript{181} mentioned as effective social support favors for the better quality of work life and also influenced the perceived stress and the coping strategies. Additionally they mentioned the participative management enhanced the quality of work life in the domain of health care.

Wei-Jen Chen (2009)\textsuperscript{182} said as the age, working experiences in shift work, health status, depression symptoms, and sense of belonging about families and friends. Shift cycle, marriage, health status, emotional depression, sense of belonging about relatives and the shift attitudes had a strongest impact on the quality of work life and quality of sleep. Additionally he revealed as the quality of work life significantly correlated with the quality of sleep.

Jayaraman and Chandran (2010)\textsuperscript{183} revealed as the Health and well-being, Job security, Job satisfaction, Competence development Work life Balance. Control over work load, Nursing Leadership, Control over Nursing practice, Innovation and creativity, Support and recognition and work environment are the important predictors of QWL.

Hayrol et al, (2010)\textsuperscript{184} argued as QWL is the managerial style in the organization. Interpersonal, the organization's policies and managerial style,

\begin{footnotesize}
\textsuperscript{180} Ayse P. Gurses, Pascale Carayon, Melanie Wall., “Impact of Performance Obstacles on Intensive Care Nurses’ Workload, Perceived Quality and Safety of Care, and Quality of Working Life”, Health Services Research, Volume 44, Issue 2p1, pages 422–443, April 2009

\textsuperscript{181} Anne-Marie Pronost, Amélie Le Gouge, Daniele Leboul, Martine Gardembas-Pain, Christian Berthou, Bruno Giraudereau, Evelyne Fouquereau and Philippe Colombat, “Relationships between the characteristics of oncohematology services providing palliative care and the socio demographic characteristics of caregivers using health indicators: social support, perceived stress, coping strategies, and quality of work life”, Supportive Care in Cancer DOI: 10.1007/s00520-011-1139-3


\textsuperscript{183} Jayaraman S., Chandran C. “Quality of Work Life: A Stance from Nursing Professionals”, International Journal of Nursing Education, Year : 2010, Volume : 2, Issue : 1, 21 – 27

\end{footnotesize}
organizational support, personal and family life, security and satisfaction in the organization, work environment, well-being and personal health were the new indices of QWL.

Normala and Daud (2010)\textsuperscript{185} investigated the quality of work life and its relationship with organizational commitment among Malaysian employees. Seven QWL variables were examined namely growth and development, participation, physical environment, supervision, pay and benefits and social relevance were examined to determine their relationship with organizational commitment. They found that there was a relationship between QWL and organizational commitment and suggested the Malaysian firms to improve QWL upon their employees’ commitment.

Rita Funnell (2010)\textsuperscript{186} identified the predictors in her study affecting quality of working life like security; economic rewards; autonomy; organization and interpersonal relations; worker involvement and commitment; working conditions and work complexity; personal growth opportunities and quality of working life feelings. She suggested improvising the working conditions, work environment; the pressure of work; nurses’ health and safety; the skills and attributes of unit managers; financial and other rewards for nurses; and policies and practices that promote an acceptable work/family.

Meenakshi Gupta and Parul Sharma (2010)\textsuperscript{187} mentioned as Safe & healthy working conditions, opportunities for developing human capacity, Opportunity for career growth, Social integration in the work force, Constitutionalism in work organization, Eminence of Work Life and Social relevance of work were the determinants and enhancers of QWL. A strong and better understanding of nursing work life was essential to healthcare in the future Dr Brooks(2010)\textsuperscript{188}.

\textsuperscript{185} Normala, Daud, “Relationship between Quality of Work Life and Organizational Commitment amongst Employees in Malaysian Firms”, International Journal of Business and Management Vol. 5, No. 10; October 2010, 75-82
\textsuperscript{186} Rita Funnell, “Registered Nurses about Quality of Working Life in Victoria’s Public Hospitals”, published doctoral thesis - School of Nursing and Midwifery, Faculty of Health, Engineering and Science Victoria University December 2010
\textsuperscript{187} Meenakshi Gupta and Parul Sharma “Factor Credentials Boosting Quality of Work Life of BSNL employees in jammu region”, APJRBM Volume 1, Issue 2 (November, 2010)
\textsuperscript{188} Pamela N. Clarke, Beth Brooks, “Quality of Nursing Work life : Conceptual Clarity for the Future”, Nursing Science Quarterly, October 2010 vol. 23 no. 4 301-305.
Mohammad Rastegari et.al, (2010) studied the quality of working life and its association with "job performance" of the nurses. They found as workplace and quality of working life of the nurses having an impact on productivity and performance of the nurses and it is suggested to improve the quality of working life of the nurses for best performances.

Kalayanee Koonmee et.al, (2010) investigated the association between institutionalization of ethics, quality of work life (QWL), and employee job-related outcomes in the Thai work place. They found that the implicit form of ethics institutionalization and the two aspects of QWL have positive impacts on the employee job-related outcomes: job satisfaction, organizational commitment, and team spirit.

Ji-Young An (2011) investigated the predictors of organizational effectiveness, focusing on organizational culture and quality of work life. They found as Quality of Work Life was undoubtedly lead to improved organizational effectiveness, effective nursing care and desired patient outcomes and organizational culture, quality of work life and organizational effectiveness were significantly related.

Neerpal Rathi et.al, (2011) investigated the relationship between quality of work life, organizational commitment, and psychological well-being of the employees working in various organizations in India. They found that quality of work life was positively and significantly related with and influence the organizational commitment and psychological well-being and the workplace also having impact on the organizational commitment and well-being of the employees. They suggested for improving the quality of work life of employees.

191 Ji-Young An, Young-Hee Yom, Jeannne S. Ruggiero, Organizational Culture, Quality of Work Life, and Organizational Effectiveness in Korean University Hospitals, Journal of Transcultural nurses, January 2011 vol. 22 no. 1 22-30
2.3 QWL STUDIES RELATED TO NURSES CARRIED OUT IN INDIA

Mariappan M. (2009)\textsuperscript{193} found that Low years of experience, pay and a secure tenure, flexible work schedules, job descriptions, work load, inadequate resources, inadequate provisions for professional growth and development, poor or no performance appraisals and competency development and poor support and recognition to younger nurses in terms of counseling, and providing guidance with regard to career, leave management, home management and balancing the work and family life leads to poor quality of work life of nurses.

Pandit et.al, (2010)\textsuperscript{194} found that quality of work life factors that play a significant role in determining work-life balance of nurses and have a positive effect on the individual job satisfaction of nurses. Additionally the results of the study highlighted that the difference in job satisfaction levels among hospitals is not only factor related but also related to extent to which work-life enhancing facilities are provided by a hospital.

2.4 QWL IMPACT ON NURSES PERFORMANCE

Mitchell w. Fields and James w. Thacker(1992)\textsuperscript{195} revealed that company commitment increased only when participants perceived the QWL effort as successful, but union commitment increased irrespective of the perception of QWL success. QWL induce employees to exercise discretionary effort in performing their work and help employees to be more productive, Konrad and Mangel, (2001)\textsuperscript{196}.

A.K. Srivastava (2008)\textsuperscript{197} work environment, working condition, welfare provisions, interpersonal relations, and trust and support predominantly contribute to employees’ job behaviour and organizational effectiveness and revealed as psycho-

\textsuperscript{193} Mariappan M, \textit{quality work environment and quality of work life: a study of nursing staff in public sector hospitals}, published doctoral thesis, School of Health Systems Studies, Tata Institute of Social Sciences, Mumbai- 2009
social environment in workplace exert more impact on employees’ job behaviour and organizational effectiveness than the physical environment does.

Christian Korunka et al. (2008)\textsuperscript{198} conducted a survey with 624 IT employees of five IT organizations in America and 677 employees from Austria and they found emotional exhaustion and job satisfaction were the determinants of turnover intention among IT employees.

Heather K. Spence Laschinger et al. (2009)\textsuperscript{199} revealed that nurses’ perceptions of empowerment, supervisor incivility, and cynicism were strongly related to job satisfaction, organizational commitment, and turnover intentions.

Rastegari et al. (2010)\textsuperscript{200} considered the workplace and quality of working life of the nurses improving productivity and performance of the nurses and suggested to the organization and nursing managers should improve the quality of working life of the nurses for improving productivity and performance.

Nahid Dehghan Nayeri et al. (2011)\textsuperscript{201} analysed the nurses quality of work life (QWL) and its impact in work environment and productivity. For that they conducted a descriptive study to investigate the relationship between the QWL and productivity among 360 clinical nurses working in the hospitals of Tehran University of Medical Sciences. They found that the QWL is at a moderate level among 61.4% of the nurses and only 3.6% of the nurses reported that they were satisfied with their works. None of those who reported the productivity as low reported their work life quality to be desirable. Additionally they proved the significant relationship between the QWL and productivity through Spearman-rho test.

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\textsuperscript{198} Christian Korunka, Peter Hoonakker, Pascale Carayon, “Quality of working life and turnover intention in information technology work”, Human Factors and Ergonomics in Manufacturing & Service Industries, Volume 18, Issue 4, pages 409–423, July/August 2008
\textsuperscript{199} HEATHER K. SPENCE LASCHINGER, FCAHS, MICHAEL LEITER, ARLA DAY, DEBRA GILIN, “Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes”, Journal of Nursing Management (Special Issue: This issue: Discussions on Job Satisfaction, Work Environment and Burnout Issue editors: Kristiina Hyrkäs and Denise Dende) Volume 17, Issue 3, pages 302–311, April 2009
\textsuperscript{201} Nahid Dehghan Nayeri, Tahmineh Salehi, Ahmad Ali Asadi Noghabi, “Quality of work life and productivity among Iranian nurses, contemporary nurse, Volume: 39 | Issue: 1, Cover date: August 2011, Page(s): 106-118
\end{footnotesize}
This chapter has provided an account of the dimensions contained within two theoretical constructs commonly applied in nursing research on nurses’ quality of working life. Drawing on the work of nurse academics and theorists, it has also portrayed the nature of nursing work. The literature concerned with nurses’ Work Quality and Life quality (Autonomy, Pay-Pay equity and Reward & recognition, Resource adequacy, Training & Development, Work Load, Coworker, Management and supervisor Relation & Respect at work, Professional Promotion, Job discrimination, Job stress, Job safety, Job satisfaction, Participation in union, Work Life Balance, Health and Well being, Self-society-friends and Family support) had provided a portrayal of nurses’ Life and working conditions and the effect of these conditions on their QWL and impact on their performance at hospitals.

This chapter has also demonstrated how the research relating to nurses’ quality of working life has generally focused on particular facets of nursing work or specific variables. This current research takes a more inclusive approach to comprehensively examine, in a single study, a broad range of factors that impact on nurses’ quality of working life.