

ORIGINAL ARTICLE

A Comparative Study of Quality of Nursing Work Life in Indonesia

Asih Purwandari Wahyoe Puspita¹, Tirta Adikusuma Suparto¹, Yanti Hermayanti²¹ Departement of Nursing, Faculty of Sport and Health Education, Universitas Pendidikan Indonesia, 40154, Bandung, Indonesia² Departement of Nursing, Faculty of Nursing, Universitas Padjadjaran, 45363, Sumedang, Indonesia.

ABSTRACT

Introduction: Quality of Nursing Work Life (QNWL) is a concept that describes the nurse's perception towards fulfillment through work experience in the organization. This study aims to know and compare QNWL Indonesia nurses who work at difference area of practice. **Methods:** The research design used in this research is quantitative with a comparative approach. This study used primary data collected from 2016 to 2019. There were 286 nurses taken by stratified random sampling in Indonesia, consisting of 94 private hospital nurses, 111 public hospital nurses, and 81 community health center nurses. The questionnaire was filled in by the respondents themselves and consisted of two questionnaires from the Indonesian version, namely the Quality of Work Life of Nurses questionnaire and a demographic questionnaire. Data were analyzed using descriptive statistics and inferential statistics. **Results:** Nurses in Indonesia have an overall QNWL score and the QNWL dimensions are in a good category. The rank of QNWL Health Facilities in Indonesia from the highest is: 1) community health center, 2) public hospital and 3) private hospital. **Conclusion:** This study shows the need for efforts to improve the components and factors of QNWL which are still problematic, especially in private hospitals. The Central Government of the Republic of Indonesia has suggested that in the future, standardize career paths for nurses in Indonesia.

Keywords: Hospital, Indonesia, Job satisfaction, Nursing staff**Corresponding Author:**Asih Purwandari Wahyoe Puspita., S.Kep., Ners.,M.Kep
Email: asihpurwandari@upi.edu
Tel:+628-1514207061

INTRODUCTION

Quality of Nursing Work Life (QNWL) is a concept that describes the nurse's perception towards fulfillment through work experience in the organization. The purpose of the quality of work life can be aligned with management functions for managing human resources are superior and have work productivity that maximum and these employees get personal satisfaction with their needs (1).

There are four dimensions that influence and become factors of Quality of Nursing Work Life (QNWL), namely: 1) Dimensions of Work Life- Home Life, 2) Work design dimensions, 3) Work Context dimensions and 4) Work World dimensions (1). The factors that influence QNWL are: (a) socioeconomic, (b) demography, (c)

organization, (d) work, (e) human relations, and (f) self - actualization (1). The researcher took demographic factors as the variables to be studied.

There are three advantages to improve the quality of nursing work life. The first advantage is to improve job satisfaction, absenteeism, lateness, turnover and commitment to the organization among employees (15-16). The second advantage is to increase productivity, and the third advantage is to increase organizational effectiveness (e.g., probability, achievement of company goals), where employees will always feel comfortable and at home in the company that offers an increase in the quality of work life (2).

In a number of research studies on nurses in the US (3,4), Iran (5,6), and Taiwan (7), the results show that nurses' shift schedules have a negative impact to the life of the nurse so that the nurse cannot balance work with family needs. Besides that, nurses thought that looking after children in places of work and care the elderly are very important for their quality of working life (1,6). The

results of the studies that exist on the QWL of nurses showed dissatisfaction of nurses in terms of the heavy workload, staff, lack of autonomy to make patient care decisions, and perform non-nursing tasks (4,6). Another factor affecting the QWL of nurses is the context of the work, including the practice of management, relationship with colleagues, professional development opportunities and work environment (1,4,6). Nurses dissatisfaction with management practices includes lack of participation in decision-making by nurse managers, lack of recognition of nurses' accomplishments, and lack of respect by upper management (4,6). The results show that commitment, employee relations, supervision, cohesiveness, work experience, financial rewards and salary have a positive relationship between the quality of work and life of employees (8).

The study results of a preliminary study conducted at one of the Community Health Centers in Bandung, Indonesia City in January 2017. The study showed that two nurses are complaining about the increasing number of patients who come to the health center since BPJS health first started. The nurses feel the workload and they are unable to balance their work and personal life. They also felt dissatisfied with their work because of their limited time.

Another result from a preliminary study in Indonesia showed that two nurses (head room and nurses) in Public Hospital in Bandung showed that the two nurses in the hospital have more non-nursing work, such as doing administration which will later be submitted to the finance department to make payments, making reports for laboratories, taking care of patient insurance, and also installing medical equipment. The contract nurses complain that the welfare is still lacking compared to the civil servant employees of the Public Hospital.

A preliminary study of room heads and nurses in private hospitals in Bandung, Indonesia from November 2016 to November 2019 is related to Quality of Nursing Work Life (QNWL), and the findings show that nurses complain about being tired after working in the hospital. After returning home, the nurses are also busy paying attention to the needs of children and their families so that the rest time is reduced. In addition, preliminary studies show that nurses in private hospitals still complain about compensation which is considered unfair because it has not been adjusted to the nurse's performance. In addition, nurses complained that there was no pension allowance policy in private hospitals (13,14).

Based on the results of the literature search, there are still limitations of research regarding the comparison between private hospital nurses, public hospital nurses, and community health center nurses on the Quality of Nursing Work Life (QNWL) in Indonesia. Therefore, this study aims to know and compare Indonesia nurses Quality of Nursing Work Life (QNWL) at difference

area of working as data base to improve management functions in hospitals.

MATERIALS AND METHODS

Design and samples

The research design used in this research was a quantitative with a comparative approach. This study used primary data collected from 2016 to 2019, as well as secondary data from various documents. Researchers compared QNWL in the community health center, public hospital, and private hospital in Indonesia, with a total sample of 286 nurses.

Instrument

The data collection used a questionnaire taken from the Quality of Nursing Work Life (QNWL) (1). In addition, this questionnaire was made based on previous researchers' questionnaires with a Cronbach's alpha 0.938. The number of questions in the QNWL questionnaire is 42 questions with 4 answer choices, so that the total minimum and maximum values for the quality of work life of nurses are 42 - 168.

Data collection and analysis

The univariate analysis in this study aims to see the demographic picture and QNWL picture of nurses at community health center, public hospital and private hospital in Indonesia. In addition, before the researcher conducted a univariate analysis on the demographics of the respondents, the researcher transformed the numerical data into categorical variables: age of the respondent, length of work as a nurse. The data transformation of the respondent's age and length of work as a nurse was carried out using the median value to divide the variables into 2 categories, namely: 1) \leq median and 2) \geq median. The researcher then analyzed the demographic variables, so as to produce the output in the form of frequency distribution and percentage.

Whereas in the QNWL variable and QNWL dimensions, the researcher analyzed the data so that the output was the mean, median, standard deviation, range, minimum value and maximum value. The output is compared with the standard QNWL value on the Brook scale, which is the mean and range of QNWL values on the Brook scale, so that the meaning of the QNWL findings in this study can be analyzed. If the output is higher than the range of values and the mean QNWL on the Brook scale, then QNWL is said to be good, and vice versa (1). In addition, researchers used Brook and Anderson's (1) strategy to transform respondents' perceptual data on the QNWL dimension from 4 scales into 2 categories, namely: agree and disagree. The agree category consists of positive answers, namely: agree and strongly agree. Categories do not agree consists of answers negatively, namely: less agree and very not agree.

Validity, reliability, and ethics

Researchers maintain validity and reliability in qualitative research with the principles: credibility, transferability, dependability, and confirmability. This research was conducted by emphasizing research ethics as follows: 1) Self Determination, 2) Respect for autonomy, 3) Privacy and Anonymity, 4) Beneficence, 5) Non Maleficence, 6) Protection from Discomfort and Harm, 7) Veracity, and 8) Justice.

Ethical Clearance

This Study was approved by The Health Research Ethics Committee, Faculty of Medicine Universitas Padjadjaran No.151/UN6.C1.10/PN/2017

RESULTS

Demographic description of nurses in Indonesia

We can see the demographic picture of nurses in Indonesia in Table I.

Table I: Demographic frequency distribution of respondents (N = 94)

Variable	Private hospital		public hospital		Community health center	
	f	Persentase (%)	f	Persentase (%)	f	Persentase (%)
Gender						
Male	18	19.1	19	17.1	19	23.5
Female	76	80.9	92	82.9	62	76.5
Age						
< 30 years	47	50.0	55	49.5	39	48.1
≥ 30 years	47	50.0	56	50.5	42	51.9
Marital status						
Single	18	19.1	22	19.8	25	30.9
Married	76	80.9	89	80.2	52	64.2
Widow/ widower	0	00.0	0	00.0	4	4.9
Level of education						
SPK/ SMK/Senior High School	0	00.0	0	00.0	9	11.1
Nursing Diploma (DIII Nursing)	74	78.7	84	75.7	43	53.1
Undergraduate Nursing	20	21.3	27	24.3	29	35.8
Length of work as a nurse						
< 8 years	45	47.9	52	46.8	39	48.1
≥ 8 years	49	52.1	59	53.2	42	51.9
Length of employment in current health facilities						
< 7 years	40	42.6	55	49.5	39	48.1
≥ 7 years	54	57.4	56	50.5	42	51.9
Employment status						
PNS/CPNS/ Permanent Employees	64	100.0	35	31.5	44	54.3
Contract / Temporary Employee	0	00.0	76	68.5	37	45.7

In total, there were 286 nurses taken by stratified random sampling in Indonesia, consisting of 94 private hospital nurses, 111 public hospital nurses, and 81 community health center. The participants in this study almost represented Indonesian nurses who worked in private hospital nurses, public hospital nurses, and community health center. They were similar in their Based on Table I it is found that the number of male nurses who work in three places is almost the same, while female nurses are the largest workforce in community health center, public hospitals and private hospitals. According to data, almost all nurses are married, and have a diploma in nursing education.

More than half of the nurses have the Length of work as a nurse more than 8 years and all of the nurses who work at community health center have the status of Permanent Employees. Most of the nurses who work in public hospitals have the status of contract/temporary employees, while the number of nurses who work in private hospitals is almost the same between permanent employees and temporary employees. More than half of nurses have Length of work as a nurse more than 8 years.

Overview of the Quality of Nursing Work Life (QNWL) Nurses in Indonesia

Overview general Quality of Nursing Work Life (QNWL) nurses in Indonesia can be seen in Table II

Table II: Overview of Quality of Nursing Work Life (QNWL) Based on 4 Dimensions

Variable / Sub variable	Brook Scale Value Range	Brook Scale Middle Value	QN WL Value Range	Mean QN WL Value	QN WL Value Public Hospital	Mean QN WL Public Hospital	QN WL Value Private Hospital	Mean QN WL Private Hospital
<i>QNWL Whole</i>	42-168	105	94 - 138	115.94	87 - 163	113.27	69 - 128	111.53
<i>Dimensi Work Life-Home Life</i>	7-28	17.5	13-24	19.35	13 - 28	18.83	11-26	18.40
<i>Dimensi Work Design</i>	10-40	25	21-31	26.72	19 - 36	27.01	19-32	26.48
<i>Dimensi Work Context</i>	20-80	50	44-72	55.67	39 - 80	54.66	31-65	53.95
<i>Dimensi Work World</i>	5-20	12.5	10-20	14.21	7-20	12.77	7-15	12.70

Based on Table II above, it can be seen the rank of QNWL Health Facilities in Indonesia from the highest is: 1) community health center, 2) public hospital and 3) private hospital. Overall the quality of working life of nurses in community health centers, public hospitals and private hospitals is in a good category according to the Brooke scale.

The analysis of the work life-home life dimensions of nurses in community health center, public hospitals and private hospitals reported that they did not have adequate policies for family leave time (n = 146, 51.04%), in addition more than half of respondents reported imbalance between work life and family needs (n = 65, 22.72 %).

The analysis of the work design dimensions stated that the nurses' resources in community health center, public hospitals and private hospitals are not enough (n = 166, 58.04%), they perform many non-nursing tasks. (n = 150, 52.44 %) and workload was too heavy (n = 101, 37.41%). However, most of the respondents stated that they were able to provide good nursing care to patients (n = 252, 88.11%).

The analysis of the work context dimension states that almost all nurses in community health centers, public hospitals and private hospitals are able to communicate with nurse managers (n = 273, 95.45 %), work in teams (n = 254, 88.81%), respected by doctors (n = 241, 84.26 %), nurse places/ rest areas/ lockers at work are not comfortable (n = 169, 59.09%), dissatisfied with career advancement opportunities (n = 58.23 .69 65.38%) and equipment for the patient were inadequate (n = 187, 65.38%).

The analysis of the work world dimension, more than half of nurses in community health centers, public hospitals and private hospitals believe that their jobs were secure (n = 220, 76.92%), People have a positive view of the nursing profession (n = 208, 72 .72%), and their work has an impact on the lives of patients and families (n = 280, 97.90%), but nurses are not satisfied with the salary they receive when compared to salaries elsewhere (n = 174, 60.83%), did not receive adequate salary (n = 192, 64.13%) .

DISCUSSION

The results showed that QNWL nurses as a whole and all dimensions (work life-home life, work context, work design, work world) QNWL nurses in community health center were in good category. The results also showed that QNWL nurses in all dimensions and all dimensions (work life-home life, work context, work design, work world) QNWL nurses in public hospitals are in a good category. In addition, the research results also show that QNWL nurses in whole and all dimensions (work life-home life, work context, work design, work world)

QNWL nurses in private hospitals are in a good category. The results of this study are in line with the results of studies in the USA and Iran, which show that nurses are overall quite satisfied with the quality of their work life (3,5,9). Research that concludes that QNWL is bad, including research by Dargahi (9) who stated that public health nurses in Iran are dissatisfied with QNWL at work. In addition, nurses at the Isfahan Hospital of Saudi Arabia have poor QNWL.

The results of this study are not in line with the assumptions that the researchers previously set. The above results also indirectly show that the intervention to increase the number of nurses is proven to improve the Quality of Nursing Work Life (QNWL) of nurses in place community health center Even though the QNWL of nurses is classified as good, there still needs to be some improvement so that the QNWL will be even better so that the quality of nursing services will be even better. This is in accordance with the theory of several experts who state that QNWL can be used to improve nursing quality and organizational effectiveness (11-12). In addition, there are three advantages that can be obtained from implementing the quality of work life, namely that it can increase employee commitment, productivity, and organizational effectiveness. Lack of employee commitment in the organization can lead to reduced organizational effectiveness. In addition, the low quality of employee work life also has an impact on increasing employee absenteeism and the number of employees who resign. Therefore, increasing QNWL is a more practical step and is a long-term approach to improving organizational quality, attracting and retaining workers that should be considered by managers.

1) Work life/Home life dimensions

The results of this study indicate that most of the respondents (n = 146, 51.04%) stated that they were not satisfied with the nurse's leave policy which caused by limited leave time. This result is in accordance with the research (3,4,6). Based on the rule of law No. 13 of 2003 in Indonesia states that organizations/workplaces/ employers are obligated to give rest and leave time to their workers or workers. The rest and leave include: breaks between working hours, weekly breaks, annual leave, maternity/childbirth/abortion leave and breastfeeding opportunities. In this study, no data was obtained regarding what types of leave should be improved, so further research is needed in this regard. In addition, the leave policy is closely related to the shortage of nurses. The lack of nurses can make it difficult for hospitals to implement leave policies. Therefore, it is suggested to the parties in community health centers, public hospitals and private hospitals, to include the component of nurse leave into the calculation of nurse resource needs.

2) Work design dimensions

The results of this study also showed that most of the respondents (n = 166, 58.04%) stated that there was a

shortage of nurses. Lack of nurses was identified as the main problem in this study. Lack of nurses can lead to additional workloads and additional perform many non-nursing tasks. This excessive assignment will affect their skills and experience. This will add pressure to nurses and perceptions of their work life (10). One indicator of the success of an effective and efficient hospital is the availability of sufficient human resources with high quality, professionals according to their functions and duties. The availability of hospital human resources is adjusted to the needs of the hospital based on the type of hospital and the services provided to the community. For this reason, the availability of human resources in hospitals must be a concern for leaders. One of the important efforts that must be made by hospital leaders is to plan human resources needs appropriately in accordance with the service functions of each unit, section, and hospital installation to achieve optimal quality of care (17). The quality of nursing care can achieve optimal results if the workload and resources of existing nurses have a balanced proportion with the number of available personnel (18). Moreover, the problem of lack of staff is a factor driving nurses to leave the organization (19,20). Therefore, it is necessary to reassess the number of nurses and if the results are less, it is necessary to increase the number of nurses in community health centers, public hospitals and private hospitals.

The results of this study indicate that disruption in the work of nurses and nurses' workload ($n = 147$, 51.39%) were identified as problems in this study. Giving excessive assignments will add pressure to nurses and perceptions of their work life (10). This is strengthened by the results of which shows that: (1) Workload has a positive and significant effect on nurse performance by 0.201 ($p < 0.05$; $p = 0.000$), with the contribution of workload to nurse performance of 0.040; (2) Organizational commitment has a positive and significant effect on the performance of nurses by 0.222 ($p < 0.05$; $p = 0.000$), with the contribution of organizational commitment to the performance of nurses by 0.049; (3) Workload 0.197 ($p < 0.05$; $p = 0.000$) and organizational commitment 0.219 ($p < 0.05$; $p = 0.000$) had a positive effect on nurse performance (35)

The solution for the hospital is to analyze and improve the calculation of the nurse workforce based on the workload that is adjusted to the Bed Occupation Ratio (BOR). The BOR number has a significant effect on the need for nurses, this indicates that the need for an appropriate number of nurses will increase the achievement of sufficient BOR numbers, so that basically all methods or formulas have been developed to calculate hospital personnel based on the workload of the personnel concerned. The number of nurses can be determined by the level of BOR (17,21). In addition, for the nursing sector, it is recommended to calculate the average time for using nursing activities to determine

the number of staff needs, and to reduce the workload of nurses, administrative tasks and jobs that are not the duties of nurses are delegated to nurse assistants/social workers/health assistant workers or other administrative personnel.

3) Work Context dimension

Opportunities to develop professional careers are felt by respondents to be unsatisfactory. This is in line with previous research (16,22). According to Cabigao (16) the lack of opportunities to improve nurse careers is the reason for the lack of quality nurses and the main reason for job dissatisfaction.

The most of the nurses in this study felt that the public already had the right picture of the nursing profession. This result is in accordance with the research Alamri et al (23) which states that the public already understands the nursing profession and the importance of the nurse's role. However, this is not in line with the research of Almalki (30) and Al Thagafi (24) which states that in Saudi Arabia, nurses are not appreciated as well as doctors or other medical workers, such as pharmacists and pharmacists. According to Al Thagafi (24) the public does not appreciate the role of nurses in providing health services, and considers nurses to be nothing more than doctors' assistants.

4) Discussion of Work world dimension

Most of the respondents in this study have high confidence in the value of the nursing profession. In contrast, a study in Saudi Arabia found that only a third of the sample had a high perception of nurses (29). The high perception of the nursing profession and the personal interest of nurses in hospitals as well as a sense of belonging in the workplace should be considered by the hospital in order to protect and prosper nurses through increasing QWL.

In this study Riggio (25) and Stoner (31) also state that compensation and benefits received by employees are related to the quality of employees' work. Several recent nursing studies reveal that income, incentives, benefits in payment are important for nurses (7,9,28). Lack of income affects the satisfaction, commitment, and quality of work of affected employees (26,32,34)

The results showed that as many as ($n = 169$, 59.09%) nurses stated that they still needed to improve hospital facilities, namely nurses' places of rest/lockers which were less comfortable. Research conducted by Nurhayani (33) shows that there is a relationship between the conditions of work facilities and the performance of nurses. This reinforced by Ministry of Health Republic of Indonesia (2012) regarding to the standard of facilities and infrastructure, the hospitals must provide rest area for nurses or other officers.

CONCLUSION

The results of this study indicate that Indonesian nurses have QNWL values and QNWL dimensions that are in good categories. The best QNWL sequence in Indonesia is: 1) community health center, 2) Public Hospital and 3) Private Hospital. Based on the results of this study, several suggestions can be put forward to be able to improve / maintain the Quality of Nursing Work Life (QNWL) of nurses and improve the quality of services at the Public Health Center and the Central Government of the Republic of Indonesia. with civil servants.

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REFERENCES

- Brooks BA, Anderson MA. Defining quality of nursing work life. *Nurs Econ*. 2005;23(6):319–26..
- Che Rose R, Beh L, Uli J, Idris K. An Analysis of Quality of Work Life (QWL) and Career- Related Variables. *Am J Appl Sci*. 2006;3(12):2151–9.
- Brooks BA, Storfjell J, Omoike O, Ohlson S, Stemler I, Shaver J, et al. Assessing the quality of nursing work life. *Nurs Adm Q*. 2007;31(2):152–7.
- Brooks BA, Anderson MA. Nursing work life in acute care. *J Nurs Care Qual*. 2004;19(3):269–75.
- Nasl Saraji G, Dargahi H. Study of quality of work life (QWL). *Iran J Public Health*. 2006;35(4):8–14.
- Khani A, Jaafarpour, M Dyrekvandmogadam A. Quality of Nursing Work Life. *J Clin Diagnostic Res [Internet]*. 2008;(December 2008):1169–74. Available from: <http://www.jcdr.net/articles/PDF/380/307.pdf>
- Hsu MY, Kernohan G. Dimensions of hospital nurses' quality of working life. *J Adv Nurs*. 2006;54(1):120–31.
- Yadav R, Khanna A. Literature Review on Quality of Work Life and Their Dimensions. *IOSR J Humanit Soc Sci*. 2014;19(9):71–80.
- Dargahi H, Gharib M, Goodarzi M. Quality of Work Life in Nursing Employees of Tehran University of Medical Sciences Hospitals. *Hayat J [Internet]*. 2007;13(2). Available from: <http://hayat.tums.ac.ir/article-1-175-en.html>
- Finn CP. Autonomy: an important component for nurse's job satisfaction. *Int J Nurs Stud*. 2001;38(3):349–57.
- Clarke PN, Brooks B. Quality of nursing worklife: Conceptual clarity for the future. *Nurs Sci Q*. 2010;23(4):301–5.
- Schalk R, van der Heijden B, de Lange A, van Veldhoven M. Long-term developments in individual work behaviour: Patterns of stability and change. *J Occup Organ Psychol*. 2011;84(2):215–27.
- Puspita APW, Susilaningsih FS, Somantri I. Pengaruh Faktor Demografi Terhadap Quality of Nursing Work Life (Qnwl) Perawat Rumah Sakit Muhammadiyah Bandung. *J Pendidik Keperawatan Indones*. 2017;3(1):13.
- Suparto TA, Puspita APW, Hermayanti Y, Rohaedi S, Fitriani LA. Pengaruh Faktor Demografi Terhadap Quality of Nursing Work Life (QNWL) Perawat di Puskesmas Kota Bandung pada Era BPJS. *J Pendidik Keperawatan Indones*. 2018;4(1):13.
- Eren H, Hisar F. Quality of work life perceived by nurses and their organizational commitment level. *Int J Hum Sci*. 2016;13(1):1123.
- Cabigao E. Predictors of intention to quit and satisfaction among nurses who work in nursing homes Thesis. TUI University, CA USA; 2009.
- Ilyas. Perencanaan SDM Rumah Sakit, Teori, Metoda dan Formula. Jakarta: Pusat Kajian Ekonomi Kesehatan Fakultas Kesehatan Masyarakat Universitas Indonesia; 2004.
- Aries Aviantono. Universitas Indonesia Pengembangan Sistem Informasi Perencanaan Program Pasca Sarjana Ilmu Kesehatan Masyarakat Fakultas Kesehatan Masyarakat Universitas Indonesia. 2009.
- Chen HC, Chu CI, Wang YH, Lin LC. Turnover factors revisited: A longitudinal study of Taiwan-based staff nurses. *Int J Nurs Stud*. 2008;45(2):277–85.
- Hegney D, Eley R, Plank A, Buikstra E, Parker V. Workforce issues in nursing in Queensland: 2001 and 2004. *J Clin Nurs*. 2006;15(12):1521–30.
- Susanto H. Analisis Faktor-Faktor Yang Mempengaruhi bed Occupancy Rate (BOR) Rumah Sakit "Roemani" Semarang. *Jurnal Keperawatan dan Kesehatan Masyarakat "Cendekia Utama"*. 1999.
- Cartledge S. Factors influencing the turnover of intensive care nurses. *Intensive Crit Care Nurs*. 2001;17(6):348–55.
- Alamri, A.S., Rasheed, M.F., Alfawjan NM. Reluctant of Saudi youth towards the nursing profession and the high rate of unemployment in Saudi Arabia: causes and effects (thesis). King Saud University; 2006.
- Al-Thaqafi H. Change of attitudes towards the nursing profession for a sample of Saudi youth through a counseling program: Experimental study on a sample of students (thesis). Naif Arab University for Security Sciences, Saudi Arabia.; 2006.
- Riggio RE. Introduction to Industrial/Organizational Psychology. Third Edit. Hall P, editor. New Jersey: Upper Saddle; 2000.
- Al-Ahmadi H. Factors affecting performance of hospital nurses in Riyadh Region, Saudi Arabia. *Int*

- J Health Care Qual Assur. 2009;22(1):40–54.
27. Anjuman-i Bihdasht-i Iran. GN, Dargahi H. Majallah-i bihdsht-i Iran. Iran J Public Health. 2006;35(4):8–14.
 28. Vagharseyyedin SA, Vanaki Z, Mohammadi E. The nature nursing quality of work life: An integrative review of literature. West J Nurs Res. 2011;33(6):786–804.
 29. Zakari NM, Al Khamis NI, Hamadi HY. Conflict and professionalism: Perceptions among nurses in Saudi Arabia. Int Nurs Rev. 2010;57(3):297–304.
 30. Almalki MJ. Quality of Work Life and Turnover Intention in Primary Healthcare Organisations : A Cross-Sectional Study of Registered Nurses in Saudi Arabia. Jazan Coll Heal Sci. 2012;(January):416.
 31. Stoner, James A. Perilaku Dalam Organisasi. Jilid Kedua. Edisi Ketu. Jakarta.: Erlangga; 2002.
 32. Day G. Nurse morale plummets in Queensland (Doctoral dissertation). University of New England; 2005.
 33. Nurhayani H. Hubungan motivasi kerja dengan kinerja perawat di Unit Rawat Inap RSUD Salewangan Maros (thesis). Universitas Hasanudin, Makassar; 2013.
 34. Nasl Saraji G, Dargahi H. Study of quality of work life (QWL). Iran J Public Health. 2006;35(4):8–14.
 35. Wicaksana SS. Pengaruh Beban Kerja Dan Komitmen Organisasi Terhadap Kinerja Perawat Pada Rumah Sakit Islam Yogyakarta PDHI. Universitas Negeri Yogyakarta, Yogyakarta; 2016.