

The Quality of Work Life and Its Influencing Factors Among Dentists in Kashan City

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ARTICLE INFO	ABSTRACT
<p>Article type: Original Article</p> <hr/> <p>Article History: Received: 25 Oct 2024 Accepted: 30 Nov 2024</p> <hr/> <p>Keywords: Quality of work life, Dentists, Walton model</p>	<p>Introduction: Assessing dentists' quality of work life is vital for their well-being and the sustainability of the oral health care system. This study aims to evaluate dentists' working conditions in Kashan city and identify the factors influencing them.</p> <p>Materials and Methods: This descriptive study employs a survey and correlation method, targeting a statistical population of 142 dentists in Kashan City. Data was collected in the field using Walton's Quality of Work Life Questionnaire and analyzed through one-sample t-tests, independent t-tests, analysis of variance, and linear regression.</p> <p>Results: The quality of dentists' working life, including salary, work environment, legality, dependence, work cohesion, and personal growth, is significantly lower than the hypothetical average. Male and female dentists differ considerably in their quality of work-life scores. Still, there is no significant difference between single and married dentists, general and specialist dentists, and dentists with over 20 years of work experience. Dentists with 20 years of experience have a significantly better quality of work life compared to those with 10 years of experience. Work experience, marital status, gender, and education level account for 29% of the variance in quality of work life.</p> <p>Conclusion: The quality of work life of dentists in Kashan is lower than the average level and is generally unfavorable. Gender and work experience have also been influential factors.</p>
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Introduction

In recent years, human resource management has significantly transformed from a micro-level focus to a strategic approach known as strategic human resource management. This perspective emphasizes the alignment of HR practices with organizational strategies to enhance performance. It ensures that workforce strategies are in harmony with business goals, cultural values, and environmental conditions. Moreover, the compatibility of HR methods with the organization's structure is considered crucial for success (1,2). A key factor influencing both organizational productivity and employee satisfaction is the quality of work life (QWL), which human resource managers must prioritize (3,4). Originating from the theories of thinkers like Max Weber and Karl Marx, QWL gained traction in the 1970s as a solution to low morale and high turnover. It encompasses aspects such as job satisfaction, work-life balance, employee engagement, and the overall physical and psychological conditions of the work environment (5,6). For organizations, especially in healthcare, improving QWL is vital for enhancing productivity and retaining talent (7,8).

Research shows that a positive QWL significantly boosts employee performance and organizational success. Employees who perceive their work environment as supportive are more likely to experience job satisfaction, engagement, and commitment, leading to reduced turnover and associated costs (9-12). Conversely, poor QWL can result in stress, anxiety, and burnout, particularly during challenging periods like the COVID-19 pandemic, negatively impacting job performance and productivity (13,14). The main objective of QWL initiatives is to enhance both employee well-being and organizational productivity. Without a solid QWL framework, organizations struggle to optimize workforce efficiency (15,16). In the healthcare sector, the well-being of employees, particularly health staff, is critical as it directly affects both organizational health and community service delivery. Dentists, due to the nature of their work, are particularly vulnerable to

physical and mental health issues, making the ongoing assessment and enhancement of their QWL essential (17).

Studies in Brazil reveal varied experiences among dentists regarding their QWL. While some report high satisfaction in physical and social domains, many face challenges in psychological and environmental aspects (18). Factors such as a respectful work environment, job independence, organizational culture, support systems, leadership, motivation, working conditions, job security, emotional intelligence, and effective communication significantly impact QWL (19,20).

Despite mixed findings, it is clear that poor QWL can negatively affect dentists, leading to musculoskeletal disorders and a decline in overall quality of life (17,21). Research from the UAE indicates that specialist dentists enjoy a better QWL than general practitioners, with marital status also influencing these experiences (22).

Research on the quality of work life, particularly within the dental community, is currently minimal. However, it is crucial to conduct more comprehensive studies on this topic due to dentists' important role in public health and their exposure to various risks. It is essential to understand and improve the quality of work life for dentists, as it affects their well-being and efficiency.

Various studies indicate that despite dentists' significant role in the healthcare system, there is a lack of research regarding their quality of work life. This study's advantage lies in its dual focus: it evaluates the quality of work life among dentists and examines the key factors that influence it. By doing so, it aims to assist health policymakers in making informed decisions and planning necessary measures, while also addressing the existing research gap in this area. Consequently, the main questions that arise are: What is the current status of the quality of work life for dentists? What factors influence it? To what extent do gender, education level, marital status, and experience impact their quality of work life?

Materials and Methods

The research method used in this study is descriptive with a survey and correlation approach. The purpose of the research is

practical and cross-sectional. The study's statistical population consisted of all dentists in Kashan city. At the time of the study, there were 75 male dentists and 40 female dentists, making a total of 115 dentists according to the latest statistics from the medical system organization. Since the population size is relatively small and some dentists may not participate for various reasons, all 115 dentists based in Kashan City were included in the sample.

The research used Walton's quality of work-life questionnaire (1973), which has two parts. The first part assesses the quality of working life of dentists, while the second part explores the factors affecting their quality of working life. The questionnaire covers dimensions such as fair and adequate payment, legality in the organization, social dependence on work life, safe and healthy work environment, general life atmosphere, development of human capabilities, provision of opportunities for growth and continuous security and integration, and social harmony in the organization. It consists of 27 items and includes demographic variables such as gender, marital status, and work experience.

The questionnaire is divided into 8 components: fair and adequate payment (3 questions), safe and healthy work environment (3 questions), providing continuous security (3 questions), legality of the organization (4 questions), social dependence of working life (3 questions), general atmosphere of working life (3 questions), integration and social cohesion in the organization (4 questions), and development of human capabilities (4 questions). Responses are based on a five-point Likert scale ranging from "very little" to "very much," with a scoring system from 1 = very low to 5 = very high.

To assess the content validity of the questionnaire, feedback was obtained from 5 human resources experts and 3 dental experts. They reviewed the quality of work life questionnaire, specifically for its relevance to dentists, ensuring it addressed all necessary aspects. The experts confirmed that all items were clear, pertinent, and comprehensive. For reliability, the questionnaire was tested using Cronbach's alpha, yielding a score of 0.85, indicating high reliability. Previous studies have also reported strong reliability for this instrument(4,21,23,24).

In conclusion, the content validity and reliability of the Walton Quality of Work Life Measurement Questionnaire were validated in this study, demonstrating its effectiveness in accurately measuring the quality of work life for dentists. The research followed ethical guidelines and obtained a list of dentists in Kashan City from the medical system, including their contact information. The questionnaires were sent to all dentists using online applications, email, and network. After several follow-ups, the remaining dentists were visited in person to explain the study objectives and obtain verbal consent for completing the questionnaire. Ultimately, 98 questionnaires were entered into SPSS version 22 for statistical analysis.

Results

Assess the normality of the data.

Based on the software output and the values of skewness and kurtosis in table numbers () and (), the data distribution for the variable "quality of work life" and its 8 components appears to be almost symmetrical and normal. As a result, we can use parametric tests for analysis.

Table 1. Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
QWL	.085	98	.081	.972	98	.032
a. Lilliefors Significance Correction						

First question:

What is the status of the quality of working life of Kashan dentists based on the relevant components?

Based on the obtained data and according to the table (2), the average score of the

quality of work life (QWL) for all dentists is 2.67 out of 5, and the standard deviation is almost around the mean (0.38). The components of quality of working life have average values from 2.24 to 3.12 and standard deviation from 0.36 to 0.71.

Table 2. Mean, Std. D, Skewness and Kurtosis of Variables

	QWL	Adequate compensation	development	Safety	Constitutionalism	Social relevance	Work space	Social integration	career growth
Mean	2.67	2.43	2.66	3.12	2.59	2.24	2.89	2.63	2.78
Std. D	.38	.70	.67	.71	.65	.65	.61	.36	.48
Skew	-.103	-.425	.451	.018	-.417	-.145	.071	-.387	-.17
Kurtosis	.535	-.41	.098	.089	.406	-1.22	-1.07	-.427	.062

To assess the significance of the difference between the averages of the different aspects of the quality of work life and the hypothetical average of 3, a one-sample t-test was conducted. P-values indicate the likelihood of observing the sample mean (or a more extreme value) if the true population mean is equal to the test value (3). A small p-value (usually less than 0.05) suggests strong evidence against the null hypothesis (that there is no significant difference). For most of the components of the quality of work life, the p-value is less than 0.05. Based on the obtained averages, this indicates that

the quality of work life for dentists in the aspects of rights, work environment, legality, dependence, work cohesion, and individual development was significantly lower than the hypothetical average of 3.

Additionally, the average obtained for the job security component (3.17) and its significance level suggest that dentists had a higher level of work quality than the hypothetical average in this area. In the space component, although the average obtained is lower than the average, this difference is not statistically significant.

Table 3. One-Sample Test of Variables

Test Value = 3					
t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
				Lower	Upper
-7.35	97	.000	-.56803	-.7213	-.4147
-3.89	97	.000	-.26531	-.4007	-.1300
2.39	97	.018	.17347	.0298	.3172
-6.15	97	.000	-.39286	-.5196	-.2661
-11.1	97	.000	-.70408	-.8295	-.5786
-1.56	97	.121	-.09184	-.2085	.0248
-9.78	97	.000	-.34694	-.4173	-.2766
-3.67	97	.000	-.17857	-.2751	-.0820

The second question:

Do gender, marital status, and work experience affect dentists' quality of work life?

A) Quality of working life of dentists based on gender:

The table presents a comparison of the quality of work life (QWL) scores between male and female dentists. The average QWL score for male dentists was 2.7564, with a standard deviation of 0.43274 and an average standard error of 0.05962. On the other hand, the mean QWL score for female dentists was 2.6566, with a standard

deviation of 0.4312 and a mean standard error of 0.05727.

To assess if there is a statistically significant difference in QWL scores between male and female dentists, a two-sample independent t-test was conducted. The obtained p-value (Sig.) was 0.010, which is less than the usual significance level of 0.05. Therefore, the results of the t-test indicate that there is a statistically significant difference in QWL scores between male and female dentists, showing that female dentists have slightly lower QWL scores than their male counterparts.

Table 4. Independent sample test between male and female

	Gender	N	Mean	Std. Deviation	Std. Error Mean			
QWL	Male	51	2.7654	.42324	.05927			
	Female	47	2.5666	.31274	.04562			
		Levene's Test for Equality of Variances						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
QWL	Equal variances assumed	1.115	.29	2.6	96	.010	.199	.075
	Equal variances not assumed			2.6	91.78	.009	.199	.074

B) Quality of working life of dentists based on marital status:

According to the data, the average Quality of Work Life (QWL) score for single dentists is 2.63 with a standard deviation of 0.43 and an average standard error of 0.058. For married dentists, the mean QWL score was 2.71 with a standard deviation of 0.31 and a mean standard error of 0.048. To determine if there is a statistically significant difference in QWL

scores between single and married dentists, a two-sample independent t-test was conducted. The resulting p-value (Sig.) was 0.30, which is higher than the typical significance level of 0.05. Therefore, the t-test results indicate that there is no statistically significant difference in QWL scores between single and married dentists, even though the average QWL of married dentists is slightly higher than that of single dentists.

Table 5. Independent sample test between Marital status of dentists Group Statistics

Group Statistics								
	Marital status	N	Mean	Std. Deviation	Std. Error			
QWL	Single	55	2.6343	.43251	.05832			
	Married	43	2.7158	.31476	.04800			
Independent Samples Test								
Levene's Test for Equality of Variances			t-test for Equality of Means					
		F	Sig.	t	df	Sig.	Mean Difference	Std. Error Difference
QWL	Equal variances assumed	2.834	.096	-1.03	96	.30	-.081	.078
	Equal variances not assumed			-1.07	95	.28	-.081	.075

C) Quality of working life of dentists based on education:

According to the table, the average Quality of Work Life (QWL) score for general dentists is 2.64 with a standard deviation of 0.42 and an average standard error of 0.051. For specialist dentists, the average QWL score is 2.73 with a standard deviation of 0.30 and a mean standard error of 0.054. To determine if there is a significant difference in QWL

scores between general and specialist dentists, a two-sample independent t-test was conducted. The resulting p-value (Sig.) was 0.24, higher than the standard significance level of 0.05. Therefore, the t-test indicates no statistically significant difference in QWL scores between general and specialist dentists, even though the average QWL score of specialist dentists is slightly higher than that of general dentists.

Table 6. Independent sample test between general and specialist dentists Group Statistics

Group Statistics								
	Education	N	Mean	Std. Deviation	Std. Error Mean			
QWL	General	66	2.6386	.41676	.05130			
	Specialist	32	2.7350	.30760	.05438			
Independent Samples Test								
		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
QWL	Equal variances assumed	2.090	.152	-1.162	96	.248	-.09635	.08291
	Equal variances not assumed			-1.289	80.37	.201	-.09635	.07476

D) Quality of working life of dentists based on work experience:

The Analysis of Variance (ANOVA) test was used to compare dentists' working life quality based on their work experience.

The table shows that the average scores of the quality of work life based on work experience are different in at least one group because the obtained f-value is significant ($p < 0.05$).

The table below provides pairwise comparisons between different experience levels. The Tukey HSD test was used to compare the quality of work life (QWL) at different levels of experience - less than 5 years, 5 to 10 years, 10 to 20 years, and 20 years and above.

The difference in average QWL scores between "less than 5" and "5 to 10" years of experience is not significant ($p > 0.05$). The

average difference between 10 to 20 years of experience and 20 years and above is significant ($p < 0.05$).

This means that QWL scores are similar between dentists with less than 5 years of experience and dentists with 10 to 20 years of experience.

The average difference for under 5 years versus 10 to 20 years is not significant ($p > 0.05$), showing that QWL scores are similar between dentists with less than 5 years of experience and dentists with 10 to 20 years of experience.

However, the mean difference for "10 to 20" years versus "20 years and above" is significant ($p < 0.05$), suggesting that dentists with 20 or more years of experience have significantly different QWL scores compared to dentists with 10 to 20 years of experience.

Table 7. ANOVA test for work experience comparison

QWL						
	Sum of Squares	df	Mean Square	F	Sig.	
Between Groups	3.094	3	1.031	8.557	.000	
Within Groups	11.329	94	.121			
Total	14.423	97				
Multiple Comparisons						
Dependent Variable: QWL						
Tukey HSD						
(I) Work experience	(J) Work experience	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
under 5	5 to 10	-.17037	.11687	.467	-.4761	.1353
	10 to 20	-.64074*	.12912	.000	-.9785	-.3030
	20 and above	-.00741	.16035	1.000	-.4268	.4120
5 to 10	under 5	.17037	.11687	.467	-.1353	.4761
	10 to 20	-.47037*	.16467	.027	-.9011	-.0397
	20 and above	.16296	.19015	.827	-.3344	.6603
10 to 20	under 5	.64074*	.12912	.000	.3030	.9785
	5 to 10	.47037*	.16467	.027	.0397	.9011
	20 and above	.63333*	.19791	.010	.1157	1.1510
20 and above	under 5	.00741	.16035	1.000	-.4120	.4268
	5 to 10	-.16296	.19015	.827	-.6603	.3344
	20 and above	-.63333*	.19791	.010	-1.1510	-.1157

*. The mean difference is significant at the 0.05 level.

The third question

To what extent do gender, marital status, work experience, and education predict the quality of dentists' work life?

The study used linear regression analysis to examine the impact of gender, marital status, work experience, and education on the quality of working life of dentists. The R-value of approximately 0.539 indicates a moderate relationship between the predictor variables (experience, marital status, gender, and education) and the dependent variable (quality of working life, QWL). A higher R suggests a stronger relationship. The R² value of approximately 0.290 means that around 29% of the variance in QWL can be explained by the predictor variables. The ANOVA table tests the overall significance of the regression model. The obtained F value is 4.149, with a p-value of 0.000, indicating the model's

significance. The "coefficients" table provides information about the predictor variables. The standardized coefficient (beta) for work experience is approximately 0.168, indicating a positive association with QWL. The standardized coefficient for marital status is approximately -0.669, showing a negative association with QWL. The standardized coefficient for gender is approximately -0.458, indicating a negative but significant relationship.

The standardized coefficient for education level is approximately 0.091, reflecting a slight positive effect, although it is not statistically significant in this model.

In summary, work experience has a positive effect on QWL, while being married and being female have a negative effect on QWL, meaning that female and married dentists tend to have a lower quality of work life.

Table 8. The linear regression analysis

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.539 ^a	.290	.260	.32448		
a. Predictors: (Constant), Experience, Marital ,Gender ,Education						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.003	4	1.001	9.504	.000 ^b
	Residual	9.791	93	.105		
	Total	13.794	97			
a. Dependent Variable: QWL						
b. Predictors: (Constant), Experience, Marital ,Gender ,Education						
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	2.860	.145		19.782	.000
	Gender	-.344	.073	-.458	-4.718	.000
	Marital	-.048	.072	-.064	-.669	.505
	Education	.143	.084	.181	1.707	.091
	Experience	.164	.040	.369	4.149	.000

a. Dependent Variable: QWL

Discussion

The analysis revealed that the quality of work life (QWL) for dentists in Kashan fell significantly below the hypothetical average of 3 in several areas, including compensation, work environment, development, constitutionalism, social relevance, social integration, and career growth. However, the average for safety was 3.12, indicating better quality in this aspect. Overall, the total QWL for dentists was 2.67, underscoring a notably unfavorable work life in Kashan.

To understand how demographic and occupational factors influence dentists' quality of work life (QWL), it is crucial to examine them together rather than separately. For example, a female dentist with young children may experience more stress than a male colleague without children, even with similar work experience. Research has shown that demographic factors significantly affect QWL. By recognizing these effects, we can develop strategies to enhance dentists' well-being and promote a sustainable work environment in the dental field.

Research on the effect of gender on dentists' quality of life (QWL) yields mixed results. Some studies suggest that female dentists face higher stress levels due to juggling work and family, while others find

no significant differences or even a slight advantage for women, possibly due to more flexible work arrangements. This study shows that female dentists have a slightly lower QWL score than their male peers, highlighting gender's influence on QWL. This gap may arise from variations in work-related stress, work-life balance, or workplace dynamics. Dental organizations should consider gender-specific interventions to tackle the unique challenges faced by female dentists.

Marital status can also have a complex effect on QWL. Married dentists may benefit from social support and shared responsibilities, potentially leading to a better work-life balance. However, the presence of children can introduce additional challenges and negatively impact QWL. In this study, no statistically significant difference in QWL scores was found between single and married dentists, suggesting that marital status alone is not a strong predictor of QWL. Nevertheless, other factors, such as family responsibilities or support systems, may interact with marital status to influence dentists' well-being.

Furthermore, experienced dentists may have developed strategies to manage their workload and achieve a better work-life balance. On the other hand, the pressure of work and dealing with a high patient volume

can lead to burnout over time and adversely affect QWL. Further research is needed to elucidate the nuanced relationship between experience and QWL. In this study, while no significant difference was observed between dentists with less than 5 years of experience and those with 10 to 20 years of experience, dentists with more than 20 years of experience exhibited different QWL scores compared to those with 10 to 20 years of experience. This finding suggests that greater experience may enhance work-life balance and job satisfaction, potentially due to the development of coping mechanisms, job satisfaction, and a sense of mastery over time. Education level can influence dentists' quality of work life (QWL). The substantial debt from dental school often contributes to stress, and pursuing advanced degrees or specializations may further strain work-life balance due to increased time commitments. However, higher education can also boost earning potential and job satisfaction, potentially enhancing QWL over time. This study found no statistically significant difference in QWL scores between general dentists and specialists. Nonetheless, vocational training may indirectly affect QWL through factors like job satisfaction and opportunities.

Gender, marital status, work experience, and education level impact dentists' quality of work life (QWL). Dental clinics should consider these factors, along with other workplace conditions, to foster a supportive environment for dentists' well-being and job satisfaction. Linear regression analysis indicated that about 29% of the variance in QWL scores is attributable to gender, marital status, work experience, and education level. Notably, work experience positively correlates with QWL; as dentists gain experience, their QWL improves. Conversely, being married has a slightly negative effect on QWL, and female dentists report lower QWL scores. Education level, however, was not a statistically significant predictor of QWL in this study.

Conclusion

The study reveals that the working life quality of dentists in Kashan is generally unfavorable. The study also shows that demographic factors and job characteristics,

particularly work experience, and gender, significantly impact this quality. Recognizing these factors is essential for developing strategies to enhance dentists' well-being and improve the dental work environment. Future research could delve into the reasons behind these associations and examine other variables influencing work-life quality. Given the low ratings in most QWL dimensions, competitive salaries, benefits, and financial incentives are crucial for job satisfaction and security, thereby positively affecting dentists' quality of work and life. Emphasizing safety, well-being, and work-life balance can help mitigate stress and improve overall welfare. Strong social connections among colleagues provide vital support in managing work-related stress and enhancing work quality. Opportunities for continuous learning and professional development foster a sense of accomplishment and job satisfaction, benefiting both individual dentists and their practices. By prioritizing well-being and professional growth, practices can boost patient care, reduce turnover, and create a positive work atmosphere. Future research should seek innovative strategies to improve QWL in the evolving healthcare environment. This study underscores the importance of factors such as gender and work experience that affect dentists' quality of life. Policymakers and healthcare organizations should consider these elements when designing initiatives to enhance QWL for dentists. Further research is needed to pinpoint specific work experience aspects that impact QWL, with targeted interventions for novice dentists to address their unique challenges effectively.

Every study has limitations that can affect its results. In this study, the following limitations were identified:

The sample size may be too small to generalize findings to the broader dental population, impacting applicability. Data were collected via a self-reported questionnaire, introducing potential biases like response and memory bias, which may compromise accuracy and validity. Key factors influencing dentists' work-life quality, including individual, organizational, and environmental variables, may not have been controlled, potentially distorting the

results. While the questionnaire's reliability was assessed using valid methods, some questions may not fully capture all dimensions of work-life quality, affecting the validity of the findings. Additionally, this study was conducted during a specific time period and in a particular geographical location, limiting the generalizability of the results to other contexts.

Recommendations

- Conducting training courses and professional development programs: Establishing workshops to enhance dentists' skills and knowledge while alleviating work-related stress.
- Improving work-life balance: Implementing policies to promote work-life balance, particularly for women, through part-time options, flexible hours, and family-friendly environments.
- Increasing social and emotional support: Fostering supportive workplace environments with counseling programs, support groups, and team-building activities.
- Developing anti-discrimination policies: Creating and enforcing anti-gender discrimination policies to ensure an equitable workplace for all employees.
- Providing more opportunities for postgraduate education: Expanding access to continuing education and specialized courses for dentists.
- Developing mental and physical health programs: Implementing programs to enhance mental and physical health, reduce stress, prevent burnout, and improve overall job satisfaction for dentists.

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Conflict of interest:

"All authors declare that they have no conflicts of interest."

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