Pharmacophore

ISSN-2229-5402

Journal home page: http://www.pharmacophorejournal.com

Pharmacophore
an International Journal
ISSN 2229-5402

A STUDY OF THE QUALITY OF WORK LIFE OF MIDWIVES WORKING IN THE HOSPITALS OF AHVAZ IN 2016

Poorandokht Afshary[1*], Sedighe Ghorbani[2], Simin Montazeri[3], Mohammadhosien Haghighizadeh [4]

1. ***MS.c in Midwifery, Lecturer in Midwifery Department, Reproductive Health Promotion Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran.***
2. ***MS.c in Midwifery, Midwifery Department, Reproductive Health Promotion Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran***
3. ***Assistant Professor, Midwifery Department, Reproductive Health Promotion Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran***
4. ***Department of Biostatistics and Epidemiology, School of Health, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran.***

ARTICLE INFO

Received:
03th Jun 2017
Accepted:
29th Nov 2017
Available online:
14th Dec 2017

Keywords: *quality of work life, midwife, Walton's questionnaire*

ABSTRACT

Background and objectives: today, organizations use quality of work life is used as strategic tool in order to keep and attract the talents. The present study aimed to investigate the quality of work life of midwives working in the hospitals of Ahvaz.
Materials and method: the present study was a descriptive-analytical research. The population included all the midwives working in the hospitals in Ahvaz City. The sample size was 370 and the samples were selected through census. The data were collected using demographic characteristics form and Walton's standard quality of work life questionnaire.
Results: the results showed that the average age of samples was 35.04±5.926 and %80.8 of them were married. The quality of work life score of midwives was 114.82±27.005 and at medium level. The results showed that %37, %46.8 and %16.2 of midwives enjoyed low, medium and high quality of work life, respectively. Significant relationships were observed between quality of work life and demographic characteristics, including age, work history, marital status, economic situation, type of hospital, shift and overtime. Among the dimensions of quality of work life, the highest and the lowest averages were 21.94±4.511 and 9.50±2.779 and related to the second (safe and healthy working conditions) and the seventh (work and total life space) dimensions, respectively.
Discussion and conclusion: the results showed that midwifery graduates have a moderate satisfaction of most components of quality of work life. Therefore, in order to reach the optimal situation, more efforts is needed to improve the quality of working life and change in the working conditions and environment according to their needs.

Copyright © 2013 - All Rights Reserved - Pharmacophore

To Cite This Article: Poorandokht Afshary, Sedighe Ghorbani, Simin Montazeri , Mohammadhosien Haghighizadeh, (2017), "a study of the quality of work life of midwives working in the hospitals of ahvaz in 2016", ***Pharmacophore, 8(6S),*** *e-1173430.*

Introduction

Today, we spend a significant part of our times at work or in connection with it. We work in an organization and use the services and products of other organizations. Each organization has several responsibilities and a specific or general objective for community [1]. One of the factors affecting the quality and quantity of services provided is quality of work life [2]. Quality of work life is a process in which both the staff and organization should learn how working better can improve the working conditions and environment and increase the effectiveness of organization [3]. This process affects not only an individual's job satisfaction but also other areas such as family life satisfaction, leisure activities, social life and financial status [4]. Dissatisfaction with quality of work life is an important problem that affects all dimensions of the staff's lives.

Corresponding Author: Poorandokht Afshary, Email: _afshary@yahoo.com

Quality of work life is a comprehensive plan to increase the staff's satisfaction, train them in the work place and help them to manage and change. And the staff's self-esteem increases through job satisfaction and meaningfulness of job and gives them opportunity to develop their capabilities and provide good and healthy working conditions for them [6]. In the third millennium, the countries have shifted their focus from the quantity of services and products to their quality. This focus is essential, especially in the professions related to health-care services [7]. Because the human resources working in these fields provide the health of society and significantly influence the quality of cares and increase the effectiveness of health interventions [8]. Among the organizations provide the services, the hospitals have more complex conditions due to multiple management and undoubtedly, its correct management is influenced by powerful human resources and if the management is properly and appropriately done, the abilities and talents of human resources can be used most effectively [9]. Quality of work life is the best criterion for attracting and keeping human resources required to improve the quality and stability of health and care system. Maintenance of health care staff in an organization helps to ensure that high quality care is provided and financial balance is kept at the overall cost of health care [10]. In health-care systems, if the staff's professional needs are not met, they cannot raise the level of society health to the extent that people grow economically and socially [11]. Midwifery is the exclusive occupation of women [12] whose main objective is to provide and promote the health of mothers and babies [13]. In many countries, including Iran, providing the health services, monitoring and promoting the health of mothers and babies are of the national properties [14]. Roleau et al. have conducted a study on 226 midwives in Senegal and the results showed that in this group, the greatest dissatisfaction is related to the workplace [15]. To reach high quality of work life, organized efforts of organization and its staff are required and it allows the staff to have more opportunities for collaboration and to be more efficient in their works in terms of all aspects. Today, in contemporary management, quality of work life has become a major social issue in the world and advocates of quality of work life theory are trying to find new systems to help employees balance their work and personal lives [16]. Walton defines the quality of work life as the staff's understanding of working conditions, their reactions to their works and their individual implications for mental health and provision of job satisfaction. Walton categorized the quality of work life programs in eight categories as following: [1] Adequate and fair compensation, [2] Safe and healthy working conditions, [3] Immediate opportunity to use and develop human capacities, [4] Opportunity for continued growth and security, [5] Social integration in the work organization [6] Constitutionalism in the work organization [7] Work and total life space and [8] Social relevance of work life [17, 18]. Although, the concept of quality of work life has been formed more than three decades, during the 1990s, the interest of scientist and doctors in this concept has become a concern and its importance is increasing in organizations and human resources both in terms of performance and job satisfaction of staff [19]. Hussaini et al. have concluded that quality of work life is one of the most interesting ways of motivating the staff and enriching. Also, in their study, they have mentioned that fair payment, the opportunity to grow and improvement of staff's performance increase the staff's quality of work life [20]. Hadizadeh (2013), in his study, has stated that only %4.3 of midwives enjoy desired quality of work life and %67.8 of them enjoy medium quality of work life [21]. According to a study by Hesam et al., %12.7 of nurses enjoy very low quality of work life and %28.2 of them had low quality of work life and %21.4 of them have a strong tendency to leave their careers [22]. Nowrozi et al. (2014), in Canada, have reported that the quality of work life score of nurses working in maternity ward that had no nursing education or have job stress, decreased by 5 times [23]. In Taiwan, Lee, in a study, showed that due to low quality of work, nurses had tendency to leave a job and thereby imposing a great deal of cost to the organization, and this is a major challenge for health care systems around the world [24].

Midwifery is of those jobs with high workload and high occupational stress and these affect physical and mental health of midwives and the quality of services provided by them [25, 26]. The important role of midwives in promoting society health [27] has caused a lot of mental pressure and stress on this group. Since these affect their health, quality of their performance reduces and therefore, organization will be in trouble in reaching its goals [22]. Since there is little research on the quality of work life of midwives, the present study aimed to study the quality of work life of midwives working in the hospitals.

Method

The present study was a descriptive-analytical research which was conducted as cross-sectional research in Ahvaz in 2016. Research environment included 11 governmental and private hospitals with maternity block. The research population included all midwives working in hospitals and the samples were entered the study through census. Inclusion criteria were: having willingness and consent to participate in the study, having an associate's degree and higher in midwifery, and having at least one year of work experience. The data were collected using demographic characteristics form and Walton's standard quality of work life questionnaire (containing 35 questions). Standard quality of work life questionnaire was designed in 1975 by Walton and includes 35 items. It was designed based on 5-point Likert Scale (from 5: very satisfied to 1: very dissatisfied). The questions 1, 2, 3 and 4 are related to the dimension of adequate and fair compensation. The questions 5, 6, 7, 8, 9 and 10 are related to the dimension of safe and healthy working conditions. The questions 11, 12, 13, 14 and 15 are related to immediate opportunity to use and develop human capacities. The questions 16, 17, 18 and 19 are related to the dimension of opportunity for continued growth and security. The questions 20, 21, 22 and 23 are related to the dimension of social integration in the work organization. The questions 24, 25, 26 and 27 are related to the dimension of constitutionalism in the work organization. The questions 28, 29 and 30 are related to the

dimension of work and total life space. The questions 31, 32, 33, 34 and 35 are related to the dimension of social relevance of work life. The average score of each dimension is from 1 to 5 and total score of quality of work life (sum of the scores of eight dimensions) is in the range of 35 to 175. The score below 104 shows low quality of work life, the scores 140 to 175 shows average quality of work life and the score from 105 to 139 shows the high quality of work life [28].

Walton (1975) has reported the construct validity of this questionnaire %78 and estimated its reliability %85 using Cronbach's alpha [18]. In Iran, Mortazavi has reported the construct validity of this questionnaire as GFI=0.924, CFI=0.864 and IFI=0.927 using confirmatory factor analysis [29]. To conduct the present study, firstly, the researcher got the approval of the Ethics Committee and the permission from the head of Ahvaz University of Medical Sciences and then, provided introduction letter to the head of hospitals, nursing directors and departmental officials. Then, the researcher referred to hospitals studied at different working hours and days of the week and the samples were selected according to the inclusion criteria. The introduction letter was shown to participants and after explaining the research objectives and giving reassurance to participants about the confidentiality of information, they completed the consent form and demographic characteristic forms and quality of work life questionnaires were distributed among them. Finally, 370 questionnaires were completed and gathered. The data were analyzed using SPSS V.22 software and descriptive statistics (average, standard deviation and frequency). To determine the relationship between quality of work life score and personal and occupational characteristics of midwives, Pearson's correlation coefficient, Spearman test, t-test and ANOVA were used ($p<0.005$).

Results

The results of the present study showed that average age of participants was 35.04±5.926 with the 23 to 50 age range. The average number of children was 1.46±1.089. %83.5 of participants has bachelor's degree. %19.2 of participants were single and %83.5 of them were married. In terms of type of employment, majority of them were contractual employers (%44.1). In terms of shift work, %5.7 of them had one-shift work, %19.2 of them had two-shift work and %74.4 of them had three-shift work. Majority of participants were working in governmental hospitals. %36.8 of participants were working in governmental-non-educational hospitals and %13.2 of them were working in private hospitals. The complete information is listed in Table 1.

The average quality of work life score was 114.82±27.005 (Table4). Frequency and percentage of midwives' quality of work lives are listed in Table2.

The relationship between personal and occupational characteristics of midwives were investigated using Pearson's correlation coefficient, Spearman test, ANOVA test and T-test and significant relationships were observed between them (Table3).

About the eight dimensions of quality of work life, midwifery graduates had the lowest and highest averages in the dimensions of safe and healthy working conditions (9.5±2.779) and work and total life space (21.94±4.511), respectively.

Table1. Demographic characteristics

Variable		Mean and standard deviation	
Age		35.04±5.26	
Number of children		1.46±1.089	
Variable		Number	Percentage
Work history	1-5 years	66	17.9
	5-10 years	112	30.4
	10-15 years	114	30.9
	More than 15 years	77	20.9
Education level	Master	15	1.4
	Bachelor	309	83.5
	Associate	46	12.4
Marital status	Single	71	19.2
	Married	299	80.8
Type of employment	Conscription	18	4.9
	Contractual	163	44.1
	Temporary-to-hire	52	14.1
	Permanent	135	36.5
Shift work	One	21	5.7
	Two	71	19.2
	three	277	74.9
Type of hospitals	Governmental-educational	185	50

	Governmental-non-educational	136	36.8
	Private	49	13.2

Table2. Frequency and Percentage of quality of work life in the midwives studied

Group Variable	Low	Average	High
	Percentage (n)	Percentage (n)	Percentage (n)
Quality of work life	37(137)	46.8(173)	16.2(60)

Table3.The relationships between quality of work life and demographic characteristics

Variable		Sample size	Correlation coefficient	P-value
Age		369	0.507	0.000
Number of children		351	0.355	0.000
Education		370	-0.306	0.000
Work history		369	0.156	0.000
Variable		Sample size	Mean ± standard deviation	P-value
Marital status	Single	299	119.62±26.365	0.000
	Married	71	94.61±19.291	
Type of hospitals	Governmental-educational	185	111.57±33.813	0.005
	Governmental-non-educational	136	115.36±18.187	
	Private	49	125.59±11.550	
Type of employment	Conscription	18	89.33±23.798	0.000
	Contractual	163	110.36±21.890	
	Temporary-to-hire	52	112.44±35.836	
	Permanent	135	124.55±25.565	
Shift work	One	21	138.29±12.277	0.000
	Two	71	139.15±14.841	
	three	277	106.92±25.453	

Table4.Averages of dimensions and total average of quality of work life

Variable	Mean ± standard deviation
Adequate and fair compensation	12.55±2.804
Safe and healthy working conditions	21.94±4.511
Immediate opportunity to use and develop human capacities	15.75±4.009
Opportunity for continued growth and security	11.77±3.301
Social integration in the work organization	13.59±3.631
Constitutionalism in the work organization	12.78±3.797
Work and total life space	9.50±2.779
Social relevance of work life	16.96±4.602
Quality of work life	114.82±27.005

Discussion and conclusion

Descriptive statistics show that the midwives participating in the present study, have assessed their quality of work life at average level with an average of 114.82±27.005. This result is consistent with the results of the studies by Farsi [30], Salamzadeh [31] and Moradi [32] who assessed the nurses' quality of work life at average level. In Mashhad, the midwives' quality of work life was 65.23±12.16. In a study conducted in Tabriz by Abdollahzadeh, nurses' quality of work life was 44.65±8.40 and in Farsi's study, it was reported 146.96±45.14. According to Table4, the highest and the lowest averages were 21.94±4.511 and 9.50±2.779 and

related to the safe and healthy working conditions and the work and total life space, respectively. These results show the participants' satisfaction of human resources policies, quality of services provided to the clients and the image of the hospitals are at desirable level and in contrast, they are dissatisfied with the effect of occupation on family life and leisure time and rest. In Banidavoodi's study [33], the highest and lowest averages were related to social integration in work organization and work and total life space. It is recommended that managers take into account different dimensions of quality of work life and improve them in order to affect the midwives' feelings of quality of work life positively and thereby increasing the productivity of their organizations.

The results show that the quality of work life scores of %37, %46.8 and %16.2 of participants were low, average and high. Hesam's study showed that %16.9, %42.5, %28.2 and %12.7 of nurses had very high, average, low and very low quality of work life, respectively. This result is consistent with the results of the following studies: according to a study conducted in Mashhad by Hadizadeh, quality of work life of %67.8 and %27.8 of midwives were average and low and quality of work life of only %4.3 of midwives was reported high, the results of a study by Shahraki Vahed [34] show that %12.5, %65.5 and %22 of nurses had low, average and high quality of work life, respectively. According to a study conducted by Vafaei [35], %2.2 and %35.6 of participants had low and high quality of work life. The results of a study by Saber et al. [36] are consistent with the results of the present study.

In the present study, it was found that average age of participants was 35.04±5.926. In the studies by Hadizadeh (2015), Saber and Banidavodi, average ages of participants were reported 37, 34 and 35 years old, respectively and the result of the present study is consistent with the results of their studies. Also, the results of Pearson's correlation test show that there is significant and direct relationship between age and quality of work life. This result is consistent with the results of the study conducted in Uganda by Opollo [37] and the studies conducted in Iran by Dehghan Nayyeri [38] and Shahraki Vahed. But, it is not consistent with the results of the studies conducted by Banidavodi, Jannati [39], Vafaei Najjar and Ibrahimi [40].

Reviewing participants' work history showed that %17.8, %30.3, %30.8 and %20.8 of participants had work history of 1-5 years, 5-10 years, 10-15 years and more than 15 years, respectively. The results of the present study showed there is direct and significant relationship between work history and quality of work life. This is quite evident because with the increase in work history and being in different working conditions, an individual gains more experience and thus, the quality of his practical works increases. Moradi, in a study in Kashan, states that the quality of work life of nurses with work history of 15 years was higher than one of other participants. This result is consistent with the results of the studies by Opollo, Habibzadeh, Saber and Shahraki Vahed but it is inconsistent with the results of the studies by Jannati, Vafaei, Sakaki [41], Nowrozi and Manal [42].

% 80.8 of midwives studied were married and %19.2 of them were single. According to the results of t-test, married participant had higher quality of work life than single participants despite being busy and having special issues of marital life and being married an having child don't affect their performance and capabilities in the workplace negatively. On the other hand, the spiritual and emotional support of the spouses can be a reason for reduced stress and tensions and higher quality of work life. The studies on nurses by Shahraki Vahed, Moradi and Mosaddegh Rad and a study on physicians by Jannati showed that married persons' quality of work life is higher than one of single individuals and there is significant relationship between marital status and quality of work life. The result of the present study is consistent with the results of mentioned studies. But, according to the study by Vafaei Najjar, the quality of work of the singles was higher than one of the marrieds. In the studies by Sakkaki, Hadizadeh and Hesam, no significant relationship was observed between marital status and quality of work life.

According to the results of the present study, the type of employment of %36.5, %14.1, %44.1 and %4.9 of participants were permanent, temporary-to-hire, contractual and conscription, respectively. The highest and lowest quality of work life averages were related to the groups of permanent and conscription employment. The results of ANOVA test showed significant relationship between the mentioned variables and type of employment. This result is consistent with the results of the studies by Nowrozi, Shahraki Vahed and Vafaei Najjar and it is inconsistent with the results of the studies by Sakaki and Hadizadeh. Also, Koushki's study doesn't show significant relationship between type of employment and quality of work life.

In the present study, hospitals were categorized in three categories of governmental-educational, governmental-non-educational and private hospitals. %50 of participants worked at governmental-educational hospitals and %36.8 and %13.2 of participants worked at governmental-non-educational and private hospitals. The results showed that quality of work life in private hospitals (average score: 59.125±11.55) was higher than other hospitals. While, Mosaddegh Rad, in his study, reported that quality of work life of nurses working in private hospitals was lower. In governmental-educational hospitals, quality of work life was 111.57±33.813 and in governmental-non-educational hospitals, it was 115.36±18.187. The reasons for these differences can be the difference in the policies of hospitals, difference in salaries and the physical environment of hospitals, and even the size of hospitals and these affect quality of work life. Dargahi, in a study, stated that nurses working in small hospitals have higher quality of work life [43]. High workload and greater number of patients compared to the number of nurses in the governmental-educationl hospitals can be mentioned as another reasons for the differences. About the relationship between quality of work life and workplace, the results of ANOVA test show significant relationship between type of hospital and quality of work life. The results of a study by

Kashani showed a significant relationship between type of hospital and quality of work life and they are consistent with the result of the present study. But it is inconsistent with the results of a study by Dehghan Nayeri.

The results of the present study show that %74.9, %19.2 and %5.7 of participants have three-shift, two-shift and one-shift work. The quality of work life of participants with three-shift work was lower than other ones and it was higher in the group of participants with one-shift work. The results of ANOVA test show significant relationship between the mentioned variables and number of shift. These results are consistent with the results of the studies by Moradi and Moqaarab.

According to Shahraki Vahe's study, participant with single-shift work had higher quality of work life but no significant relationship was observed. Also, the results of the present study are inconsistent with the results of a study by Sakaki. In the explanation of this result, it can be said that individuals with one-shift work establish greater coordination and balance between private life and work life, and due to having a regular and predetermined career plan, they will have less stress in the workplace.

%83.5, %12.4 and %1.4 of participants had bacholar's degree, associate degree and master's degree, respectively. The results of Spearman's test show a significant and reverse relationship between the level of education and the quality of work life. This result is consistent with the results of the studies by Shahraki Vahed, Nowrozi, Moradi and Mosaddegh Rad. This result is inconsistent with the results of the studies by Hadizadeh and Dehghan Nayeri. Although it was expected that with the increase in the level of education, quality of work life increases, the results showed reverse relationship. It seems that individuals with higher education have higher expectations of their jobs and when their expectations are not met in the workplace, they will burden greater emotional load and this neutralize the effect of higher education. For this reason, it is recommended to review and rewrite the organizational tasks of the midwives in order to improve their quality of work lives, and determine the exact framework for it.

The results of the present study showed that in the population studied, the average number of children was 1.46±1.089 and Pearson's correlation coefficient between quality of work life and number of children was estimated 0.355 and P=0.000. In Choubineh's study [44], no significant relationship was observed between the number of children and quality of work life and it is inconsistent with the result of the present study. No study consistent with the present study was found.

In the present study, midwives' quality of work lives were studied in terms of different dimensions. The midwives' satisfaction of mentioned components was at average or good level. Banidavodi et al. stated that in their study, most of staff had average satisfaction with the components of quality of work life and these components affect their quality of work lives.

Quality of work life has 8 dimensions. The first dimension is adequate and fair compensation. The result of the present study showed that midwives' salaries and privileges are on average and they are nearly satisfied with them. But Sheikh Bardsiri et al. [45], in their study, showed that emergency medical staff has low quality of work life. In another study, Banidavodi et al. reported that it was at average level.

In terms of the dimension of safe and healthy working conditions, midwives were at good level. This result show that midwives have proper and safe physical conditions and reasonable working hours. Banidavodi et al. reported the nurses' satisfaction at average level in terms of this dimension. Since having safe and healthy work conditions is one of the important factors affecting the staff's quality of work life, it is necessary to provide the conditions in which all staff feel safety and calmness.

The dimension of immediate opportunity to use and develop human capacitieswas at average level and this indicates that midwives have autonomy, self-control, various skills, access to work-related information, planning, and the opportunity to acquire skills and training and some measures were taken in the field of empowering them. In Dehghan Nayeri's study, a few number of nurses reported their autonomy at desired level. It is suggested to provide the information and skills required by the staff in the work place, in order to develop their capabilities.

The dimension of opportunity for continued growth and securitywas at good level. This indicates that midwives are at good level in fields of individual abilities, development of skills and job security. But the results of Farsi's study showed that nurses reported this dimension at poor level and in the studies by Banidavodi and Sheikh Bardsiri, it was reported at average level.

The dimension of social integration in the work organization was at desired level. This indicates that the privileges of midwives and working groups are particularly paid attention regardless of racial or religious issues and midwives have coherent working group. In Sheikh Bardsiri's study, this dimension was reported at average level and in Banidavodi's study, it was reported at desired level.

In the midwives studied, the dimension of constitutionalism in the work organization was at good level. This means that midwives had the right to expression freely without fear and concern, fairness in job promotion and the right to respond to issues. In a study by Dehghan Nayeri et al., it was reported at average and lower level. It is suggested to take practical measures in order to eliminate discrimination among employees, because if there are not constitutionalism in job promotion and trust in observance of justice in the organization, the staff will not be motivated to advance the goals of the organization.

In the present study, the dimension of work and total life space was at average level. This indicates that this component requires special attention of managers to address deficiencies and weaknesses. People are happier and more satisfied when their personal and professional lives are in balance. Therefore, it is necessary to create balance between working hours and leisure time to fulfill

family and social roles and responsibilities. Banidavodi et al. reported nurses' satisfaction of this dimension at average and lower level.

The dimension of social relevance of work life was at good level and this indicates that midwives' satisfaction of human resources policies of organization is at desired level and the organization provides the ground for staff's participation in decision making by taking into account their thoughts and opinions. Banidavodi and Sheikh Bardsiri reported nurses' satisfaction of this dimension at average and higher level. But, Dehghan Nayeri reported that only a few nurses were satisfied with this component.

Acknowledgments

This article is derived from the master's thesis defended in Jundishapur University of Medical Sciences, Ahvaz under the approval No. RHPRC-9510. Hereby, the Vice-Chancellor of the Jundishapur University of Medical Sciences in Ahvaz is thanked for the financial support and all the midwifery graduates who participated in the present study are sincerely appreciated.

References

1. Alaghehband A. Educational management authorities. Tehran: Ravan publication; 2007.
2. Royuela V, Lopez-Tamayo J, Surinach J. Results of a Quality of Work Life Index in Spain. A comparison of survey results and aggregate social indicators. Journal of Social Indicators Research. 2009;90(2):225-41.
3. Daubermann D, Pamplona Tonete V. Quality of work life of nurses in primary health care. Acta paul enferm. 2012;25(2):277-83.
4. Sirgy MJ, Efraty D, Siegel P, Lee D-J. A new measure of quality of work life) QWL) based on need satisfaction and spillover theories. Social indicators research. 2001;55(3):241-302.
5. Vaill P. By learning as a way of being:strategies for survival in a world of permanent white water San Francisco: Jossey-Bass publisher; 1996.
6. Adhikari D, Gautam D. Labour legislations for improving quality of work life in Nepal. International Journal of Law and Managment 2010;52:40-53.
7. Gnjidić Ž, Fatović-Ferenčić S. Medical expertise as a historical phenomenon and academic discipline. Acta Clin Croat. 2009;48(3):89.
8. Habib S, Shirazi M. Job satisfaction and mental health among the employees of a general hospital. Iranian journal of psychiatry and Clinical psychology. 2003;8(4):64-73.
9. Mehdipour S, Abtahi A. Methods development of the hospital organization chart Jafari publication; 2010.
10. Jarosova D, Gurkova E, Palese A, Godeas G, Ziakova K, Song MS, et al. Job satisfaction and leaving intentions of midwives: analysis of a multinational cross-sectional survey. Journal of nursing management. 2016;24(1):70-9.
11. Henshaw A-M, Clarke D, Long AF. Midwives and supervisors of midwives' perceptions of the statutory supervision of midwifery within the United Kingdom: A systematic review. Midwifery. 2013;29(1):75-85.
12. Shobeiri F, Masoumi Z ,Mirzaiinajmabadi K, Khodakarami B, Montazeri A. Quality of Life for Midwives working in Hospitals, Hamedan, Iran. Journal of the Iranian Institute for Health Sciences Research. 2013 (3):283-8.
13. Nourani S, Hadizadeh Talasaz Z, Shakeri M, Modarres Gheravi M. The relationship between occupational stress and happiness of midwives who work in the hospitals and health centers of Mashhad. Iran J Obstet Gynecol Infertil. 2013;16(74):1-9.
14. Bahadoran P, Alizadeh S, Valiani M. xploring the Role of Midwives in Health Care System in Iran and the World. Iranian journal of nursing and midwifery research. 2009;14(3.(
15. Rouleau D, Fournier P, Philibert A, Mbengue B, Dumont A. The effects of midwives' job satisfaction on burnout, intention to quit and turnover: a longitudinal study in Senegal. Human resources for health. 2012;10(1):1.
16. Donyavi Z. Correlation between QWL and organizational effectiveness of teachers: Master thesis of Islamic Azad University of Sari; 2009.
17. Rose RC, Beh L, Uli J, Idris K. Quality of work life: implications of career dimensions. Journal of Social Sciences. 2006;2(2):61-7.
18. Walton Richard E. Criteria for the Quality of work life. Paper presented at the International Conference on the Quality of working life. 1972:24-9.

19. Sinha C. Factors affecting quality of work life: Empirical evidence from Indian organizations. Australian Journal of Business and Management Research. 2012;1(11):31-40.
20. Hosseini SM, Jorjafki GM, Ashrafi AM, editors. Notice of Retraction Quality of work life (QWL) and its relationship with performance. Advanced Management Science (ICAMS), 2010 IEEE International Conference on; 2010: IEEE.
21. Hadizadeh Talasaz Z, Nourani Saadoldin S, Shakeri M. Correlation between the Quality of Work Life and Organizational Commitment among midwives in educational hospitals in Mashhad Iranian Journal of obstetrics,gynecology and Infertility. 2015;17(129):1-9.
22. Hesam M, al e. Assessing the relationship between nurses' quality of work life and their intention to leave the nursing profession. Quarterly Journal of Nursing Management. 2012;1:28-36.
23. Nowrouzi B, al e. The relationship between quality of work life and location of cross-training among obstetric nurses in urban northeastern ontario, canada: a population-based cross sectional study. International Journal of Occupational Medicine and Environmental Health. 2015;28(3):571-86.
24. YA-WEN L, YU-TZU D, MCCREARY L. Quality of work life as a predictor of nurses' intention to leave units, organisations and the profession Journal of Nursing Management. 2015;23:521-31.
25. Fakhri A, Rajabi Z. The workload of a midwife in various types of task division in a health post. The Journal of Urmia Nursing and Midwifery Faculty,. 2014;12(9):850-57.
26. Safaei M, Abedian Z, Mazlum R, Attarzadeh Hosseini R. The effectiveness of station designed sport programs on mental health of midwives: A randomized clinical trial. Scientific-Research Journal of Shahed University. 2014;113(3):77-83.
27. Hadizadeh Talasaz Z, Nourani Saadoldin S ,Shakeri M. Relationship between Components of Quality of Work Life with Job Satisfaction among Midwives in Mashhad. Hayat, Journal of School of Nursing and Midwifery, Tehran University of Medical Sciences. 2015;21(1):56-67.
28. Timossi L, Pedroso B, Francisco A, Pilatti L, editors. Evaluation of quality of work of life: an adaption from the Waltson QWL Model. XIV International conference on ivdustrial Engineering and operation management, Rio de Janeiro Brazil; 2008.
29. Mortezavi S, Nikkar A. The mediating role of organizational justice between Leadeeship styles and quality of work life Journal of Executive Management. 2014 (11):103-22.
30. Farsi Z. The relationship between productivity and quality of working life in nurses of AJA Hospitals in Tehran. Jounal of AJA Nursing college. 2014;3:93-100.
31. Salamzadeh Y, Mansoori H, Farid D. Relationship between quality of work life and productivity. Journal of Urmia Nursing And Midwifery Faculty. 2008;6(2):60-70.
32. Moradi T, Maghaminejad F, Azizi I. Quality of Working Life of Nurses and its Related Factors. journal of Nursing and midwifery studies. 2014;3(2.(
33. Banidavoodi S, Jafari L, Alichitgar E, Moghimzadeh F. Examination of Relationship between quality of work life and productivity in nurses of elected hospital in Ahvaz. Journal of Ethics and Culture in Nursing and Midwifery. 2014;1(2):33-44.
34. SHARHRAKY VA, MARDANI HM, ASADI BE, Heidari M, HAMEDI SS. Assessment of the items of SCL90 test with quality of work life among Amiralmomenin Hospital personnel of Zabol City. 2011.
35. Vafaee-najar A, al e. Obvious and hidden anxiety and quality of working life among nurses in educational hospitals Journal of the Iranian Institute for Health Sciences Research. 2015;14(5):566-76.
36. Saber S, Borhani F, Navidian A, Ramezani T, Rezvani M. The relationship between quality of work life and productivity of nurses working in Kerman university of medical sciences Hospitals in 2013. The Iranian Journal of Bioethics. 2013 (9):143-66.
37. Opollo J, Gray J, Spies L. Work-related quality of life of Ugandan healthcare workers. International nursing review. 2014;61(1):116-23.
38. Dehghannayeri N, Nazari A, Salsali M, Ahmadi F. The effect of productivity from the viewpoints of clinical nurses and evaluation factors and obstacles. Journal of Lorestan Univercity of medical sciences. 2005;7(26):91-100.
39. Jannati A, Sabbaghi R, Ghodousinezhad J, Baghban E. The quality of working life of doctors working in health centers of Tabriz. Journal of health emage. 2014;5(2):27-31

40. Ebrahimi H, Hosseinzadeh R, Zaghari M, Hosseinzadeh S, Asghari M. Clinical competency and psychological empowerment of nurses and their correlation with demographic characteristics. Health promotion management. 2013;2(2):30-8.
41. Sakaki M, Hajimiri K ,Farsi F. Quality f work life among midwives in hospitals of Zanjan university of medical siences. Journal of nursing care and midwifery. 2012;2(2):41-8.
42. Manal I, Manal A, Hala S. Nurse's psychological empowerment and perceived autonomy in university and teaching hospitals at Menofia Governorate/Egypt Journal of Nursing Education and Practice. 2014;4(9):59-68.
43. Dargahi H, Gharib M, Goudarzi M. Evaluation of quality of work life of nurses in Tehran univercity of medical sciences hosptals. Journal of nursing and midwifery faculty of tehran. 2007;13(2):13-21.
44. Choobineh A, al e. The Survey of Quality of Work Life and Determination of Its Related Factors in Shiraz University of Medical Sciences Staff Journal of Ergonomics. 2013;1(2):56-62.
45. Sheykhbardsiri H, al e. The relationship between the quality of work life and organizational commitment among personal of emergency medical services. Management of medical and information. 2013;1(1):38-46.