

Appendix B: Cover Page

**RELATIONSHIP OF JOB SATISFACTION AND WORK-
RELATED QUALITY OF LIFE AMONG HEALTHCARE
WORKERS OF TERTIARY CARE HOSPITALS**

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfillment for the award of the
degree of Master of Business Administration

(MBA)

in

Hospital and Health Management

by

Dr. Rushabh Ketan Kumar Shah

Under the Supervision and Guidance of

Dr. Neetu Purohit

2023

Appendix C: Title Page

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Appendix D: Declaration by Student

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Relationship of Job Satisfaction and Work-Related Quality of life among healthcare workers of tertiary care hospitals**, is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Dr. Rushabh Ketan Kumar Shah
Name of Student

Date :- 06 June 2023

**Appendix E: Completion
Certification**

CERTIFICATE

This is to certify that **Dr. Rushabh Ketankumar Shah** in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur has successfully completed his internship at **Sambodhi Research and Communication Pvt. Ltd.** during February 16, 2023 - June 7, 2023.

Place: New Delhi
Date: 7th June 2023


Signature of the Preceptor

Aayushi Rastogi
Senior Manager – Research

Sambodhi Research and Communication Pvt. Ltd.

Appendix F: Certificate from Faculty Guide and School Dean

CERTIFICATE

This is to certify that dissertation titled **Relationship of Job Satisfaction and Work-Related Quality of life among healthcare workers of tertiary care hospitals** is a record of the research. work undertaken by **Dr. Rushabh Ketan Kumar Shah** in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

Faculty Guide
IIHMR University, Jaipur

Date

School Dean
IIHMR University, Jaipur

Date

ABSTRACT

Introduction: India have limited healthcare professionals hence it is important to utilize them effectively and efficiently. It is also necessary that the available staff is giving its best and performing well so that they can cater to as much as possible number of people. Thus, Work-related Quality of Life and job satisfaction of healthcare professionals is important to perform better and effectively. The study aimed at assessing the relationship between Job Satisfaction and Work-Related Quality of life among healthcare workers of tertiary care hospitals.

Methods: A cross-sectional study was undertaken among the healthcare workers working in tertiary care hospitals in Delhi and having at least 3 years of experience. An online link to survey was circulated to the healthcare workers having questions related to demographic questionnaire, Job Satisfaction scale and Work-related Quality of Life Scale. The data was analyzed in STATA v14.1.

Results: A total of 183 participants were included in final analysis with mean age 34.62 (7.75) and approximately 78% being females. Minnesota satisfaction score was 41.95 (7.18) whereas mean overall Work-Related Quality of Life (WRQoL) was 80.91 (14.90). The study observed strong and positive correlation between Minnesota satisfaction score and Work-Related Quality of Life ($r=0.799$, $p\text{-value} < 0.05$). Minnesota satisfaction score was found to be significantly associated with education, caste and perception of adequacy of staff, whereas Work Related Quality of Life was found to be significantly associated with education, sector of job, and distance of residence from the hospital and perception of adequacy of staff.

Conclusion: The study observed strong and positive correlation between Minnesota satisfaction score and Work-Related Quality of Life.

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Any successful endeavor always is motivated, support and advice from well-wishers and people who believe in you. I take this opportunity to express my sincere gratitude and appreciation to all those who encouraged and inspired me to complete my dissertation.

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LIST OF ABBREVIATIONS

1. **WAI** work ability index
2. **QoWL** Quality of Working Life
3. **MSQ** Minnesota Satisfaction Questionnaire
4. **WRQoL** *Work-Related Quality of Life*
5. **JCS** Job and Career Satisfaction
6. **GWB** General Well-Being
7. **SAW** Stress at Work
8. **CAW** Control at Work
9. **HWI** Home-Work Interface
10. **WCS** Working Conditions

CHAPTER 1

INTRODUCTION

Healthcare professionals are trained and qualified individuals who provide medical and healthcare services to the people of society. These are the people in charge of promoting, supporting, and restoring the health and wellbeing for individuals. Healthcare professionals mainly include physicians and nurses.

Physicians are medical practitioners or medical doctors or simply doctors are healthcare professionals who are indulged in practicing medicine which largely means diagnosis, prognosis and treatment of a disease or condition. They are divided again depending upon their type of practice depending upon disease categories or types of patients. Physicians are further divided depending upon the specialty and service provided such as family physician, internal medicine etc.

Nurses are a very important part of healthcare networks as they are continuous providers of care to the patients. Nurses in collaboration with doctors and other healthcare professionals contribute to promoting the health of individuals or community.

India has limited healthcare professionals hence it is important to utilize them effectively and efficiently. It is also necessary that the available staff give their best and perform well so that they can cater to as much as possible number of people.

Job satisfaction indicates the degree of enjoyment of work. In 1976, Edwin Locke described satisfaction of job as "a pleasurable or optimistic feeling that derives from assessing an individual's work and work experience." In other words, it is the feeling that arises from assessment of personal work experience. "Job satisfaction in simple terms is the feeling that people have about their work and different aspects of their work. It is commonly accepted that satisfaction in job is an individual attitude variable. It is an attitude and emotional response to physical and social situations in one's job or workplace. Job satisfaction increases motivation, which generates optimistic work connection and higher levels of performance in the individual's job. Global faceted approaches give you a complete picture of employee engagement. Werner said that job satisfaction comprises of 5 dimensions, that are summarized as follows which can measure the Job Description Index (JDI).

- i. Itself the work – Authority, curiosity, and advancements.

- ii. Quality of management – technical support and appraisal support
- iii. Alliance with co-workers – friendship, good will, and reverence
- iv. Growth opportunities – chances for further promotions
- v. Pay – fairness and equity in pay.

Considering this as the building blocks, Hulin and Judge stated that the job satisfaction is beyond job experience instead it is a multi-dimensional psychological response to what we think about our work and how we feel about our work. Psychological response like Evaluative, Affective (or emotional), and Behavioural components attached to one's job can affect individual's satisfaction in job.

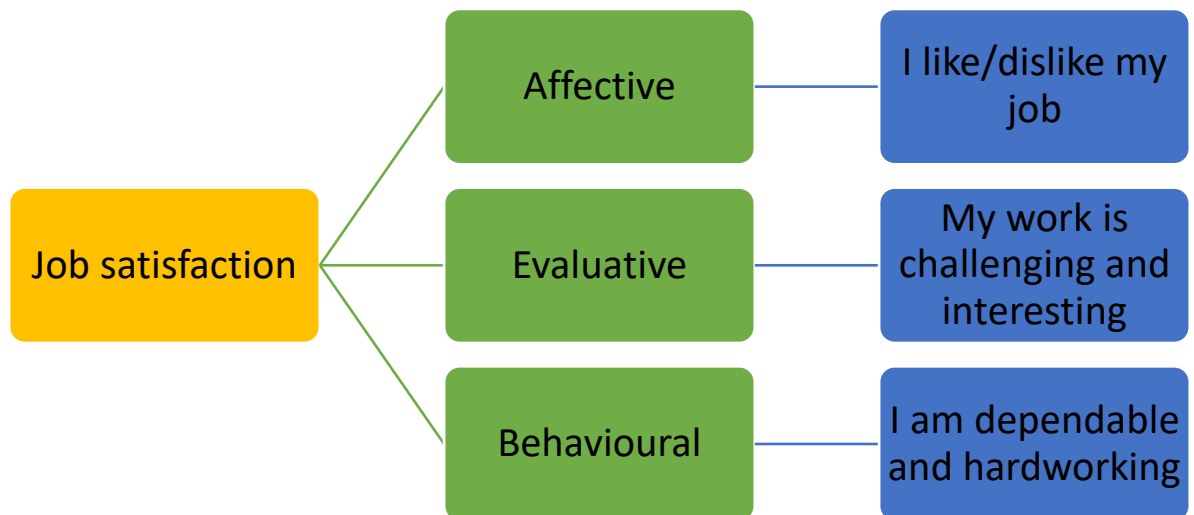


Figure1.1 : **Components of satisfaction in job**

The component of emotion relates to emotional work-related feelings such as boredom, fear, approval, and excitement. Taking in account employee's feelings towards work, he has two types of job satisfaction. The primary type is the relation with overall job satisfaction and is correlated with the employees' overall feelings about their work. This again connects with the feelings about multiple aspects of work, such as pay, perks, reporting hierarchy structure, advancement opportunities, work culture, quality of connections with co-workers. The Affective component of the degree is in relation to the belief that one's work is honourable, intellectually demanding, challenging, and rewarding.

Multiple research scholars have notified that job satisfaction is a comprehensive notion prepared of or represented by many dimensions. While mostly common among is

taxonomy considers his 5 dimensions of job satisfaction (renumeration, advancement, fellow workers, management, itself the job), A researcher considers ratings, working conditions, and the company and management to be the most common.

Furthermore, researchers divided job satisfaction into internal and external factors, with pay and promotion taken as external factors, and co-workers, management, and itself the job as internal factors. In the year 1957, a researcher Herzberg et al. differentiated among the internal benefits of job and external benefits of work. Internal factors refer to people's emotional reaction to the fundamental characteristics of the job. The external factor of the job focusses on issues outside the job itself, like pay. Distinguishing between internal and external elements of work, benefits, motivations, requirements, etc. are a very important tool for many researchers in this research.

However, there are certain problems with measuring job satisfaction. These results conclude that an individual and a global measurement cannot measure the same component. In simple words, the full cannot be same as some of the part. Single item does not correlate strongly with open measurements of the similar configuration. Correlations are significantly higher when job satisfaction dimensions are used to predict independent measures of overall satisfaction of the job.

Several theories have shown that in the organizational literature for the causes of job satisfaction. These theories can be broadly classified into one of his three categories:

1. Situation theory. We hypothesize that job satisfaction is due to the type of work and other aspects of the environment.
2. A qualitative approach that assumes that job satisfaction is rooted in an individual's personal state.
3. A dialogue theory that postulates that job satisfaction arises from the interplay of situational and personal factors.

There are several theories which were never studied seriously in all the areas of psychology (social information processing approaches), while others became widespread and then discredited (two-factor theory) or gained widespread acceptance. (Although I'm having a hard time coming up with job satisfaction theory). find one that fits. Enemy process theory, recently re-evaluated. Some theories about job satisfaction are: - Job Trait Models, Value Perception Theory, Indirect and Direct Personality Approaches, and Cornell Models.

There is evidence that satisfaction in job is directly and strongly associated with well-being of an individual. There are multiple studies which have concluded strong association between satisfaction in job and satisfaction in life (correlations reportedly ranges between 0.19 to 0.49). Several researchers suspects that there are 3 types of such relations. (1) Overflow. Professional experience flows into life experience and other way around. (2) Segmentation, work and life experiences are very different and are not connected with each other. (3) Compensation. When you try to make up for unsatisfactory work by developing a sense of accomplishment in personal life, or vice versa.

There is an important explanation for why job satisfaction matters. First, people have the right to be considered with utmost respect along with equity. Job satisfaction reflects, to a certain level, how well you are treated. A second reason is that job satisfaction can lead to the behavior of the employee and can affect the functioning of the organization. Additionally, job satisfaction may reflect the functioning of an organization. Differences in job satisfaction between organizational units can indicate potential pain points. Unsatisfied employees are more susceptible to performing poorly, functioning capability of this employees is strongly affected by job satisfaction.

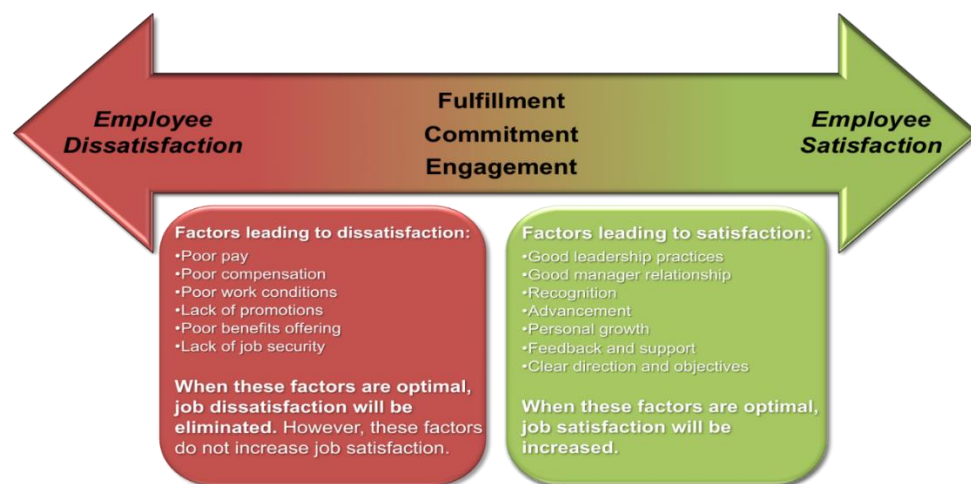


Figure 1.2: Job Satisfaction Model

As stated by researchers, the journey of job satisfaction develops more complexity because of the importance of different job aspects varies according to the perception of everyone. For example, one employee may give more value to pay component while another may consider social connections more valuable. These differentials in aspects were explained by Locke (1976), who suggested the scope of influence theory. The

assumption of this theory is that employees consider different aspects when assessing job satisfaction. It therefore leads to an individual measure of satisfaction or dissatisfaction when expectations are met or not. For example, the job satisfaction of an employee who attaches great importance to salary will have a positive effect if he receives a salary that matches expectations. Conversely, his salary will have little effect on the job satisfaction of an employee who places little emphasis on compensation. However, several studies have shown that job satisfaction is not a consistent predictor of individual job performance.

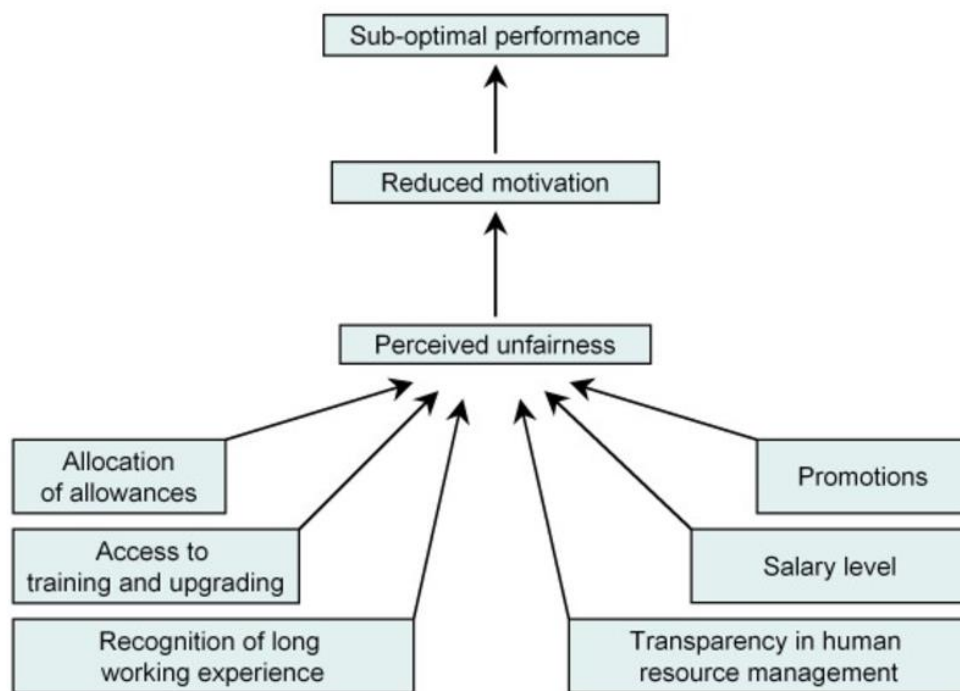


Figure 1.3: **The importance of health worker motivation**

Concept of quality of life referred as one's lifestyle with relation to social environment and cultural forms in which one lives and their interdependence in the realization of one's interests and aspirations. correspond to their state of mind. Aristotle (384-322 BC) said that the masses, thugs, and higher classes all understood the better life and were happy in some sense, but their definition of happiness had different components. Certain theorist suggests that poor people had a common thought that being rich is to bring happy. Aristotle believed that the true essence of a good life is not worldly richness, but the quality of life can be expressed as state of mind.

There are several reasons to care about quality of life. Determinants of a disability can be categorised based on an individual's performance at school, personal activities, daily life provides a certain ground for changes in lifestyle to improve quality of life. Its measures

also help in identifying types of difficulties an individual is experiencing. While such measures reveal academic difficulties associated with types of disability, certain mental issues are in relation with other difficulties. This kind of data can guide in developing further plans for improvements.

Quality of life is defined as a experience of subjective matter and can only be assessed by the test taker. Apart from the need for evaluation of this subjective experience, there are no kind frameworks for this measurement. To conclude at robust along with true measure of quality of life, we need to provide independent domains with tools that consider principal features of quality of life. Ensuring consistent along with honest standards across cultures requires a different approach when designing tools.

AIM

- To find out the relation between job satisfaction and work-related quality of life among healthcare professionals in tertiary care hospitals of Delhi.

OBJECTIVES

- To study the prevalence of job satisfaction among healthcare workers of tertiary care hospitals.
- To study the prevalence of Work-related Quality of Life among Healthcare workers working in tertiary care hospitals.
- To probe the connection between Job-satisfaction and Work-related Quality of life in healthcare workers in tertiary healthcare hospital.

CHAPTER 2

LITERATURE REVIEW

Job satisfaction is a salient framework that can be considered to affecting both fruitfulness and job quality. This composite phenomenon is your viewpoint towards work, which not only affects your dedication, but also your future, health, and connection with colleagues. Previous research has shown that job satisfaction simply doesn't depend on the kind of work, but also upon expectations from the job. In addition, various subjective factors and beliefs are key factors to job satisfaction for different occupations. job satisfaction of the health care workforce has a major impact on quality, efficacy, and results, as well as cost of health care. Along with its significance to clients and the system, healthcare worker job satisfaction is related with absenteeism, relationships, and work organization.



Figure 2.1. Facets of job satisfaction .

Job satisfaction surveys are regularly conducted in many countries to monitor inattention in workplace organization. It is important to investigate job satisfaction in healthcare

settings because healthcare workers face some problems to fulfil the needs of the patient if their own is not. The literature shows that satisfaction in job of healthcare worker is connected to various factors, which includes: An opportunity to fully participate in the discussion of decision. Productive communication between employees, managers. and can express their opinions independently. Problem solving in a team structure and the managements framework are also of greater importance for employee satisfaction. The process of job satisfaction can be made furthermore enhanced by indulging employees more by using motivational factor to achieve that more team initiatives such as creativity, planning etc are required.

Another study was conducted on 200 large, multidisciplinary, tertiary-level hospital staff (physicians and nurses) to understand quality of life and the psychosocial conditions which influence it. This research found that quality of life on the overall population was just at median level. Occupational stress levels were low. A Corelation between the quality of life and job pressure of the healthcare workforce. The study also found average overall perceptions in quality in the study sample, moderately elevated overall stress levels among health care workers, and a majority with average coping resources.

Studies conducted over the years have shown that optimistic impact on job performance is achieved by the high degree of work satisfaction. Higher health linked quality of life has also shown several positive results such as employee retention, quality of care, and patients' satisfaction. Poor job satisfaction can lead to a high rate of staff resignation, fatigue, more leaves at work, low performance at job and bad customer reviews. Previous studies have concluded that job satisfaction is directly connected with numerous factors such as pay and perks, teamwork, personal connections, personal development and future advancement in career, collaborative superintendency, acknowledgement from upper management, improved teamwork, and a secure work environment. It has been shown that it can be Conversely influenced by features like work pressure, professional-personal life imbalance, poor doctor-client relationships, inadequate direction, lack of further education advancements, and low financial remuneration negatively impact job satisfaction.

The most prior factor determining job satisfaction is continuous motivation. It is therefore defined as "a conscious or unconscious stimulus, inducement, or motive to act toward a goal that arises from mental or public factor, i.e., elements that promote behavior." goal and path." Individuals decision to pursue career can be influenced by motivation, it can

also influence the effort that an individual puts to achieve the goal and the decision an individual takes to stay in the career. It is a key performance factor, mainly for the ones who are working in challenging environment, like those experienced by multiple healthcare workers in under developing nations. A healthcare worker who is motivated enough can be more participating, patient oriented, and able to provide good service do, how they are supported and managed.

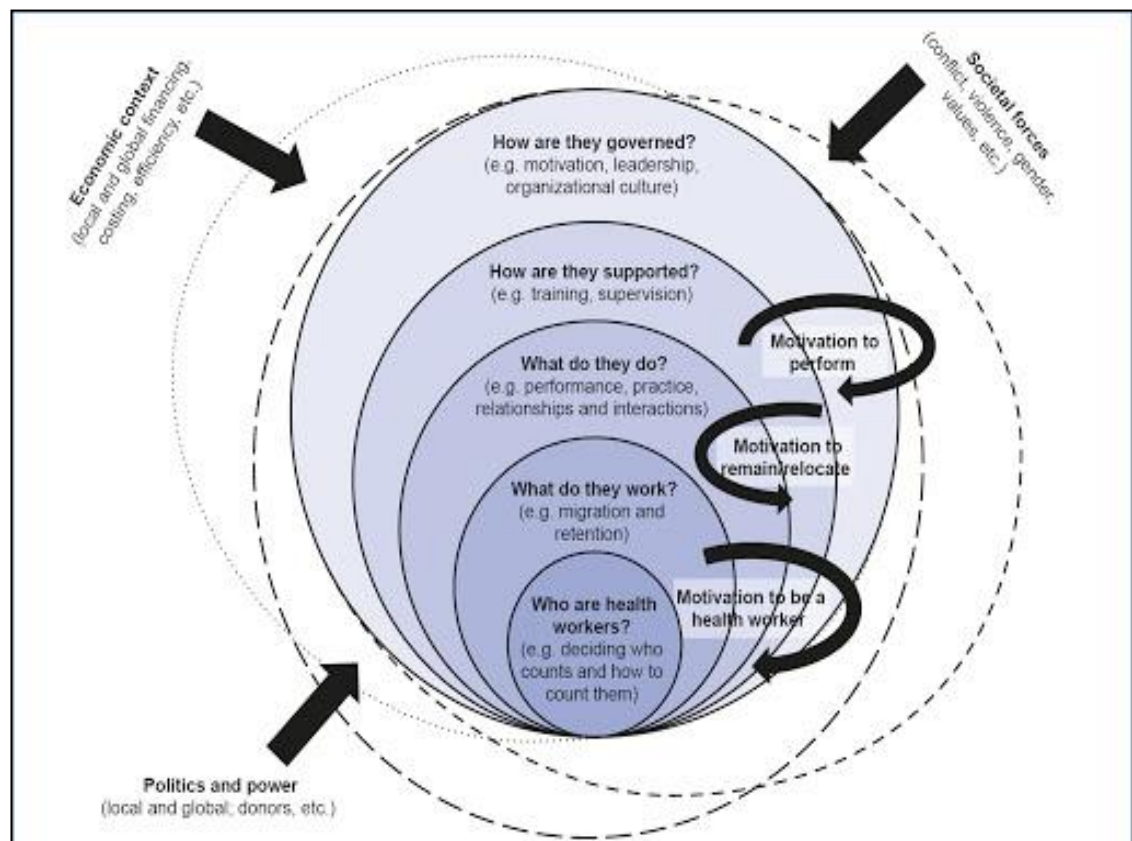


Figure 2.2: **Motivation a theme that cuts across all aspects of human resources for health.**

Considering that motivation is central to health-care worker performance in reference to availability, responsiveness, and quality care, it is to utmost importance for policymakers, practitioners, researchers that they understand what motivates healthcare workers. their profession. this despite the difficult circumstances.

A study conducted around Punjab, India, surveyed 462 health-care workers, including medical directors, chief medical officers, nurses, laboratory technicians and pharmacists, with average work experience is 18 years when using the Job Satisfaction Scale. The survey found that 66% (n=307) of respondents were satisfied with their current job, only 2.8% (n=13) were dissatisfied and 31.2% (n=145) were inconsistent. I'm holding the most

satisfied respondents were laboratory assistants (77%; n=67) and physicians (72%; n=103), followed by pharmacists (56.3%; n. =76) and nurses (55.4%; n=51). In addition, by aspect, working conditions (75.3%), welfare aspect (34%), promotion aspect (25.4%) and final reward aspect (23.7%) were the most disappointing aspects, while relationships with colleagues (97%), form of work (93.3%), superiors (91.2%), and connecting aspects (80, 6%) are the most satisfied aspects. Similar results are supported by a Swedish study. Most healthcare providers consider their work enjoyable, and they value teamwork and organization, and more than half of them say they are generally co-opted. professional help.

A survey of doctors in tertiary care hospitals in the East India found that 59.6% of participants were satisfied with their jobs. The average age of respondent was 43.31 ± 8.84 years, of which 73.35 were male and 82% were married. Additionally, 69.4% of survey respondents had less than five years of work experience and 35.3% had more than 5 years of work experience at their current location. Further analysis revealed that groups with older age are had significantly more chances to be satisfied with their work. Higher odds were also found among males, prehospital or adjunct physicians, and among physicians who remained at their current institution for 5 years or longer after adjusting for other variables. Physicians with a postgraduate were found to be less satisfied than those without a degree. Studies conducted over the years have proven that high levels of satisfaction in job have optimistic effects on performance at work, employment retention, quality of care, patient satisfaction and, most importantly, health-linked quality of life. It is known to have a synergistic effect. Poor job satisfaction can lead to staff resignation, fatigue, absence, and negative customer feedback. Previous research has concluded that job satisfaction is linked with a variety of factors, including pay and remuneration, good connections, new learning and career advancement, supportive upper management, recognition from higher authority, teamwork culture, and a secure work environment. It has been shown that it can be positively influenced by factors. Conversely, factors such as work pressure, professional-personal conflicts, poor doctor-client relations, inadequate guidance, absence of further education options, low pay, and remuneration negatively impact job satisfaction. may give.

A Swedish study conducted between February and June 2007 by medical students at the clinical center Nis among 770 physicians and nurses evaluated parameters of job satisfaction using the MM-40 EA questionnaire. However, I found that most of the participants found their work interesting. It was exciting, but I tried too hard. Furthermore,

HCWs with a mean age of 40.65 ± 9.82 years were dissatisfied with HCW's influence on workplace organization and working culture. More than 50% of the respondents had good experience with teamwork.

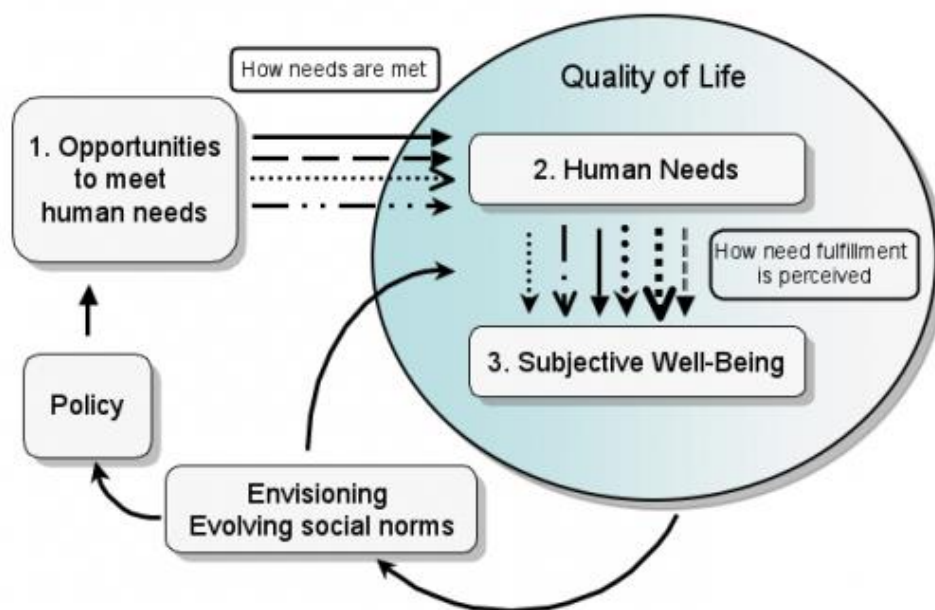


Figure 2.3: Integrative model of QOL

Practicing medicine can be personally challenging and rewarding, but it can also be requiring and stressful. Hospitals settings are considered by high work stress, which is considered to incline the risk of bad quality of life.

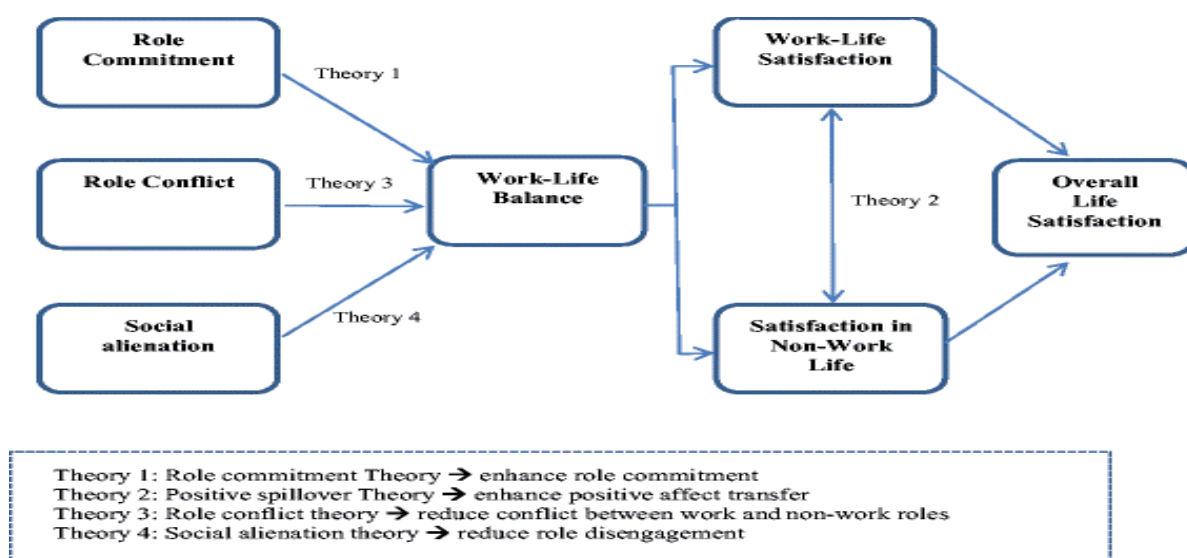


Figure 2.4: Work-Life Balance: A Quality-of-Life Model

The suggested non-discriminatory model helps identify 4 groups of people whose work-life balance and life satisfaction experiences are different. People of Four types are considered to have different effects on work and life balance and satisfaction in life , and

negative situations. Thus, the model differentiates between personal experiencing varying authority of role commitment, optimistic influence, conflict with role, and exclusion. This model classifies an individual into 4 different kinds of work life balance (wholly committed, partly committed, inconsistently committed, not committed).

1. ***The Fully Engaged Individuals***- entirely occupied professionals is highly committed along with balance in all areas of life. They participate in a variety of social roles, where prominent role performance accords to a significant optimistic impact in many areas of life. A concrete example is a person who considers a variety of public roles and successfully achieves role requirements by wholly participating in different roles in an equitable manner. The individual has high chances to achieve an optimistic impact as a result for successfully performing their role. He will also achieve satisfaction in various areas of life with minimal conflict, resulting in the highest levels of satisfaction.
2. ***The Partially Engaged Individuals***- Partially involved people who are moderately involved and balanced in all areas of their lives. People are more susceptible to experiencing mild role fulfillment, emotional outbursts, and role conflicts, which lead to moderate life satisfaction. Partially attached people may experience high to mild levels of satisfaction because: Partially engaged individuals are therefore susceptible to being mildly satisfied with their lives and can be said to be partially engaged individuals. In these areas of life, they experience a mild variety of roles and conflicts.
3. ***The Engaged-but-Conflicted Individuals*** – This are individuals are those who spend a long amount of time and energy focusing on one area of their life that negatively impacts other areas of their life. Such people are more likely to experience low-level requirement fulfillment and higher level of conflict, resulting in lower life satisfaction. Enthusiastic but conflicted individuals are less happy with their lives. They experience low-level role fulfillment and high-level role conflict in areas of their lives.
4. ***The Disengaged Individuals*** – This are the ones who do not participate in important public roles. These people don't participate in a single area of life, they experience social detachment, this people also don't feel satisfied in any important areas of their lives, which is now prominent in low levels of happiness in life. non occupied individuals are more susceptible to experience a low level of satisfaction in life because they are less susceptible to experience a optimistic

influence in any prominent life area. In summary, we can formally describe disengaged individuals as follows: non occupied people are susceptible to experience low levels of satisfaction; they experience low level of enrichment and low level of conflict in life domains.

Table 2.1 : Classifying individuals with four different types of Work-life balance

Type of individual	Degree and scope of engagement in life domains	Role enrichment	Role conflict	Life satisfaction
Fully engaged individuals	Total engagement in various social roles in terms of satisfaction, perceived importance, and time and energy investment	High level of role enrichment	Very low level of role conflict	High level of life satisfaction
Partially engaged individuals	Total engagement in restricted social roles in terms of satisfaction, perceived importance, and time and energy investment	Moderate level of role enrichment	Moderate level of role conflict	Moderate level of life satisfaction
Engaged-but-conflicted individuals	Overload in certain social roles creating conflict in others in terms of satisfaction, perceived importance, and time and energy investment	Low level of role enrichment	Very high level of role conflict	Low level of life satisfaction
Disengaged individuals	Lack of engagement in any social role in terms of satisfaction, perceived importance, and time and energy investment	Very low level of role enrichment	Apathy, no conflict	Very low level of life satisfaction

Quality of life at work is a principal factor in the live of employers, but even more so in the lives of healthcare workers. Health professionals who perform poorly or suffer from mental illness unwittingly put their patients at risk. A prospective observational study found that hospitalized patients with depression were six times more likely to make medication errors than nondepressed patients, but this intriguing effect was not replicated in nondepressed patients. . The patient is exhausted. Physician mental health issues are an important determinant of public health yet underrepresented, according to the Lancet review, and physician health is an overlooked quality in all healthcare systems.

Concept of QoWL captures a sense of an singulars job experience. An Individuals quality of life is influenced by the Individuals direct work experience and the factors that directly and indirectly influence that experience. Individuals' assessments for the quality of their working life, from departmental policies to personality, general well-being to actual working conditions, are also greatly influenced by their jobs. and what individuals bring to work. Quality of life is not only affected by job satisfaction, but by factors that broadly reflect life satisfaction and general well-being. There is evidence that improving

the perceived quality of work life can be beneficial. For example, the Somerset County Council in the UK conducted a study aimed at improving the quality of life of its employees to reduce work stress and absenteeism within the company. This has resulted in reduced staff sick leave (from 10.75 days in 2001-2002 to 7.2 days in 2004-2005), with a total net savings of around £1.57 million.

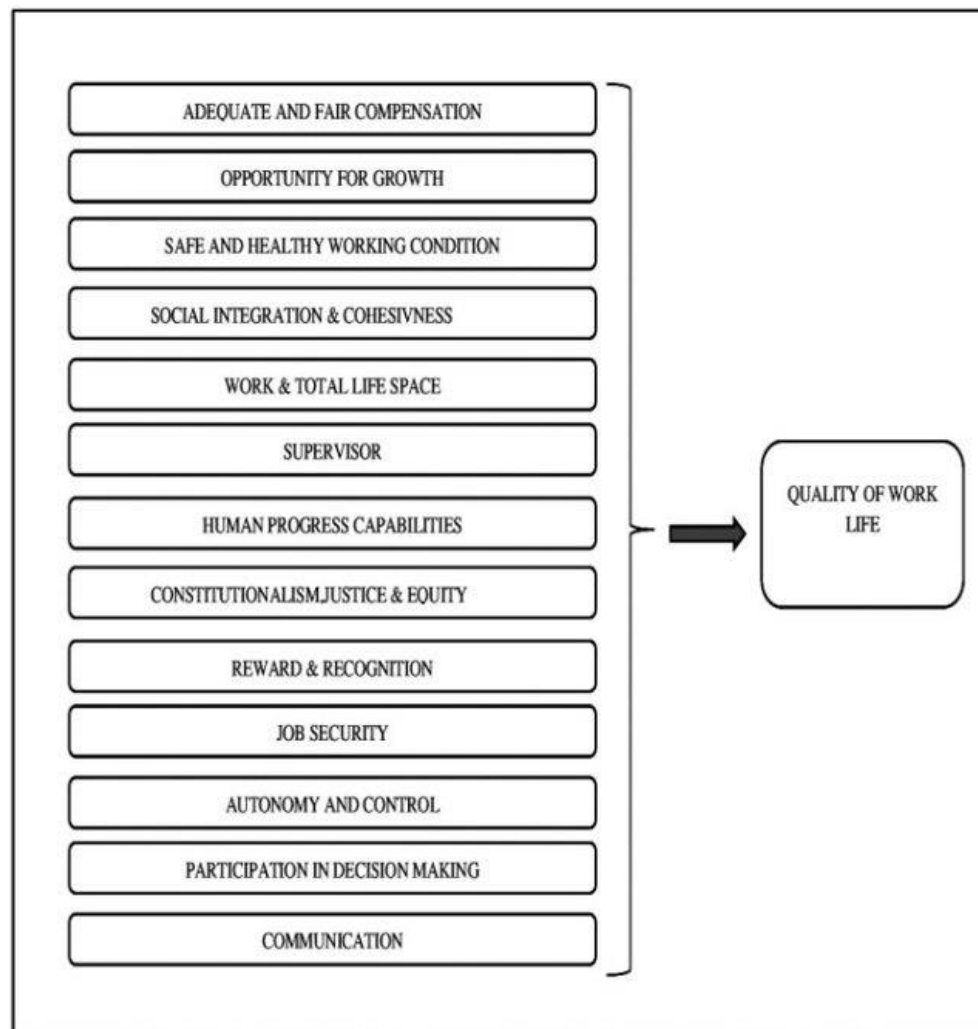


Figure 2.5: Quality of Work Life: A Conceptual Model

Another study aimed to measure HR staff satisfaction by developing a nine-point scale of employee job satisfaction that could be applied specifically to organizations in the HR, public sector, and non-profit sectors. The strongest correlation was found between work and perceptions of managers and their subordinates. Willingness to quit and commitment to the organization. There was a looser correlation between salary, age, level, absenteeism, and turnover.

CHAPTER 3

RESEARCH DESIGN AND RESEARCH METHODOLOGY

This section describes the participants of the study, including information about their demographics, followed by a description of the Job-satisfaction and Work-related Quality of life in healthcare workers working in tertiary healthcare hospital, and its relevance to the current study. The section also discusses the instruments used to measure the various constructs of interest in this study.

RESEARCH QUESTION:

What is the relationship between job satisfaction and work-related quality of life among the healthcare professionals in tertiary care hospitals of Delhi?

HYPOTHESES OF THE STUDY

There will be a significant positive relationship between Job-satisfaction and Work-related Quality of Life among of healthcare professionals. A higher level of job satisfaction will be associated with a higher level of work-related quality of life among healthcare professionals. Job satisfaction significantly predicts work related quality of life among healthcare professionals.

RESEARCH DESIGN AND SETTING

A cross-sectional study will be undertaken among the healthcare workers working in tertiary care hospitals in Delhi and having at least 3 years of experience. The study will be undertaken by using an online platform, accessible through any device with an internet connection. An online form consisting of the questionnaire will be circulated in tertiary care hospital. The online link to survey will be having questions related to demographic questionnaire, Job Satisfaction scale and Work-related Quality of Life Scale. The survey link will be disseminated through institutional and personal contacts in tertiary level hospitals. Further the information which will be available from the data collected will be analyzed in STATA v14.1.

SAMPLING SIZE:

Selection of healthcare professionals working in tertiary health care hospitals in Delhi randomly. The sample size will consist of 200 personnel divided into 100

nurses and 100 physicians. The sample will consist of **physicians and nurses** of general hospital, multi-specialty hospital and super-specialty hospital of Delhi. Selection of samples from **public and private hospitals** will be done by a random stratified sampling technique.

SAMPLING TECHNIQUE:

Convenience sampling technique was used to collect data from healthcare professionals working in government and private tertiary care hospitals of Delhi. The healthcare professionals working in any tertiary healthcare hospitals in Delhi were selected for the study who fulfilled the following inclusion and exclusion criteria.

STUDY POPULATION

INCLUSION CRITERIA:

- Only Healthcare professionals involved in clinical practice will be included.
- The term “Healthcare professionals ” includes only doctors and nurses.
- Medical professionals working only in tertiary care hospitals in Delhi.
- A medical professional who has worked for at least three years in a tertiary care hospital
- Healthcare professionals who are involved in clinical practice and are not involved in any other practices such as academics.

EXCLUSION CRITERIA:

- Healthcare professionals who have any mental health problem and are on some medications will be excluded.
- Medical professionals working in private clinics, primary health centers (PHCs), community health centers (CHCs) and sub-district hospitals are excluded.
- Healthcare professionals involved in teaching and counselling along with clinical practices will also be excluded from the study.
- Healthcare professionals other than physicians and nurses will be excluded from the study.

TOOL USED

Detailed information about these measures is presented below.

Demographic Questionnaire: All participants in this study will complete a demographic questionnaire. Participants will be asked to indicate their sex, age, educational qualification, marital status, religion, caste, years of experience, household income, the number of hours they spent in hospitals, the department in which they are posted, sector of job, salary package, designation, location of hospital from their resident, number of days working in the unit, number of staff working or supporting them, shift in which they are working, how frequently they have changed their job etc.

Minnesota Satisfaction Questionnaire: The Minnesota Satisfaction Questionnaire (MSQ) is a questionnaire developed to calculate employee job satisfaction. The MSQ provides more specific information about aspects of work that individuals find rewarding rather than more general measures of job satisfaction. There are three forms: two long forms (version 1977 and 1967) and one short form. A shorter version is considered in this study because it is impractical in the current context. The short form processing takes about 5 minutes. This form is made up of 20 entries from the long MSQ that best represent each of the 20 scales. A 20-item factor analysis revealed two factors: internal satisfaction and extrinsic satisfaction. You can determine the value of these two factors and the overall satisfaction value.

Work-Related Quality of Life (WRQoL) Scale – WRQoL measures are evidence-based measures of quality of life at work and are required to assess employee satisfaction for use in planning interventions, monitoring employee experience, and assessing the impact of organizational change. Provides important information. The WRQoL scale is a powerful psychological scale based on six subfactors and has proven to be highly reliable and valid. The development of a 23-item WRQoL scale includes job and job satisfaction (JCS), overall satisfaction (GWB), job stress (SAW), work management (CAW), work from home interface (HWI), and six elements of work were used. Conditions (WCS).

DURATION OF STUDY:

- The study will be carried out for a period 2 months from 1st April 2023 to 1st June

DATA COLLECTION PROCEDURE:

- An online link to the survey will be circulated to the healthcare workers working in tertiary care hospitals in Delhi and having at least 3 years of experience.

DATA ANALYSIS PLAN:

The data was entered in MS Excel and was analyzed using STATA software version 14.1. Following statistical methods were performed on the coded data:

- Descriptive analysis
- Pearson correlation coefficient
- Student's t-test, ANOVA and Linear Regression

ETHICAL CONSIDERATIONS:

As a Researcher following ethical considerations were taken into consideration: -

Participation in this survey is voluntary. Participants may refuse to participate in the study or terminate the study at any time without penalty. Participants do not directly benefit from their participation in the study. As this survey is used only to determine your current level of knowledge on the subject matter, the risks associated with participating in this survey cannot be foreseen. Survey responses are sent to a Google Forms link and the data is stored in a password-protected electronic format. Responses are anonymous as names and other identifying information are kept confidential. No one can judge how participants will react, and no one knows if you participated in the study. Additionally, no names or personally identifiable information will be used in publications or presentations based on this data, and responses to this survey will be treated confidentially. Additionally, this data is used to organize counseling workshops and other work-life balance events. This data is used to develop policies that can contribute to job satisfaction.

CHAPTER 4

RESULTS AND DISCUSSION

A total of 235 HCWs participated in this study, of which 52 were found to be ineligible as they were having experience less than 3 years, hence removed from the final analysis. In total data from 183 participants was used to assess the hypothesis and objectives stated earlier. (Figure 1)

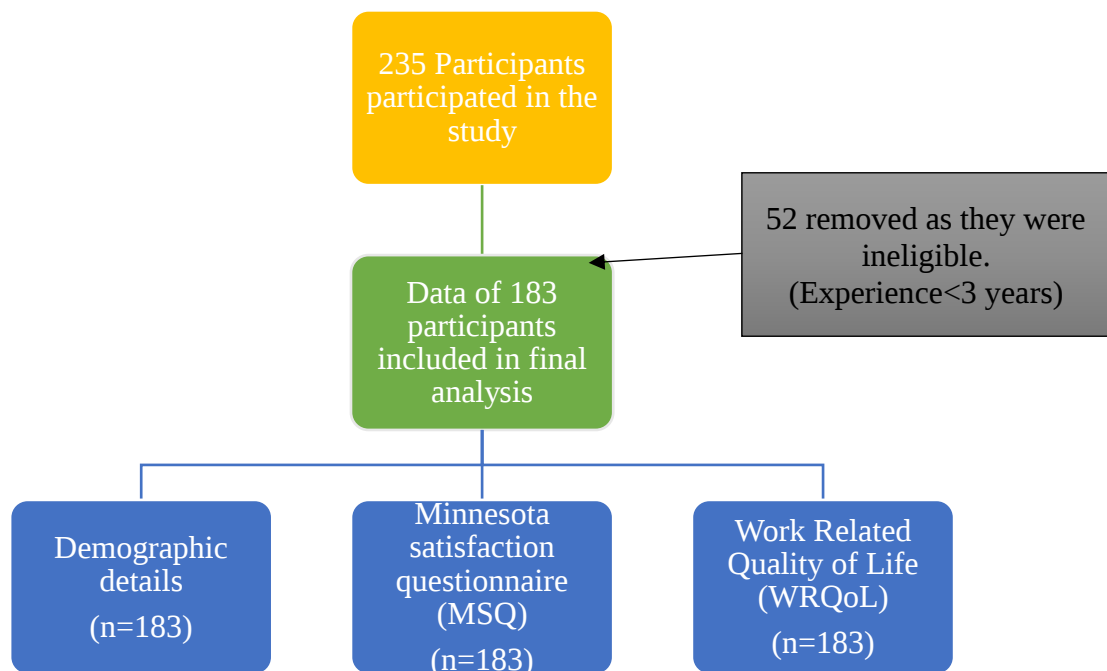


Figure 5.1: Flowchart of Participants

The average age of the respondent was found to be 34.62 (7.75). Approximately 78% of the participants were females and remaining were males. The education level of the Healthcare workers who participated in the survey comprised diploma holders (33.9%), graduates (34.4%) and post-graduates (30.1%). About 74% of the participants were married, and the majority of the participants were Hindu (73.8%), followed by 20.2% were Christians and merely 6% belonged to other religions. Caste based question stated that 109 out of 183 participants (59.5%) were of unreserved (UR) category, 38 (20.4%) were of other backward category (OBC) and 36 (19.7%) were either SC or ST. Median years of experience was found to be 10 years (IQR: 5-14years) among the participants. It was found that the mean hours spent by healthcare workers in hospital was 8.0 (2.05), with maximum hours spent being 18 hours in a day. Most of the participants were found

to be working in the government hospital (129 out of 183) and the remaining 54 were working in either private or semi-government hospital. Most of the participants were working in multi-specialty hospitals (53%), while 29.5% were working in super specialty hospital and remaining in single specialty hospital. Of the total participants, 156 (85.2%) were nurses and out of the remaining 27 participants, 20 were physicians. Mixed responses were obtained regarding the annual salary package. Around 60% of the healthcare workers had salary package either below 3lakhs or above 9 lakhs whereas approximately 26% were having salary package between 6 lakhs to 9 lakhs. Approximately 54% of the participants were found residing more than 5 kms away from the hospital and merely 13% were staying within the hospital campus. Around 72% of respondents were currently working in the morning shift, while 18% were in the evening shift and 10% in the night shift. A total of 54.6% (100 out of 183) of respondents stated that an inadequate number of staff was available in their concerned department. When asked about frequency of change of job, many respondents (65%) reported that they have never changed their job since joining and only 3.3% of the participants have changed their job twice in a year (Table 5.1).

Mean General Minnesota satisfaction score was found to be 68.83 (12.46), whereas mean Intrinsic Minnesota satisfaction score was found to be 41.95 (7.18) and mean Extrinsic Minnesota satisfaction score was found to be 19.96 (4.60) (Table 5.2a). Table 4.2b indicates strong and positive correlation between domains of MSQ. The correlation coefficient between General Minnesota satisfaction score and Intrinsic Minnesota satisfaction score is $r=0.966$, $p<0.05$. The correlation coefficient between General Minnesota satisfaction score and Extrinsic Minnesota satisfaction score is $r=0.925$, $p<0.05$. The Extrinsic Minnesota satisfaction score and Intrinsic Minnesota satisfaction score were also found to be strongly correlated ($r=0.810$, $p<0.05$) (Table 5.2b).

Mean of overall Work-Related Quality of Life (WRQoL) was found to be 80.91 (14.90). Further, domain wise score was found to be 20.48 (3.96) for general well-being, 10.06 (2.58) for home-work interface, 21.20 (4.24) for job-career satisfaction, 10.25 (2.28) for control at work, 10.08 (2.65) for working conditions and 5.28 (1.80) for stress at work (Table 5.3a). The correlation between the overall WRQoL and domain wise is mentioned in Table 5.3b. The strong correlation was observed between overall WR-QoL and three domains: general well-being ($r=0.872$, $p<0.05$), working conditions ($r=0.892$, $p<0.05$) and job-career satisfaction ($r=0.885$, $p<0.05$).

The study explores the correlation between Minnesota Satisfaction Score and work-related quality of life. The study observed a strong correlation between the two variables with r value of 0.799 (p value < 0.05). This reflects a strong positive correlation between Minnesota Satisfaction Score and work-related quality of life, which is thought to be significant (p<0.05). (Table 5.4).

Student t-test and ANOVA were used to assess the association between Minnesota Satisfaction Score and work-related quality of life with demographic factors. Minnesota satisfaction scores were found to be significantly associated with demographic factors such as education, caste and employee fit, while work-related quality of life was significantly associated to demographic variables such as education, industry, and residential distance from the hospital, and staff perceptions of adequacy (Table 5.5).

The linear regression between Minnesota satisfaction score and Work-Related Quality of Life stated a β -coefficient of 0.71 (95% CI: 0.63 - 0.78, p-value<0.001). Thus, equation framed is as follows:

$$MSQ = 0.71 * WRQoL + 14.23$$

Considering, WRQoL to be the dependent variable and Minnesota satisfaction score to be predicting variable, β -coefficient of 0.91 (95% CI: 0.81 -1.00, p-value <0.001). The equation framed will be as follows:

$$WRQoL = 0.91 * MSQ + 14.95$$

Table 5.1: Baseline Characteristics of the participants (N=183)

Demographic characteristics	n (%)
Mean age (SD)	34.62 (7.75)
Age	
Less than 35 years	100 (54.6)
More than 35 years	83 (45.4)
Gender	
Male	40 (21.9)
Female	143 (78.1)
Education	
Intermediate & Diploma	65 (35.5)
Graduation	63 (34.4)
Post-graduation and above	55 (30.1)
Marital Status	
Unmarried	48 (26.2)
Married	135 (73.8)
Religion	
Hindu	135 (73.8)
Christian	37 (20.2)
Others	11 (6.0)
Caste	
ST	9 (4.9)
SC	27 (14.7)
OBC	38 (20.8)
UR	109 (59.6)
Median Experience (IQR)	10 (5-14)
Experience	
Less than 8 years	66 (36.1)
More than 8 years	117 (63.9)
Mean hours spent (SD)	7.98 (2.05)
Sector of Job	
Government	129 (70.5)
Private	17 (9.3)
Semi-government	37 (20.2)

Type of Health facility	
Single specialty	32 (17.5)
Multi-specialty	97 (53.0)
Super specialty	54 (29.5)
Type of Healthcare worker	
Doctor	27 (14.8)
Nurse	156 (85.2)
Salary	
Up to 3 lakhs per annum	54 (29.5)
Between 3 -6 lakhs per annum	27 (14.8)
Between 6 -9 lakhs per annum	47 (25.7)
More than 9 lakhs per annum	55 (30.0)
Distance of residence from hospital	
Within the hospital campus	24 (13.1)
Less than 2 Kms from hospital	27 (14.8)
Between 2 – 5 Kms from hospital	33 (18.0)
More than 5 Kms from hospital	99 (54.1)
Number of working days in a week	
5 days	70 (38.3)
6 days	104 (56.8)
7 days	9 (4.9)
Is there an adequate number of staff?	
No	100 (54.6)
Yes	83 (45.4)
Shift currently working.	
Morning	131 (71.6)
Evening	33 (18.0)
Night	19 (10.4)
Frequency of job change	
Once in a year	16 (8.7)
Twice in a year	6 (3.3)
Once in three years	19 (10.4)
Once in five years	23 (12.6)
Never changed	119 (65.0)

Table 5.2a: Mean Minnesota Satisfaction score total and domain wise

Minnesota Satisfaction score	Mean (SD)
General Satisfaction	68.83 (12.46)
Intrinsic Satisfaction	41.95 (7.18)
Extrinsic Satisfaction	19.96 (4.60)

Table 5.2b: Correlation between domains of Minnesota Satisfaction score

	General Satisfaction	Intrinsic Satisfaction	Extrinsic Satisfaction
General Satisfaction	1		
Intrinsic Satisfaction	0.9666*	1	
Extrinsic Satisfaction	0.9254*	0.8105*	1

*Indicates for p value significant, that is <0.05

Table 5.3a: Mean Work-Related Quality of Life (WRQoL) score overall and domain-wise.

Work-Related Quality of Life	Mean (SD)
Overall Work-Related Quality of Life (WRQoL)	80.91 (14.90)
General Well-being (GWB)	20.48 (3.96)
Home-work interface (HWI)	10.06 (2.58)
Job-Career satisfaction (JCS)	21.20 (4.24)
Control at work (CAW)	10.25 (2.28)
Working conditions (WCS)	10.08 (2.65)

Stress at work (SAW)	5.28 (1.80)
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Table 5.3b: Correlation between domains of Work-Related Quality of Life (WRQoL)

	WRQOL	GWB	HWI	JCS	CAW	WCS	SAW
WRQOL	1						
GWB	0.8721*	1					
HWI	0.7962*	0.6159*	1				
JCS	0.8852*	0.6898*	0.6448*	1			
CAW	0.6984*	0.4821*	0.4791*	0.6339*	1		
WCS	0.8917*	0.7301*	0.6811*	0.7387*	0.5693*	1	
SAW	0.4982*	0.4440*	0.3256*	0.2524*	0.1312	0.4754*	1

*Indicates for p value significant, that is <0.05

Table 5.4: Correlation between Minnesota satisfaction and WRQoL score

	Minnesota Satisfaction	WRQoL
Minnesota Satisfaction	1.00	
WRQoL	0.799*	1.00

*Indicates for p value significant, that is <0.05

Table 5.5: Association of demographic factors with Minnesota satisfaction questionnaire and WRQoL score: Univariate analysis

Demographic characteristics	GMD Mean (SD)	p- value	WR-QoL Mean (SD)	p-value
Age				
Less than 35 years	68.4 (12.2)	0.635	76.3 (13.9)	0.272
More than 35 years	69.3 (12.9)		78.6 (14.4)	
Gender				
Male	70.6 (13.9)	0.318	78.6 (12.9)	0.545
Female	68.3 (12.0)		77.0 (14.5)	
Education				
Intermediate & Diploma	71.5 (10.7)	0.005	80.5 (13.9)	0.034
Graduation	69.9 (12.0)		77.4 (12.8)	
Post-graduation and above	64.5 (13.9)		73.7 (15.2)	
Marital Status				
Unmarried	70.3 (13.5)	0.346	79.4 (15.8)	0.260
Married	68.3 (12.1)		76.7 (13.5)	
Religion				
Hindu	69.2 (12.1)	0.660	77.5 (14.2)	0.488
Christian	69.9 (14.0)		81.5 (14.3)	
Others	67.2 (13.6)		75.7 (13.9)	
Caste				
ST & SC	69.8 (13.4)	0.038	78.8 (13.0)	0.103
OBC	72.9 (12.7)		81.0 (14.3)	
UR	67.1 (11.8)		75.6 (14.3)	
Experience				
Less than 8 years	69.3 (12.8)	0.72	79.1 (13.4)	0.211
More than 8 years	68.6 (12.3)		76.4 (14.5)	
Hours spent.				
Less than 8 hours	70.1 (12.7)	0.259	79.1 (13.6)	0.158
More than 8 hours	68.0 (12.3)		76.1 (14.4)	
Sector of Job				
Government	68.6 (11.5)	0.528	75.9 (13.3)	0.077
Private	66.5 (15.9)		80.2 (18.2)	

Semi-government	70.4 (14.0)		81.4 (14.4)	
Type of Health facility				
Single specialty	68 (13.4)		80.9 (16.1)	
Multi-specialty	68.8 (12.8)	0.886	76.4 (13.4)	0.287
Super specialty	69.4 (11.4)		77.1 (14.2)	
Type of Healthcare worker				
Doctor and others	66.5 (14.3)	0.290	74.0 (13.7)	0.179
Nurse	69.2 (12.1)		77.9 (14.2)	
Salary				
Up to 3 lakhs per annum	68.4 (13.3)	0.617	78.6 (14.5)	0.243
Between 3 -6 lakhs per annum	69.7 (13.5)		79.7 (13.8)	
Between 6 -9 lakhs per annum	70.5 (12.3)		78.3 (13.4)	
More than 9 lakhs per annum	67.4 (11.4)		74.2 (14.4)	
Distance of residence from hospital				
Within the hospital campus	67.5 (13.1)	0.210	76.9 (16.9)	0.019
Less than 2 Kms from hospital	72.2 (10.9)		82.8 (14.3)	
Between 2 – 5 Kms from hospital	71.1 (11.9)		81.1 (12.6)	
More than 5 Kms from hospital	67.5 (12.8)		74.8 (13.3)	
Number of working days in a week				
5 days	68.8 (10.7)	0.989	76.9 (13.0)	0.728
6 days or more	68.8 (13.5)		77.7 (14.8)	
Shift currently working.				
Morning	69.2 (13.0)	0.839	78.4 (14.8)	0.293
Evening	67.9 (12.4)		75.3 (13.0)	
Night	68.0 (8.6)		74.0 (10.2)	
Is there an adequate number of staff?				
No	64.5 (11.0)	<0.001	72.1 (13.4)	<0.001
Yes	74.0 (12.2)		83.8 (12.3)	
Frequency of job change				

Once in a year	71.3 (13.8)	0.507	77.7 (14.7)	0.921
Twice in a year	63.6 (6.6)		76.0 (8.5)	
Once in three years	66.6 (12.5)		75.3 (11.3)	
Once in five years	71.5 (13.2)		79.4 (19.1)	
Never changed	68.6 (12.4)		77.3 (13.7)	

LIMITATION

The research work was carried out through online mode and hence there could have been some kind of selection bias in the selection of participants. . It could have been possible that only those healthcare workers filled in the survey who were having high self-esteem and were satisfied with their job. This would have resulted in overestimation of the reported Minnesota satisfaction score and Work-Related Quality of Life score. Also, the healthcare workers having poor and weaker digital skills may not have attempted the online questionnaire as the questionnaire was circulated through internet and social media platforms.

Since the study included participants only from tertiary care hospitals in Delhi it may not be generalizable to the healthcare workers working in rural and remote areas such as Primary health centers.

Another limitation of the study is that the HCWs had a moderate score for both the scales, it can be slightly overestimated as compared to actual because of tendency to provide socially desirable response. In general, social desirability is an inherent limitation of online surveys (Caputo & Caputo, 2017).

CHAPTER 5

CONCLUSIONS

The Minnesota satisfaction score was found to be average among healthcare workers including nurses and doctors. The overall Work-Related Quality of Life (WRQoL) was seen to be moderate to high among healthcare workers working in tertiary care hospitals. Research has reported a strong and positive correlation between Minnesota Satisfaction Score and work-related quality of life.

Minnesota satisfaction scores were found to be significantly associated with demographic factors such as education, caste and employee suitability, while work-related quality of life was found to be associated with significantly related to demographic variables such as education, sector of activity and distance of residence. of the hospital and perceptions of staff adequacy.

It is important to study Minnesota satisfaction score and Work-Related Quality of Life among healthcare workers to keep them motivated and enthusiastic. However, implementing both the tools may not be feasible and practically possible in pragmatic situations. In such a scenario, using the following equations can help in predicting the other score. If we know the score of MSW, WRQoL can be calculated and vice versa.

$$1. \text{ *MSQ* = 0.71 * *WRQoL* + 14.23}$$

$$2. \text{ *WRQoL* = 0.91 * *MSQ* + 14.95}$$

Using these tools and planning suitable interventions can improve the performance of healthcare workers, thus improving patient care and patient outcomes.

RECOMMENDATIONS

Thus, a similar study needs to be undertaken with similar tools among healthcare workers in different states and districts to find out differences of work-related life and job satisfaction of medical staff. This can help in future standardizing the work-life balance among health care workers with different perspectives. Further sample size calculation is also required to achieve the objectives.

CHAPTER 6

REFERENCES

1. Abdel-Moati, H. (2005, March). Psychological Counseling and Quality of Life in Contemporary Society. Proceedings of the Third Scientific Conference: The Psychological and Educational Development of the Arab Man in Light of the Quality of Life. <https://www.apa.org/international/pi/2012/03/egypt>
2. Adhikari, D. R., & Gautam, D. K. (2010). Labor legislations for improving quality of work life in Nepal. *International Journal of Law and Management*.
3. Afroz, S. (2018). Quality of Work Life: A Conceptual Model.
4. Airila, A., Hakanen, J., Punakallio, A., Lusa, S., & Luukkonen, R. (2012). Is work engagement related to work ability beyond working conditions and lifestyle factors? *International Archives of Occupational and Environmental Health*, 85(8), 915–925. <https://doi.org/10.1007/s00420-012-0732-1>
5. Arandjelovic, M., & Stanković, A. (2008, December). (PDF) Job satisfaction in health care workers. ResearchGate. https://www.researchgate.net/publication/26605370_Job_satisfaction_in_health_care_workers
6. Aron, S. (2015). Relationship between Nurses' Job Satisfaction and Quality of Healthcare They Deliver. All Theses, Dissertations, and Other Capstone Projects. <https://cornerstone.lib.mnsu.edu/etds/506>
7. AsimaFarman, Kousar, R., Hussain, M., Waqas, A., & Gilani, S. (2017). Impact of Job Satisfaction on Quality of Care Among Nurses on the Public Hospital of Lahore, Pakistan. *Saudi Journal of Medical and Pharmaceutical Sciences*, vol3, 511.
8. Bakotić, D. (2016). Relationship between job satisfaction and organisational performance. *Economic Research-Ekonomska Istraživanja*, 29(1), 118–130. <https://doi.org/10.1080/1331677X.2016.1163946>
9. Balch, C. M., Shanafelt, T. D., Sloan, J. A., Satele, D. V., & Freischlag, J. A. (2011). Distress and career satisfaction among 14 surgical specialties, comparing academic and private practice settings. *Annals of Surgery*, 254(4), 558–568. <https://doi.org/10.1097/SLA.0b013e318230097e>
10. Bernstein, D., & Nash, P. W. (2006). *Essentials of Psychology*. Cengage Learning.
11. Bhatnagar, A., Scott, K., Govender, V., & George, A. (2018). Pushing the boundaries of research on human resources for health: Fresh approaches to

- understanding health worker motivation. *WHO South-East Asia Journal of Public Health*, 7(1), 13–17. <https://doi.org/10.4103/2224-3151.228422>
12. Bhattacharjee, S., Ray, K., Roy, J. K., Mukherjee, A., Roy, H., & Datta, S. (2016). Job satisfaction among doctors of a tertiary care hospital of eastern India. *Nepal Journal of Epidemiology*, 6(3), 595–602. <https://doi.org/10.3126/nje.v6i3.14762>
 13. Blaauw, D., Ditlopo, P., & Rispel, L. C. (2014). Nursing education reform in South Africa—lessons from a policy analysis study. *Global Health Action*, 7(1), 26401.
 14. Borkowski, N. (2008). *Organizational Behavior, Theory, and Design in Health Care*.
 15. Bowling, N. A., Beehr, T. A., Wagner, S. H., & Libkuman, T. M. (2005). Adaptation-Level Theory, Opponent Process Theory, and Dispositions: An Integrated Approach to the Stability of Job Satisfaction. *Journal of Applied Psychology*, 90(6), 1044–1053. <https://doi.org/10.1037/0021-9010.90.6.1044>
 16. Brešić, J., Knežević, B., Milošević, M., Tomljanović, T., Golubović, R., & Mustajbegović, J. (2007). Stress and Work Ability in Oil Industry Workers. *Archives of Industrial Hygiene and Toxicology*, 58(4), 399–405. <https://doi.org/10.2478/v10004-007-0032-4>
 17. Brief, A. P. (1998). *Attitudes In and Around Organizations*. SAGE.
 18. C, C.-G., C, S.-R. M., Me, M.-R., & Ci, G.-G. (2013, December). Job satisfaction among health care workers: The role of gender and age. *Revista Latino-Americana de Enfermagem; Rev Lat Am Enfermagem*. <https://doi.org/10.1590/0104-1169.3224.2369>
 19. Caputo, A., & Caputo, A. (2017). Social Desirability Bias in self-reported well-being Measures: Evidence from an online survey. *Universitas Psychologica*, 16(2), 245–255. <https://doi.org/10.11144/javeriana.upsy16-2.sds>
 20. Carrillo-García, C., Solano-Ruíz, M. del C., Martínez-Roche, M. E., Gómez-García, C. I., Carrillo-García, C., Solano-Ruíz, M. del C., Martínez-Roche, M. E., & Gómez-García, C. I. (2013). Job satisfaction among health care workers: The role of gender and age. *Revista Latino-Americana de Enfermagem*, 21(6), 1314–1320. <https://doi.org/10.1590/0104-1169.3224.2369>
 21. Chang, E. M. L., Bidewell, J. W., Huntington, A. D., Daly, J., Johnson, A., Wilson, H., Lambert, V. A., & Lambert, C. E. (2007). A survey of role stress, coping and health in Australian and New Zealand hospital nurses. *International Journal of Nursing Studies*, 44(8), 1354–1362. <https://doi.org/10.1016/j.ijnurstu.2006.06.003>
 22. Chaudhury, S., & Banerjee, A. (2004). Correlates of Job Satisfaction in Medical

- Officers. *Medical Journal, Armed Forces India*, 60(4), 329–332.
[https://doi.org/10.1016/S0377-1237\(04\)80004-2](https://doi.org/10.1016/S0377-1237(04)80004-2)
23. Chaulagain, N., & Khadka, D. K. (2012). Factors Influencing Job Satisfaction Among Healthcare Professionals At Tilganga Eye Centre, Kathmandu, Nepal. 1(11), 5.
 24. Chiu, M.-C., Wang, M.-J. J., Lu, C.-W., Pan, S.-M., Kumashiro, M., & Ilmarinen, J. (2007). Evaluating work ability and quality of life for clinical nurses in Taiwan. *Nursing Outlook*, 55(6), 318–326. <https://doi.org/10.1016/j.outlook.2007.07.002>
 25. Costanza, R., Fisher, B., Ali, S., Beer, C., Bond, L., Boumans, R., Danigelis, N. L., Dickinson, J., Elliott, C., Farley, J., Gayer, D. E., Glenn, L. M., Hudspeth, T. R., Mahoney, D. F., McCahill, L., McIntosh, B., Reed, B., Rizvi, A. T., Rizzo, D. M., ... Snapp, R. (2008). An Integrative Approach to Quality of Life Measurement, Research, and Policy. *S.A.P.I.EN.S. Surveys and Perspectives Integrating Environment and Society*, 1.1, Article 1.1.
<http://journals.openedition.org/sapiens/169>
 26. Danna, K., & Griffin, R. W. (1999). Health and well-being in the workplace: A review and synthesis of the literature. *Journal of Management*, 25(3), 357–384.
<https://doi.org/10.1177/014920639902500305>
 27. Daubermann, D. C., & Tonete, V. L. P. (2012). Quality of work life of nurses in primary health care. *Acta Paul Enferm.*, 25(2), 277–283.
 28. Delmas, P., & Duquette, A. (2000). [Hardiness, coping and quality of life of nurses working in intensive care units]. *Recherche En Soins Infirmiers*, 60, 17–26.
 29. Deriba, B. K., Sinke, S. O., Ereso, B. M., & Badacho, A. S. (2017). Health professionals' job satisfaction and associated factors at public health centers in West Ethiopia. *Human Resources for Health*, 15(1), 36.
<https://doi.org/10.1186/s12960-017-0206-3>
 30. Dieleman, M., Toonen, J., Touré, H., & Martineau, T. (2006). The match between motivation and performance management of health sector workers in Mali. *Human Resources for Health*, 4(1), 2. <https://doi.org/10.1186/1478-4491-4-2>
 31. Dyrbye, L. N., Massie, F. S., Eacker, A., Harper, W., Power, D., Durning, S. J., Thomas, M. R., Moutier, C., Satele, D., Sloan, J., & Shanafelt, T. D. (2010). Relationship between burnout and professional conduct and attitudes among US medical students. *JAMA*, 304(11), 1173–1180.
<https://doi.org/10.1001/jama.2010.1318>
 32. Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes* (pp. xxii, 794).

Harcourt Brace Jovanovich College Publishers.

33. Eker, L., Tüzün, E. H., Daşkapan, A., & Sürenkök, Ö. (2004). Predictors of Job Satisfaction among Physiotherapists in Turkey. *Journal of Occupational Health*, 46(6), 500–505. <https://doi.org/10.1539/joh.46.500>
34. Fahrenkopf, A. M., Sectish, T. C., Barger, L. K., Sharek, P. J., Lewin, D., Chiang, V. W., Edwards, S., Wiedermann, B. L., & Landrigan, C. P. (2008). Rates of medication errors among depressed and burnt-out residents: Prospective cohort study. *BMJ (Clinical Research Ed.)*, 336(7642), 488–491. <https://doi.org/10.1136/bmj.39469.763218.BE>
35. Field. (2008, April 11). Job Satisfaction Model for retention. TalentedApps. <https://talentedapps.wordpress.com/2008/04/11/job-satisfaction-model-for-retention/>
36. Fredricks, A. J., & Dossett, D. L. (1983). Attitude–behavior relations: A comparison of the Fishbein-Ajzen and the Bentler-Speckart models. *Journal of Personality and Social Psychology*, 45(3), 501–512. <https://doi.org/10.1037/0022-3514.45.3.501>
37. Freeborn, D. K., & Hooker, R. S. (1995). Satisfaction of physician assistants and other nonphysician providers in a managed care setting. *Public Health Reports (Washington, D.C.: 1974)*, 110(6), 714–719.
38. Garvin, D. A. (1987, November 1). Competing on the Eight Dimensions of Quality. *Harvard Business Review*, November 1987. <https://hbr.org/1987/11/competing-on-the-eight-dimensions-of-quality>
39. Gawel, J. E. (1996). Herzberg’s theory of motivation and Maslow’s hierarchy of needs. *Practical Assessment, Research, and Evaluation*, 5(1), 11.
40. Gedif, G., Sisay, Y., Alebel, A., & Belay, Y. A. (2018). Level of job satisfaction and associated factors among health care professionals working at University of Gondar Referral Hospital, Northwest Ethiopia: A cross-sectional study. *BMC Research Notes*, 11(1), 824. <https://doi.org/10.1186/s13104-018-3918-0>
41. Golshan, N., Kaswuri, A. H. B., Aghashahi, B., & Amin, M. (2011). Effects of Motivational Factors on Job Satisfaction: An Empirical Study on Malaysian Gen-Y Administrative and Diplomatic Officers.
42. Haas, J. S., Cook, E. F., Puopolo, A. L., Burstin, H. R., Cleary, P. D., & Brennan, T. A. (2000). Is the professional satisfaction of general internists associated with patient satisfaction? *Journal of General Internal Medicine*, 15(2), 122–128. <https://doi.org/10.1046/j.1525-1497.2000.02219.x>

43. Hackman, J. R., & Oldham, G. R. (1975). Development of the job diagnostic survey. *Journal of Applied Psychology*, 60(2), 159.
44. Hamaideh, S. H., Mrayyan, M. T., Mudallal, R., Faouri, I. G., & Khasawneh, N. A. (2008). Jordanian nurses' job stressors and social support. *International Nursing Review*, 55(1), 40–47. <https://doi.org/10.1111/j.1466-7657.2007.00605.x>
45. Hasenfeld, Y., & Paton, A. (1983). *Human service organizations*. Citeseer.
46. Hegney, D., Plank, A., & Parker, V. (2003). Nursing workloads: The results of a study of Queensland Nurses. *Journal of Nursing Management*, 11(5), 307–314. <https://doi.org/10.1046/j.1365-2834.2003.00376.x>
47. Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). *The motivation to work*. John Wiley & Sons.
48. House, R. J., & Wigdor, L. A. (1967). Herzberg's Dual-Factor Theory of Job Satisfaction and Motivation: A Review of the Evidence and a Criticism. *Personnel Psychology*, 20(4), 369–390. <https://doi.org/10.1111/j.1744-6570.1967.tb02440.x>
49. Hsu, M.-Y., & Kernohan, G. (2006). Dimensions of hospital nurses' quality of working life. *Journal of Advanced Nursing*, 54(1), 120–131.
50. Hulin, C., & Judge, T. (2003). *Job Attitudes*. <https://doi.org/10.1002/0471264385.wei1211>
51. Ioannou, P., Katsikavali, V., Galanis, P., Velonakis, E., Papadatou, D., & Sourtzi, P. (2015). Impact of Job Satisfaction on Greek Nurses' Health-Related Quality of Life. *Safety and Health at Work*, 6(4), 324–328. <https://doi.org/10.1016/j.shaw.2015.07.010>
52. Jex, S., & Britt, T. (2008). *Organizational Psychology: A Scientist-Practitioner Approach*. 1–643.
53. Job satisfaction among healthcare workers in a tertiary center in kano, Northwestern Nigeria Kolo ES - Niger J Basic Clin Sci. (n.d.). Retrieved December 7, 2020, from <https://www.njbcs.net/article.asp?issn=0331-8540;year=2018;volume=15;issue=1;spage=87;epage=91;aulast=Kolo>
54. Jonsson, A., & Halabi, J. (2006). Work related post-traumatic stress as described by Jordanian emergency nurses. *Accident and Emergency Nursing*, 14(2), 89–96. <https://doi.org/10.1016/j.aen.2006.02.001>
55. Judge, T. A., Thoresen, C. J., Bono, J. E., & Patton, G. K. (2001). The job satisfaction-job performance relationship: A qualitative and quantitative review. *Psychological Bulletin*, 127(3), 376–407. <https://doi.org/10.1037/0033-2909.127.3.376>

56. Judge, Timothy A, & Hulin, C. L. (1990). Job Satisfaction as a Reflection of Disposition: A Multiple Source Casual Analysis. 48.
57. Judge, Timothy A., & Watanabe, S. (1993). Another look at the job satisfaction-life satisfaction relationship. *Journal of Applied Psychology*, 78(6), 939–948. <https://doi.org/10.1037/0021-9010.78.6.939>
58. Kaarna, M. (2007). The importance of job satisfaction in hospital quality process.
59. Kelbiso, L., Belay, A., & Woldie, M. (2017, December 12). Determinants of Quality of Work Life among Nurses Working in Hawassa Town Public Health Facilities, South Ethiopia: A Cross-Sectional Study [Research Article]. *Nursing Research and Practice*; Hindawi. <https://doi.org/10.1155/2017/5181676>
60. KHAMLUB, S., HARUN-OR-RASHID, MD., ABUL BASHAR SARKER, M., HIROSAWA, T., OUTAVONG, P., & SAKAMOTO, J. (2013). JOB SATISFACTION OF HEALTH-CARE WORKERS AT HEALTH CENTERS IN VIENTIANE CAPITAL AND BOLIKHAMSAI PROVINCE, LAO PDR. *Nagoya Journal of Medical Science*, 75(3–4), 233–241.
61. Kivimäki, M., Kalimo, R., & Lindström, K. (1994). Contributors to satisfaction with management in hospital wards. *Journal of Nursing Management*, 2(5), 229–234. <https://doi.org/10.1111/j.1365-2834.1994.tb00161.x>
62. Krogstad, U., Hofoss, D., Veenstra, M., & Hjortdahl, P. (2006). Predictors of job satisfaction among doctors, nurses and auxiliaries in Norwegian hospitals: Relevance for micro unit culture. *Human Resources for Health*, 4, 3. <https://doi.org/10.1186/1478-4491-4-3>
63. Kumar, A., Bhat, P. S., & Ryali, S. (2018a). Study of quality of life among health workers and psychosocial factors influencing it. *Industrial Psychiatry Journal*, 27(1), 96–102. https://doi.org/10.4103/ipj.ipj_41_18
64. Kumar, A., Bhat, P. S., & Ryali, S. (2018b). Study of quality of life among health workers and psychosocial factors influencing it. *Industrial Psychiatry Journal*, 27(1), 96–102. https://doi.org/10.4103/ipj.ipj_41_18
65. Kumar, A., Bhat, P. S., & Ryali, S. (2018c). Study of quality of life among health workers and psychosocial factors influencing it. *Industrial Psychiatry Journal*, 27(1), 96–102. https://doi.org/10.4103/ipj.ipj_41_18
66. Kunin, T. (1955). The Construction of a New Type of Attitude Measure1. *Personnel Psychology*, 8(1), 65–77. <https://doi.org/10.1111/j.1744-6570.1955.tb01189.x>
67. Leick, A., & Surveying, G. S. (1990). John Wiley & Sons. New York, 352.

68. Level of job satisfaction and associated factors among health care professionals working at University of Gondar Referral Hospital, Northwest Ethiopia: A cross-sectional study | BMC Research Notes | Full Text. (n.d.). Retrieved December 7, 2020, from <https://bmcrsnotes.biomedcentral.com/articles/10.1186/s13104-018-3918-0>.
69. Leventhal, H., Weinman, J., Leventhal, E. A., & Phillips, L. A. (2008). Health Psychology: The Search for Pathways between Behavior and Health. *Annual Review of Psychology*, 59, 477–505.
<https://doi.org/10.1146/annurev.psych.59.103006.093643>
70. Lichtenstein, R. L. (2016). Review Article: The Job Satisfaction and Retention of Physicians in Organized Settings: a Literature Review: *Medical Care Review*.
<https://doi.org/10.1177/107755878404100301>
71. Lindsay, C. A., Marks, E., & Gorlow, L. (1967). The Herzberg Theory: A critique and reformulation. *Journal of Applied Psychology*, 51(4, Pt.1), 330–339.
<https://doi.org/10.1037/h0024868>
72. Linn, L. S., Brook, R. H., Clark, V. A., Davies, A. R., Fink, A., & Kosecoff, J. (1985). Physician and patient satisfaction as factors related to the organization of internal medicine group practices. *Medical Care*, 23(10), 1171–1178.
<https://doi.org/10.1097/00005650-198510000-00006>
73. Locke, E. (1976). The Nature and Causes of Job Satisfaction. *The Handbook of Industrial and Organizational Psychology*, 31.
74. Lopez, S., & Snyder, K. (2015). *Conservation Psychology: Understanding and Promoting Human Care for Nature (First)*. John Wiley & Sons.
75. Love, J. E. (1977). A study of the relationships between perceived organizational stratification, and individual job satisfaction and adaptiveness in hospital laboratories. *The American Journal of Medical Technology*, 43(12), 1135–1143.
76. Makowiec-Dabrowska, T., Koszada-Włodarczyk, W., Bortkiewicz, A., Gadzicka, E., Siedlecka, J., Józwiak, Z., & Pokorski, J. (2008). [Occupational and non-occupational determinants of work ability]. *Medycyna Pracy*, 59(1), 9–24.
77. McManus, I., Keeling, A., & Paice, E. (2004). Stress, burnout and doctors' attitudes to work are determined by personality and learning style: A twelve year longitudinal study of UK medical graduates. *BMC Medicine*, 2(1), 29.
<https://doi.org/10.1186/1741-7015-2-29>
78. McNeely, R. L. (1988). Age and job satisfaction in human service employment. *The Gerontologist*, 28(2), 163–168. <https://doi.org/10.1093/geront/28.2.163>

79. Mosadeghrad, A. M., Ferlie, E., & Rosenberg, D. (2011). A study of relationship between job stress, quality of working life and turnover intention among hospital employees. *Health Services Management Research*, 24(4), 170–181.
80. Moudjahid, A., & Abdarrazak, B. (2019). Psychology of Quality of Life and Its Relation to Psychology. *International Journal of Inspiration & Resilience Economy*, 3(2), 58–63. <https://doi.org/10.5923/j.ijire.20190302.04>
81. Mueller, C. W., & Kim, S. W. (2008). *Justice: Advances in-group processes* (K.A. Hegtvædt & J. Clay-Warner, Vol. 25). Emerald Group Publishing. <http://books.google.com/books?id=rynLSn6zYRkC>.
82. Nam, S.-J., Chun, H. J., Moon, J. S., Park, S. C., Hwang, Y.-J., Yoo, I. K., Lee, J. M., Kim, S. H., Choi, H. S., Kim, E. S., Keum, B., Jeon, Y. T., Lee, H. S., & Kim, C. D. (2016). Job Stress and Job Satisfaction among Health-Care Workers of Endoscopy Units in Korea. *Clinical Endoscopy*, 49(3), 266–272. <https://doi.org/10.5946/ce.2015.085>
83. Penn, R., Rose, M., & Rubery, J. (1994). *Skill and occupational change*. OUP Oxford.
84. Pousette, A., & Hanse, J. J. (2002). Job characteristics as predictors of ill-health and sickness absenteeism in different occupational types—A multigroup structural equation modelling approach. *Work & Stress*, 16(3), 229–250. <https://doi.org/10.1080/02678370210162737>
85. Rahman, M., & Sen, A. K. (1987). Effect of job satisfaction on stress, performance and health in self-paced repetitive work. *International Archives of Occupational and Environmental Health*, 59(2), 115–121. <https://doi.org/10.1007/BF00378489>
86. Ramstad, E. (2009). Promoting performance and the quality of working life simultaneously. *International Journal of Productivity and Performance Management*, 58(5), 423–436. <https://doi.org/10.1108/17410400910965706>
87. Saari, L. M., & Judge, T. A. (2004). Employee attitudes and job satisfaction. *Human Resource Management*, 43(4), 395–407. <https://doi.org/10.1002/hrm.20032>
88. Salancik, G. R., & Pfeffer, J. (1978). A Social Information Processing Approach to Job Attitudes and Task Design. *Administrative Science Quarterly*, 23(2), 224–253. JSTOR. <https://doi.org/10.2307/2392563>
89. Scarpello, V., & Campbell, J. P. (1983). Job Satisfaction: Are All the Parts There? *Personnel Psychology*, 36(3), 577–600. <https://doi.org/10.1111/j.1744-6570.1983.tb02236.x>
90. Schermerhorn, J. R., Hunt, J. G., & Osborn, R. (2000). *Organizational behavior*.

John Wiley & Sons.

91. Shanafelt, T. D., Balch, C. M., Bechamps, G. J., Russell, T., Dyrbye, L., Satele, D., Collicott, P., Novotny, P. J., Sloan, J., & Freischlag, J. A. (2009). Burnout and career satisfaction among American surgeons. *Annals of Surgery*, 250(3), 463–471. <https://doi.org/10.1097/SLA.0b013e3181ac4dfd>
92. Shanafelt, T. D., Balch, C. M., Dyrbye, L., Bechamps, G., Russell, T., Satele, D., Rummans, T., Swartz, K., Novotny, P. J., Sloan, J., & Oreskovich, M. R. (2011). Special report: Suicidal ideation among American surgeons. *Archives of Surgery (Chicago, Ill.: 1960)*, 146(1), 54–62. <https://doi.org/10.1001/archsurg.2010.292>
93. Shanafelt, T. D., Sloan, J. A., & Habermann, T. M. (2003). The well-being of physicians. *The American Journal of Medicine*, 114(6), 513–519. [https://doi.org/10.1016/s0002-9343\(03\)00117-7](https://doi.org/10.1016/s0002-9343(03)00117-7)
94. Sharma. (n.d.). Assessment of job satisfaction among nursing officers working at a tertiary care hospital in Northern India. Retrieved December 7, 2020, from <https://www.cjhr.org/article.asp?issn=2348-3334;year=2020;volume=7;issue=1;spage=35;epage=41;aualast=Sharma>
95. Singh, T., Kaur, M., Verma, M., & Kumar, R. (2019). Job satisfaction among health care providers: A cross-sectional study in public health facilities of Punjab, India. *Journal of Family Medicine and Primary Care*, 8(10), 3268. https://doi.org/10.4103/jfmprc.jfmprc_600_19
96. Sirgy, M. J., & Lee, D.-J. (2016). Work-Life Balance: A Quality-of-Life Model. *Applied Research in Quality of Life*, 11(4), 1059–1082. <https://doi.org/10.1007/s11482-015-9419-6>
97. Smith, P. C., Kendall, L. M., & Hulin, C. L. (1969). The measurement of satisfaction in work and retirement; a strategy for the study of attitudes. Rand McNally.
98. Snezana, M. (2007). MOTIVATION OF EMPLOYEES AND BEHAVIOUR MODIFICATION IN HEALTH CARE ORGANISATIONS. *Acta Medica Medianae*, 46.
99. Songstad, N. G., Rekdal, O. B., Massay, D. A., & Blystad, A. (2011). Perceived unfairness in working conditions: The case of public health services in Tanzania. *BMC Health Services Research*, 11, 34. <https://doi.org/10.1186/1472-6963-11-34>
100. Spector, P. E. (1985). Measurement of human service staff satisfaction: Development of the Job Satisfaction Survey. *American Journal of Community Psychology*, 13(6), 693–713. <https://doi.org/10.1007/BF00929796>

101. Spector, Paul E. (1997). *Job satisfaction: Application, assessment, causes, and consequences* (Vol. 3). Sage publications.
102. Spickard, A., Gabbe, S. G., & Christensen, J. F. (2002). Mid-career burnout in generalist and specialist physicians. *JAMA*, 288(12), 1447–1450.
<https://doi.org/10.1001/jama.288.12.1447>
103. Stanković, A., Nikolic, M., Nikić, D., & Arandjelović, M. (2008). JOB SATISFACTION IN HEALTH CARE WORKERS. *Acta Medica Medianae*, 47, 9–12.
104. Stotz, R., Maritz Inc., C., & Bolger, B. (n.d.). Content and Process Theories of Motivation. In *Underlying Principle Series* (p. 1.16-1.27). Retrieved November 22, 2020, from <https://studylib.net/doc/8268400/1.4-content-and-process-theories-of-motivation>
105. Study protocol for the World Health Organization project to develop a Quality of Life assessment instrument (WHOQOL). (1993). *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation*, 2(2), 153–159.
106. Sule, R., Thadasare, H., Sonavane, S., Shah, N., & De Sousa, A. (2017). A Study of Job Satisfaction, Job Stress and Quality of Life in Auxiliary Health Care Workers of a Public Tertiary General Hospital. *Journal of Psychosocial Rehabilitation and Mental Health*, 4(1), 23–27. <https://doi.org/10.1007/s40737-017-0078-9>
107. Tasho, W., Jordan, J., & Roberston, I. (2005). Case study: Establishing the business case for investing in stress prevention activities and evaluating their impact on sickness absence levels (RESEARCH REPORT 295; p. 73). Health and Safety Executive 2005. <https://www.hse.gov.uk/research/rrpdf/rr295.pdf>
108. Tasneem, S., Cagatan, A. S., Avci, M. Z., & Basustaoglu, A. C. (2018). Job Satisfaction of Health Service Providers Working in a Public Tertiary Care Hospital of Pakistan. *The Open Public Health Journal*, 11(1).
<https://doi.org/10.2174/1874944501811010017>
109. The Pennsylvania State University. (2010). *Job satisfaction: Do I like my job? Work attitudes and motivation*.
110. van den Berg, T. I. J., Alavinia, S. M., Bredt, F. J., Lindeboom, D., Elders, L. A. M., & Burdorf, A. (2008). The influence of psychosocial factors at work and life style on health and work ability among professional workers. *International Archives of Occupational and Environmental Health*, 81(8), 1029–1036.

<https://doi.org/10.1007/s00420-007-0296-7>

111. Vroom, V. H. (1964). *Work and motivation*. Wiley.
112. Wallace, J. E., Lemaire, J. B., & Ghali, W. A. (2009). Physician wellness: A missing quality indicator. *Lancet (London, England)*, 374(9702), 1714–1721. [https://doi.org/10.1016/S0140-6736\(09\)61424-0](https://doi.org/10.1016/S0140-6736(09)61424-0)
113. Wanous, J. P., Reichers, A. E., & Hudy, M. J. (1997). Overall job satisfaction: How good are single-item measures? *Journal of Applied Psychology*, 82(2), 247–252. <https://doi.org/10.1037/0021-9010.82.2.247>
114. West, C. P., Tan, A. D., Habermann, T. M., Sloan, J. A., & Shanafelt, T. D. (2009). Association of resident fatigue and distress with perceived medical errors. *JAMA*, 302(12), 1294–1300. <https://doi.org/10.1001/jama.2009.1389>
115. Worrall, L., Parkes, C., & Cooper, C. L. (2004). The impact of organizational change on the perceptions of UK managers. *European Journal of Work and Organizational Psychology*, 13(2), 139–163. <https://doi.org/10.1080/13594320444000047>
116. Yu, Y.-J., Hung, S.-W., Wu, Y.-K., Tsai, L.-C., Wang, H.-M., & Lin, C.-J. (2008). [Job satisfaction and quality of life among hospital nurses in the Yunlin-Chiayi area]. *Hu Li Za Zhi The Journal of Nursing*, 55(2), 29–38.
117. Zaletel-Kragelj, L., Pahor, M., & Bilban, M. (2005). Identification of population groups at very high risk for frequent perception of stress in slovenia. *Croatian Medical Journal*.
118. Zamanzadeh, V., Valizadeh, L., Negarandeh, R., Monadi, M., & Azadi, A. (2013). Factors influencing men entering the nursing profession, and understanding the challenges faced by them: Iranian and developed countries' perspectives. *Nursing and Midwifery Studies*, 2(4), 49–56. <https://doi.org/10.5812/nms.12583>

ANNEXURE 1 : QUESTIONNAIRE

Relationship of Job Satisfaction and Work-Related Quality of life among healthcare workers of tertiary care hospitals

You are invited to participate in a web-based online survey titled 'Relationship of Job Satisfaction and Work-Related Quality of life among Healthcare workers of tertiary care hospitals.' This is a research project being conducted to assess the job satisfaction and Work-related Quality of life among healthcare workers working in hospital setting for at least 3 year. It would take approximately 10 minutes to complete it. Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You will receive no direct benefits from participating in this research study, apart from getting your scores related to job-satisfaction and Work-related quality of life. However, your responses may help us in planning motivational sessions for you and your colleagues. There are no foreseeable risks involved in participating in this study as the survey only seeks to understand your present knowledge about the topic. Your survey answers will be sent to a link attached with Google forms where data will be stored in a password protected electronic format. We will keep your name and other identifying information confidential and therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study. Also, no names or identifying information would be included in any publications or presentations based on these data, and your responses to this survey will remain confidential. We are grateful to you for giving your valuable time in completing the survey.

Clicking on the "yes" button indicates that:-

- a) You are 18 years of age or older
- b) You have read the above information
- c) You voluntarily agree to participate

Email address *

dahiyasarita45@gmail.com

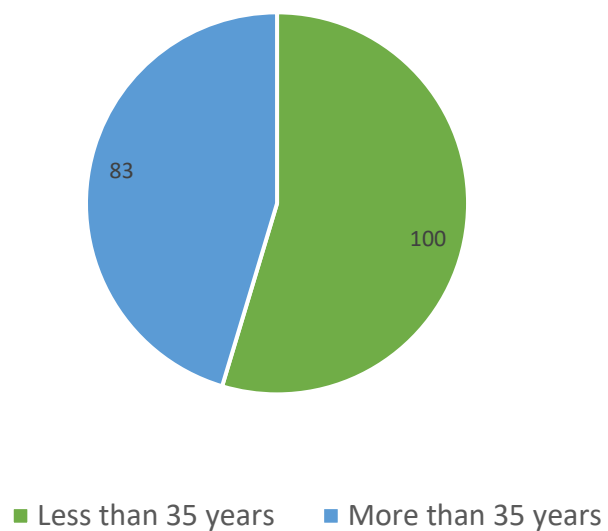
Do you give consent for filling the survey? *

☒ Yes

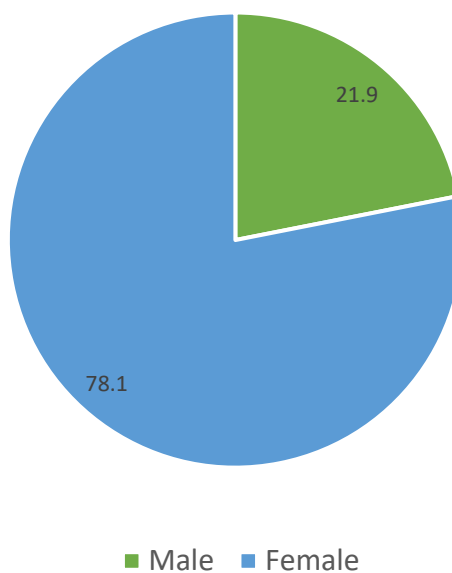
Demographic Information

ANNEXURE 2 : GRAPHS

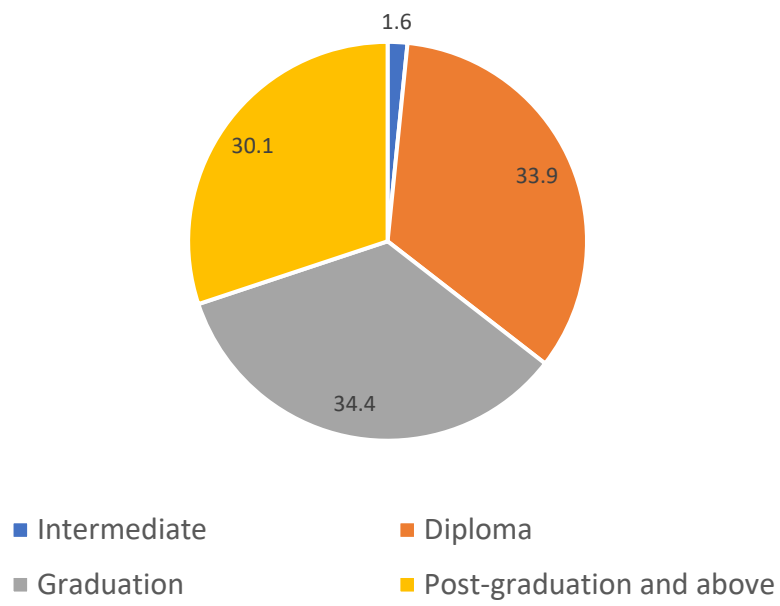
Graph 2.1 : Distribution of Age



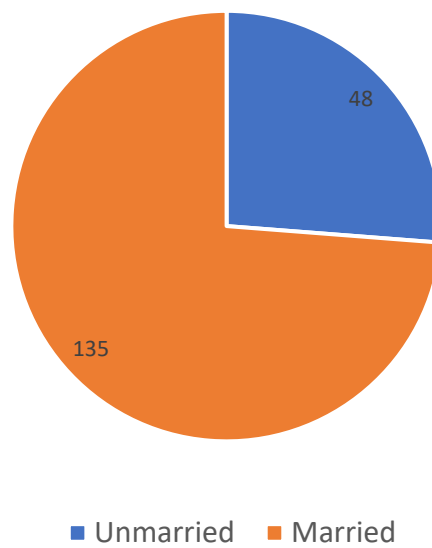
Graph 2.2 : Distribution of Gender



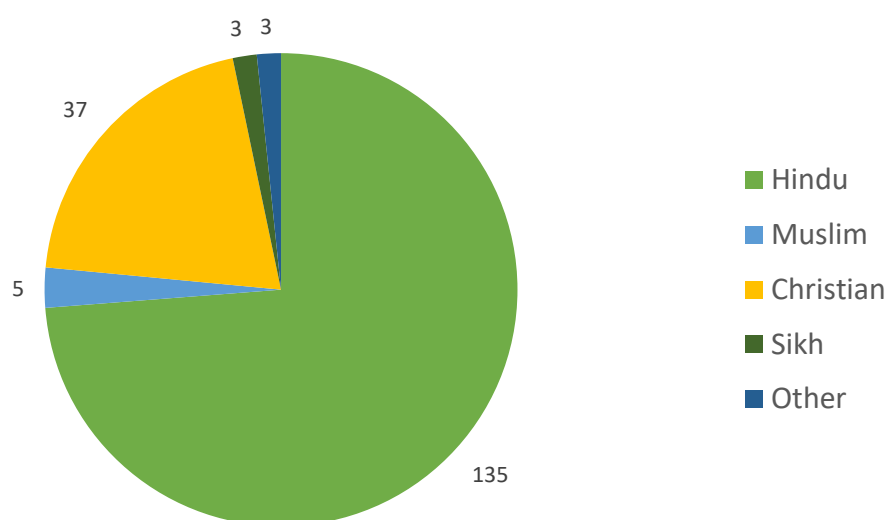
Graph 2.3: Distribution of Education



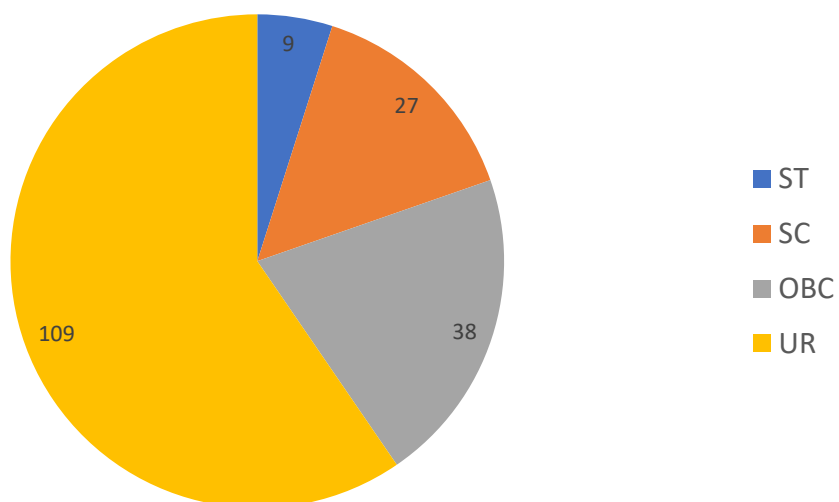
Graph 2.4: Distribution of Marital Status



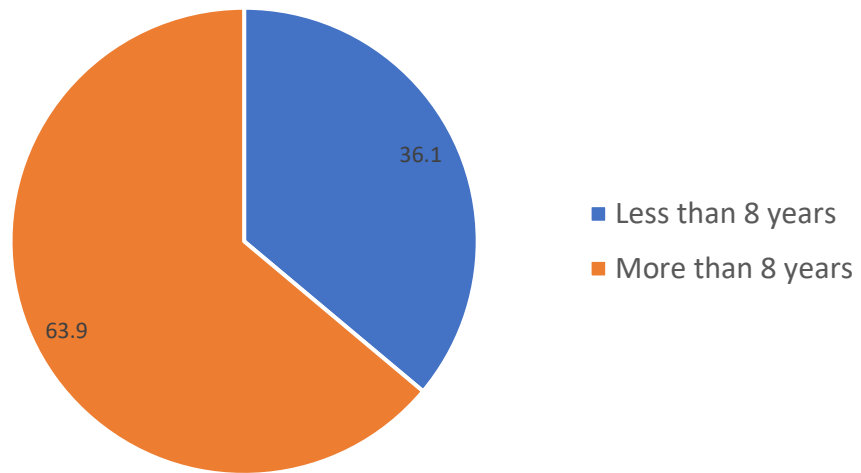
Graph 2.5 : Distribution of Religion



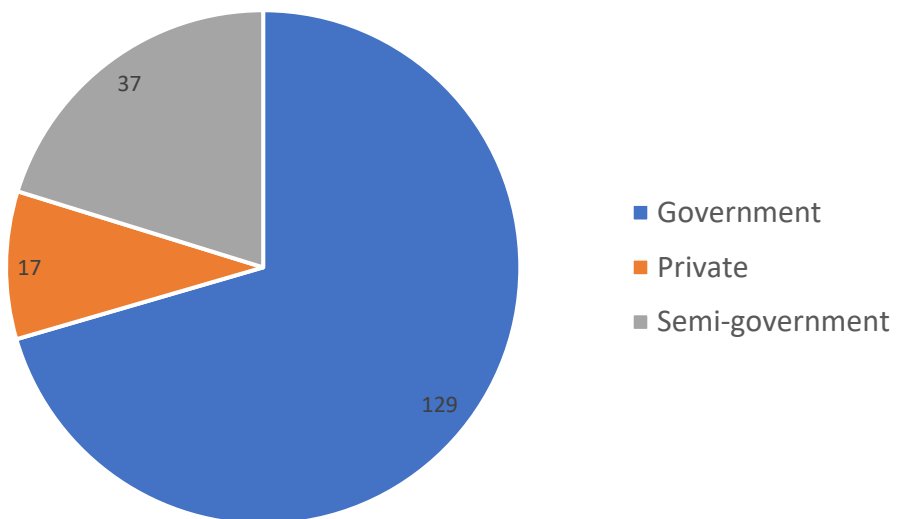
Graph 2.6 : Distribution of Caste



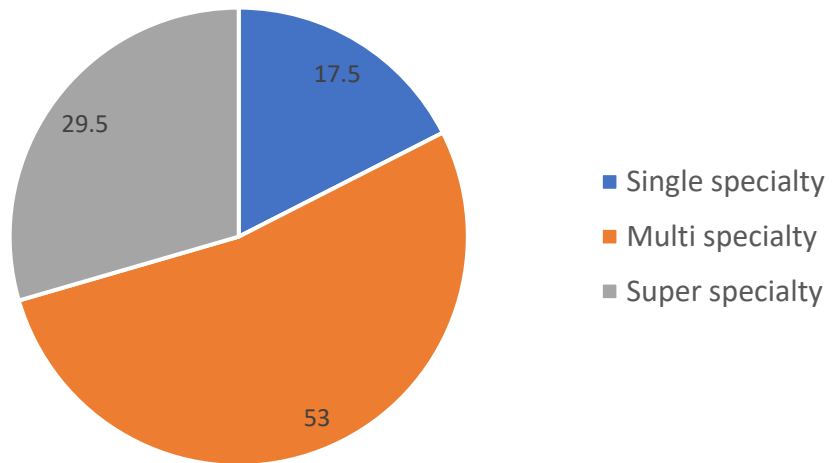
Graph 2.7 : Distribution of Experience



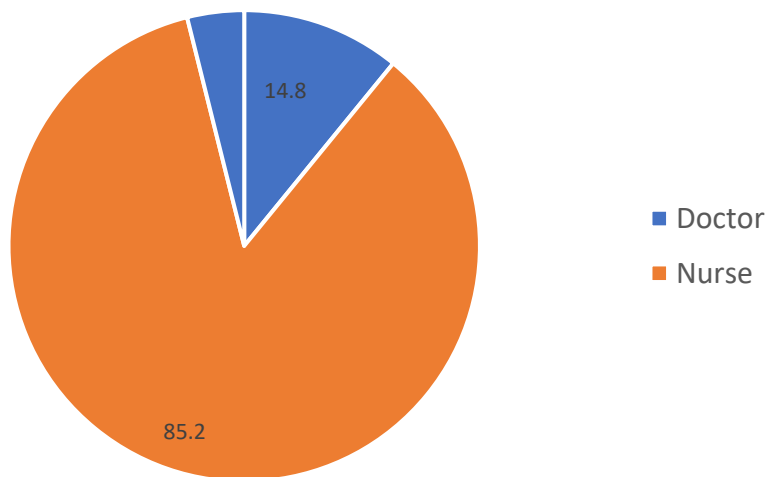
Graph 2.8: Distribution of Sector of Job

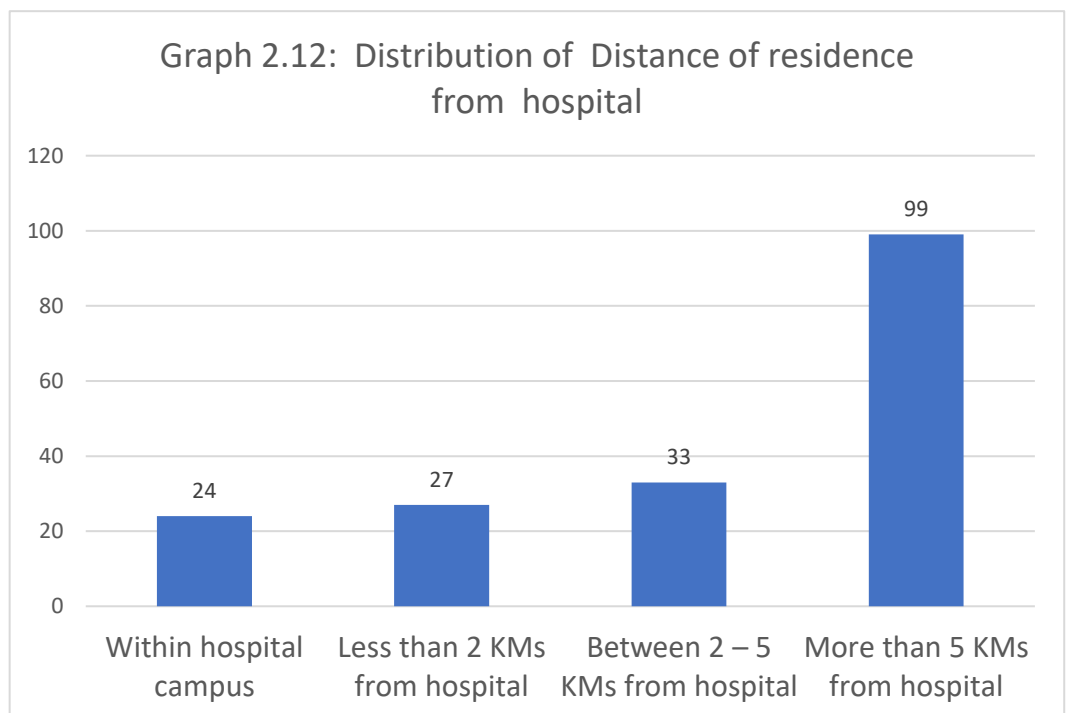
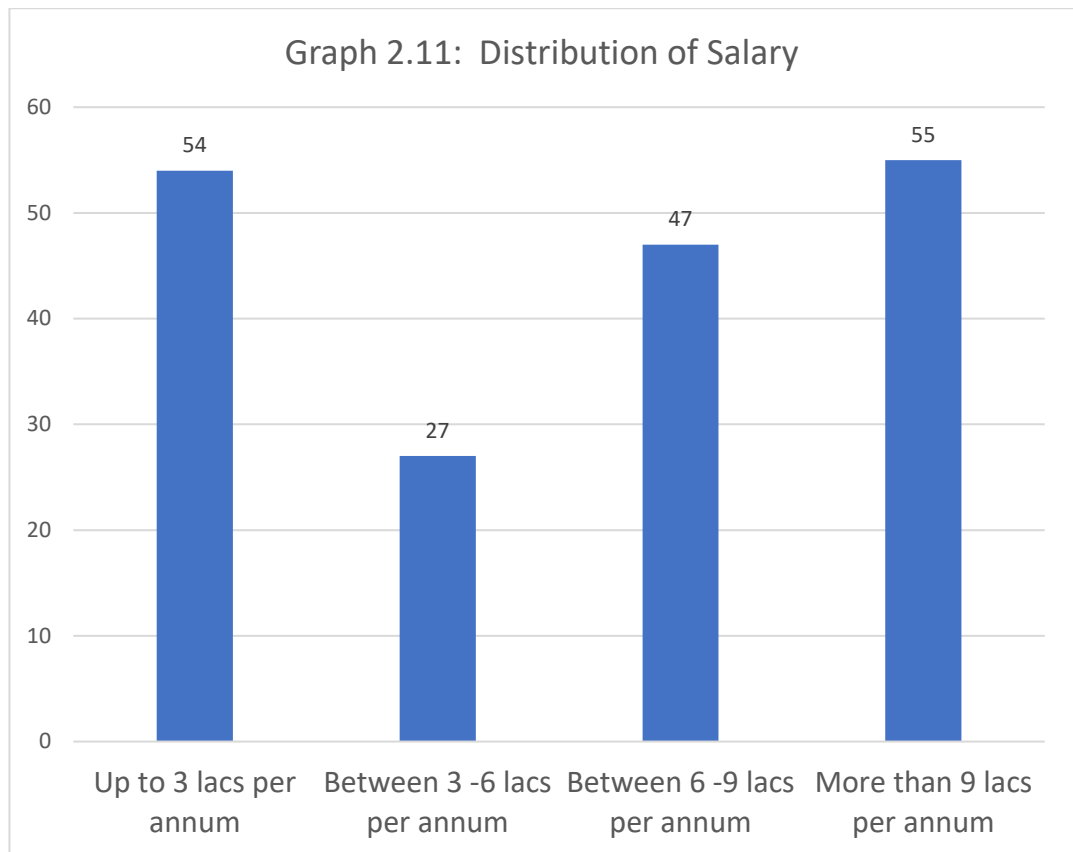


Graph 2.9: Distribution of Type of Health Facility

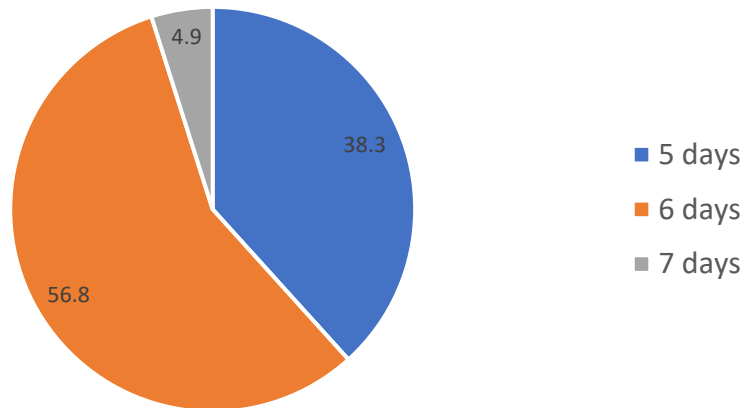


Graph 2.10 : Distribution of Type of Healthcare worker

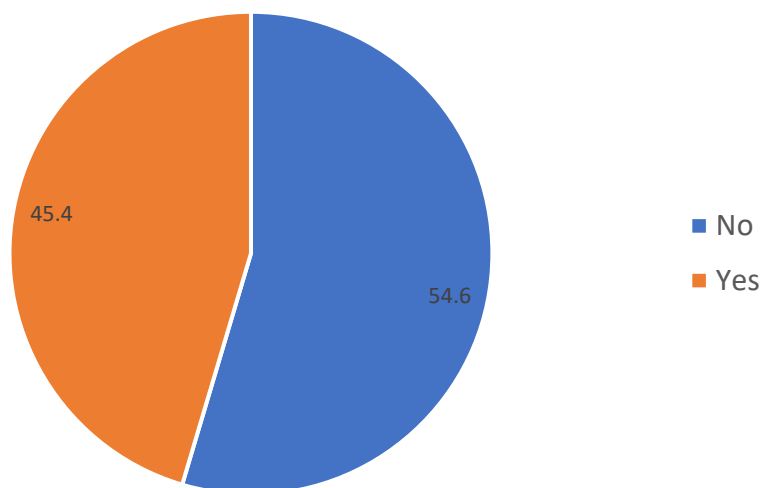




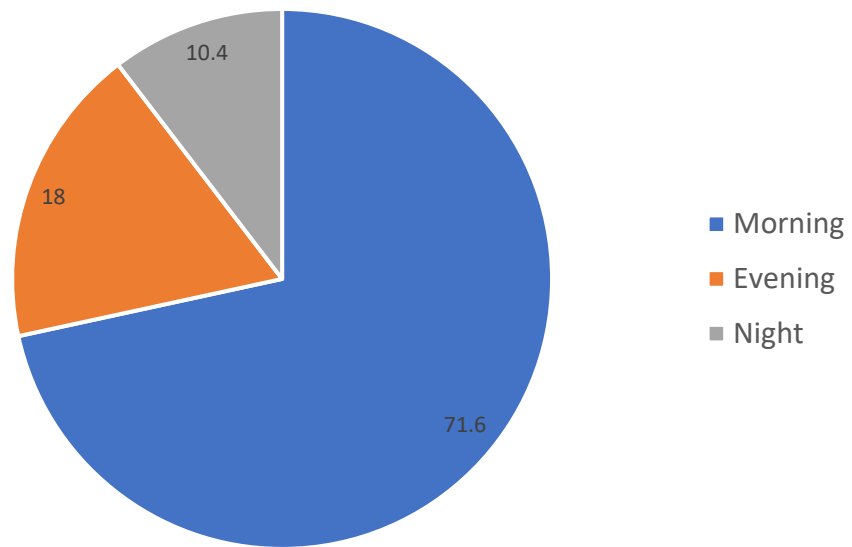
Graph 2.13: Distribution of No of working days in a week



Graph 2.14: Perception about adequacy of staffs



Graph 2.15: Distribution of Shift currently working



Graph 2.16: Distribution of frequency of job change

