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The Association between Quality of Work Life, Psycho-Social Safety Climate and Healthcare Staff Work Engagement and Organizational Commitment

Faleh Saeed Alharthi[1], Khadijah Ahmad Abdallh Bin Zarah[2], Obaid Saleh Samran Almutairi[3], Riyadh Homod Safar Alotaibi[4], Yousef Abdel Majeed Saleh[5], Alaa Mahmoud Farrash[5], Tariq Mohammed Alzahrani[6], Baseem Omar Badughaysh[6], Majdi Abdulazez Maki Alqobi[7], Mohammed Basher Rafia Alotaibi[8]

Abstract:

Background: *Quality of work life (QWL) is critically important to ensure good health care performance and quality patient care. QWL and psychosocial safety climate (PSC) are management approach which can enhance the wellbeing, work engagement, sense of belonging and commitment to the healthcare organization.* ***Aims:*** *To determine the association between QWL, PSC and healthcare staff work engagement and organizational commitment; to explore relationship betw[1]een the previous four variables and personal characteristics data of staff.* ***Methods:*** *A descriptive correlational research design was conducted in general Medical and Surgical units in King Abdulaziz University Hospital at KSA.* ***Subjects:*** *the study subject consisted of (106) healthcare staff.* ***Tools:*** *the study data collected through self – administered questionnaire which consist of personal characteristics data, Quality of Work Life, Psycho-Social Safety Climate, Utrecht Work Engagement & Organizational Commitment Scales.* ***Results:*** *The highest mean scores regarding to QWL was work context, PSC was management support and commitment, organizational commitment was normative commitment, work engagement was vigor. There was a positive statistical significant difference between both psychosocial safety climate and work engagement with years of experience.* ***Conclusions:*** *There is positive correlation between both QWL and PSC with work engagement but not significant. While, there is negative correlation not significant with organizational commitment.* ***Recommendations:*** *Provide healthcare managers with training programs about improving psychological wellbeing, quality of work life and talent of management, leadership and communication skills.*

Keywords: *Organizational Commitment, Psycho-Social Safety Climate, Quality of Work Life & Work Engagement.*

Introduction:

In healthcare organizations, a positive atmosphere must be generated and maintained to provide the surrounding environment in which employees become able to administer worthy quality care. This atmosphere is vital to deliver a good quality work environments equipped with

[1]Medical secretarial technician, Al-Sail Al-Kabeer Health Center for Primary Health Care, Saudi Arabia.
[2]Health administration and hospitals, Bahra Health Center, Saudi Arabia.
[3]Health Administration and Community Health, EASTREN LABAN PHC, Saudi Arabia.
[4]Heslth Hospitsl Administration Specialist, King Abdul aziz hospital, Saudi Arabia.
[5]Health management specialist, King Abdulaziz Hospital in Makkah, Saudi Arabia.
[6]Specialist-Health Administration, Alnoor Hospital, Saudi Arabia.
[7]Hospital management specialist, King Abdul Aziz Hospital in Jeddah, Saudi Arabia.
[8]Health services and hospital management specialist, Al Quwayiya General Hospital, Saudi Arabia.

economic, psychosocial, structure and administrative motivational tools to foster a need to purify health care [1]. So that, healthcare providers need a lot of economical and effective operating surroundings that make sure that patients become the priority and patients' requirements are met [2]. O'Brien-Palla et al., (2014) [3] supplementary that in healthcare institutions quality of work life has been represented as reflecting to the strengths and weakness contained by the whole work atmosphere of the organizational structures like rules and procedures, leadership manner, operations and general related factors of setting all have an extreme consequence on however employees outlooks the quality of work life.

Quality of working life (QWL) is a multidimensional concept that usually refers to an individual's feelings or attitude towards the work organization and job and includes aspects such as opportunity to develop, opportunities to utilize one's talents, compensation, impact on personal life and well-being at work. QWL is connected to job satisfaction and perception of fairness in organization's operating culture [4]. However, as QWL has many definitions and no clear consensus of the concept, there remains a lack of standard method to measure QWL [5]. It is crucial to improve QWL and organizational performance simultaneously. In the context of healthcare, there is a need to enhance labor productivity due to the workforce shortage [6]. To enhance effectiveness in healthcare activities, implementing measures to address staff shortages and improving the competence of staff in human resource management and planning can be beneficial [7].

Psychosocial safety climate (PSC) considers as a particular organizational climate that's an antecedent to working circumstances and the institutions able to produce work circumstances that enable staff to develop their own capabilities and develop universally and skillfully. Thus, through the producing of the psychosocial safety climate (PSC), the organization able to stimulate psychological health and safety of the staff and bring out safeguard for them against psychological risks also the PSC considered as a management approach which may increase the successfulness, work engagement and performance of the employee. So the employees who feel that their leader provide attentions to their mental state and successfulness they have the willingness to devote a lot of resources in work, that could lead to a lot of work engagement and sense of fitting to their organization [8].

Work engagement is a vital job-related psychological consequence that might be associated with understanding the PSC in the place of work. It toughly associated with worker well-being, job performance levels, and intention to remain with one's current leader and is considered a crucial result in interventions designed to promote employee well-being. So healthcare managers show concern for and make worker well-being comes first, workers put their efforts towards their work [9]. Staff with organizational commitment could have an enhanced performance. Since committed people usually expend a lot of effort on the work, a commitment outcome is higher productivity. Committed staffs have the willingness to establish a lot of aspiring goals while they contribute in the goal setting [10].

In Saudi Arabia, several studies have been conducted to report the work-related quality of life among healthcare staff and reported a moderate quality of work life among healthcare staff in Madinah region [11]. Another study in Southern region highlighted a high level of job dissatisfaction [12]. Both studies highlighted several factors that acted as determinants of QWL [11, 12]. Literature reports that Healthcare professionals may experience extra pressure and stress while caring for patients with critical problems [13].

Furthermore, no national studies dealing with the relationship between QWL, PSC, work engagement and organizational commitment. Previous researches indicate a lake of attention to psycho-social safety climate in health organization. Form the researcher points of view psychosocial safety climate is important and helpful tool which can improve employees

work engagement and organizational commitment through maintaining and improving their psychological well-being and ensuring quality of work life. So, the researchers decided to study the relationship between quality of work life, psycho-social safety climate and healthcare staff work engagement and organizational commitment. This study aims: to determine the relationship between QWL and healthcare staff works engagement and organizational commitment. To determine the relationship between PSC and healthcare staff works engagement and organizational commitment. Additionally, to explore the relationship between healthcare staff personal characteristics data with QWL, PSC, work engagement and organizational.

Methods:

A descriptive correlational research design was conducted in general Medical and Surgical units in King Abdulaziz University Hospital at KSA. A convenience sample was used in the present study which include (no =106) healthcare staff who are working in general Medical and Surgical units at the time of study conduction. The data needed for the study was collected using self-administered questionnaires, it comprised of five tools; **the first tool:** personal characteristics data was designed to collect personal data about healthcare staff which includes: unit name, age, sex, marital status, educational qualification and years of experience.

The second tool: Quality of Work Life Scale (QWLS) was developed by Brooks, (2001) [14] to measure the quality of work life among healthcare staff. It includes 41 items divided into four dimensions: work life/home life (6 items); work design (10 items); work world (5 items) and work context (20 items) which includes the following sub items management and supervision (7 items), co-workers (5 items), development opportunities (3 items) and work environment (5 items). The responding scoring system was measured on 5-point Likert scale. Ranging from: "5 for strongly agree " "4 for agree" "3 for uncertain" "2 for disagree" and "1 for strongly disagree" the scores of each dimension will sum it up and then converted into a percent score. A score of 60% or higher will consider as "agree" and a score of less than 60% will consider disagree.

The third tool: Psychosocial Safety Climate (PSC) Scale was developed by Dollard & Kang, (2007) [15] used to measure Psychosocial Safety Climate. It includes 26 items divided into four dimensions management support and commitment (10 items), management priority (5 items), organizational communication (6 items) and organizational participation and involvement (5 items). The responding scoring system was measured on 5- point Likert scale ranging from (1 for strongly disagree to 5 for strongly agree). **The fourth tool:** Utrecht Work Engagement Scale (UWES) was developed by Schaufeli & Bakker, (2004) [16] which used to assess healthcare staff work engagement. It composed from (17 items) divided into three subscales: vigor (6 items), dedication (5 items) and absorption (6 items). The responding scoring system was measured on 3- points Likert scale ranging from (0) for never, (1) for a few times a month, (2) for every day according to how often the participant experienced the feeling described. If participants scored from (0-17) indicate poor work engagement and from (18-34) indicate good work engagement.

The fifth tool: Organizational Commitment Scale was developed by Meyer et al., (1993) [17] which used to measure organizational commitment. It consisted of (18 items) arranged in three subscales; Affective commitment (6 items), Continuance commitment (6 items) and Normative commitment (6 items). It is measured on 3-points Likert scale ranging from 1 for disagree, 2 for neutral and 3 for agree. The scores of the items will sum it –up and divide by the number of the items, giving the mean score. These scores will convert into a percent score. Then the means and standard deviations of the scores will compute. If the mean scores percent of responses will equal or more than 60% this means high level of organizational commitment but if less than 60% this means low level of organizational commitment.

Arabic translation of the study tools was done, and then the study tools were checked by five experts from Administration Department to assess face and content validity. Official approvals to carry out this study were obtained from University Hospital, Heads of Medical and Surgical departments, and healthcare participated in the study to collect the necessary data. Written agreement was taken from the participants. Confidentiality of obtained data was assured; the nature and aim of the study were explained to all participants before starting data collection.

A pilot study was carried out to assess tool understandability, applicability and time estimate of the study tools. Moreover, to identify problems that may be encountered during the actual data collection. It applied on (10%) from total sample of studied participants (n=16) .The researcher met with each healthcare staff introduced herself and explained the aims of the study then ask them to fill the questionnaires of the study and respond to any question regarding to the questionnaire content . Data collected from the pilot study was analyzed and no changes were done, so the healthcare staff included in the pilot study not excluded from the total number. The study tools were tested for its reliability by using Crombach's Alpha Co-efficient test, it was (α= 0.89) for Quality of Work Life Scale (QWL), (α= 0.95) for Psychosocial Safety Climate (PSC) Scale) α=0.88 (for Utrecht Work Engagement Scale (UWES) and it was (α=0.87) for Organizational Commitment Scale. This indicated high reliability of study tools.

The researchers were met with all participants in different shifts according to their schedules for data collection. Then the researchers explain the purpose of the study and ask them their participation. After obtaining written consent, the study tools were given to them to fill. Each participant was taken about thirteen minutes to fulfill the questionnaires. The total period for data gathering took about two months from February to April 2023. Data entry and statistically analysis were done using SPSS 28.0 Statistical Soft Ware Package. Data were presented using descriptive statistics in the form of frequencies, percentages, mean, standard deviation, range, and chi-square. Pearson correlation analysis was used for assessment of the inter-relations among quantitative variables. Statistical significance was considered at P-value ≤ 0.05.

Results

Table (1): Illustrates that more than one third of the studied healthcare staff aged between (30-40) years old and have years of experience between (10 – 20) years (35.8%, 36.8%) respectively, more than half of them have postgraduate diploma (59.4%) and more than three quarters of them are married (78.3%). Moreover, more than half of the studied participants working in the Surgical Unit (57.5%); more than three quarters of the studied participants are females (76.4%).

Table (2): Illustrates that the highest mean score regarding to quality of work life dimensions is in the work context dimension (56.65 ± 10.40). On the other hand the lowest mean score is in the work world dimension (12.84 ± 3.65). As regard to psychosocial safety climate dimensions the highest mean score is related to management support and commitment dimension (20.75 ± 7.00). On the other hand the lowest mean score is related to organizational participation and involvement dimension (11.67 ± 4.20).

This table also shows that the highest mean score regarding to work engagement dimensions is related to vigor dimension (8.01 ± 2.10). On the other hand the lowest mean score is related to dedication dimension (7.27 ± 2.38) with total mean scores of work engagement dimensions (22.74 ± 5.87). Also the table shows that the highest mean score regarding to organizational commitment dimensions is related to normative commitment dimension (13.62 ± 2.14). On the other hand the lowest mean score is related to affective

commitment dimension (12.31 ± 2.47) with total mean scores of organizational commitment dimensions (39.35 ± 5.06).

Table (3): Illustrates that there is a statistically significant difference between work engagement with unit, sex, marital status and years of experiences. Also, there is a statistically significant difference between psychosocial safety climate with age and years of experiences. Moreover, there is a highly statistical significant difference between QWL with educational qualification of the studied participants. It is noted that there is no statistically significant differences between organizational commitment and personal characteristics data of the studied participants.

Table (4): Reveals that there is a positive statistical correlation between QWL and work engagement (0.079) on the other hand, there is a negative statistical correlation between QWL and organizational commitment (-0.122). In addition to there is a positive statistical correlation between PSC and work engagement (0.042) on the other hand, there is a negative statistical correlation between PSC and organizational commitment (- 0.164).

Table (1): Distribution of personal characteristics of the studied healthcare staff (n=106)

	No. (106)	**%**
Age: (years)		
- < 30	32	30.2%
-30 – 40	38	**35.8%**
-> 40	36	34.0%
Mean ± SD (Range)	36.26 ± 8.97 (21.0-56.0)	
Sex		
Male	25	**23.6%**
Female	81	**76.4%**
Unit		
Medical	45	**42.5%**
Surgical	61	**57.5%**
Educational qualification:		
- postgraduate diploma	63	**59.4%**
- Bachelor Degree	35	33.0%
- Master or PhD	8	7.6%
Marital status:		
-Single	1	0.9%
-Married	83	**78.3%**
-Divorced	2	1.9%
-Widow	20	18.9%
Years of experience:		
-< 10	30	28.3%
-10 – 20	39	**36.8%**
-> 20	37	34.9%
Mean ± SD	**16.27 ± 8.94**	
Median (Range)	17.0 (1.0-34.0)	

Table (2): Mean scores of the quality of work life, psychosocial safety climate, work engagementand organizational commitment dimensions among healthcare staff (n=106).

Dimensions of study variables	Mean ± SD
Quality of work life dimensions 1. Work / home	19.92 ± 3.71
2. Work design	28.73 ± 4.62
3. Work context	**56.65 ± 10.40**
4. Work world	12.84 ± 3.65
Total	**118.14 ± 16.44**
Psychosocial safety climate dimensions 1. Management support and commitment	**20.75 ± 7.00**
2. Management priority	13.19 ± 4.78
3. Organizational communication	14.95 ± 4.35
4. Organizational participation and involvement	11.67 ± 4.20
Total	**60.57 ± 16.60**
Work engagement 1. Vigor	**8.01 ± 2.10**
2. Dedication	7.27 ± 2.38
3. Absorption	7.45 ± 2.66
Total	**22.74 ± 5.87**
Organizational commitment dimensions 1. Affective commitment	12.31 ± 2.47
2. Continuance commitment	13.42 ± 2.21
3. Normative commitment	**13.62 ± 2.14**
Total	**39.35 ± 5.06**

Table (3): Mean scores of quality of work life, psychosocial safety climate, work engagement and organizational commitment according to personal characteristics data of the studied participants (n=106)

Personal characteristics data	Quality of work life	Psychosocial safety climate	Work Engagement	Organizational commitment
	Mean and standard deviation			
Age: (years)				
< 30	116.28 ± 14.26	62.63 ± 15.92	21.97 ± 5.88	38.25 ± 2.92
30 – 40	**120.71 ± 18.86**	**64.32 ± 17.88**	21.84 ± 6.26	39.26 ± 6.09
> 40	117.08 ± 15.58	54.78 ± 14.51	21.84 ± 6.26	**40.42 ± 5.26**
p- value	0.480	**0.032***	0.123	0.211
sex:				
Male	**119.72 ± 10.98**	56.08 ± 15.53	**24.96 ± 4.55**	37.76 ± 2.79
Female	117.65 ± 17.82	**61.95 ± 16.76**	22.05 ± 6.08	**39.84 ± 5.49**
p- value	0.585	0.123	**0.030***	0.072
Unit:				
Medical	**120.51 ± 16.81**	60.42 ± 18.36	**24.44 ± 5.07**	**39.47 ± 4.71**
Surgical	116.39 ± 16.07	**60.67 ± 15.33**	21.48 ± 6.14	39.26 ± 5.34
p- value	0.204	0.939	**0.009***	0.838
Educational qualification :				
postgraduate diploma	115.84 ± 16.40	58.86 ± 18.29	**22.90 ± 6.02**	**39.62 ± 5.55**
Bachelor Degree	117.91 ± 13.71	62.09 ± 14.52	22.49 ± 6.27	38.89 ± 4.52
Master or PhD	**137.25 ± 17.05**	**67.37 ± 7.44**	22.50 ± 2.27	39.25 ± 3.01
p- value	**0.002***	0.318	0.939	0.791
Marital status:				
Married	118.07 ± 17.44	60.39 ± 17.01	**23.52 ± 5.57**	**39.71 ± 5.43**
Un married	**118.39 ± 12.47**	**61.22 ± 15.36**	19.91 ± 6.19	38.04 ± 3.11
p- value	0.935	0.833	**0.009***	0.163
Years of experience:				
< 10	116.13 ± 14.87	**65.30 ± 15.75**	22.60 ± 6.18	38.47 ± 3.06
10 – 20	**119.79 ± 16.17**	61.72 ± 16.78	20.92 ± 5.58	38.69 ± 5.43
> 20	118.03 ± 18.10	55.51 ± 16.12	**24.76 ± 5.39**	**40.76 ± 5.72**
p- value	0.66	**0.047***	**0.016***	0.108

Table (4): Correlation between quality of work life and psychosocial safety climate with work engagementand organizational commitment among healthcare staff (n= 106)

Variables	r- value& P-value	Quality of work life	chosocial safety climate
Work engagement	r- value	0.079	0.042
	P- value	0.422	0.669
Organizational commitment	r- value	-0.122	-0.164
	P- value	0.212	0.092

Discussion

The previous studies illustrate that PSC and QWL have inevitable effect on employees work engagement and their organizational commitment level [9, 18, and 19]. This study aiming to determine the effect of QWL and PSC on healthcare staff work engagement and organizational commitment and explore the relationship between healthcare staff personal characteristics data and QWL, PSC, work engagement and organizational commitment. The present study showed that the highest mean scores of QWL was related to work context dimension where more than two thirds of the studied healthcare staff are unsatisfied about their contribution in decisions made by healthcare manager and also unsatisfied about superior level management respect. This might be attributed to that the healthcare managers use centralized decisions making to manage work so that most of time the healthcare staff feel that their opinions and decisions are not respected and neglected by their managers.

The findings of this study were inconsistent with Hemanathan et al., (2017) [20] who stated that the healthcare staff are satisfied with the work environment, policies and respect show by the upper level management. On the other hand the lowest mean score was related to work world dimension; more than two-thirds of the studied healthcare staff are unsatisfied about adequacy of salary and public image. This finding was consistent with Amazon, (2008) [21] who found that the public image about nurses was overbearing, brainless, sexually promiscuous, and incompetent women. Also, the finding was consistent with Al Thagafi, (2013) [22] who stated that the community does not raise the value of the nurse's role in delivering health care, believing that nurses are no more than the helper to doctors. While the study findings was inconsistent with Alamri et al., (2006) [23] who concluded that public in Saudi Arabia realize the importance of nursing and they believe work must be occupied by locals, however, for their young they prefer high prestige professions like medicine.

The present study revealed that the highest mean score regarding to PSC dimensions was related to management support and commitment dimension. Where they disagree about the genuinely concern provided by management and the interest that show by their supervisors to their psychological well-being where the management don’t acts quickly and decisively to correct problems contribute to employees psychological health. This might be attributed to that the most of healthcare managers attention is directly focused toward the employees physical health for the purpose of carrying out the tasks assigned to them at the same time there is a lack of clear culture work climate about the importance of employees psychological health in the organization. While, the lowest mean score regarding to PSC dimensions was linked to organizational participation and involvement dimension where more than two-thirds of them said that the prevention of stress don’t contains all levels of the institution and they don’t stimulated to become included in psychological safety and health problems.

This might be attributed to that there is a lack of awareness about the importance of employee's psychological status and their participation and expression about their psychological health issues where the main focusing on task performed. The study findings was consistent with Amiri et al., (2015) [24] who identified that the participants of the study were dissatisfied with the PSC dimensions where they found that the management don’t provide concern to their employees psychological health needs and don’t caring for mental wellbeing and obviously regarded the safety of workers as unimportant and not included in important safety problems at work and were not included in the on-going review of safety. The study findings was inconsistent with Law et al ., (2011) [25] who stated that there was a high level of the PSC where the organization is concerned about the mental health and welfare of its workers so that the workers feel better protected by the resources available at work .

Also the study findings was inconsistent with Dollard et al., (2017) [26] who found that the study participants satisfied with their involvement and participation in psychological health

and safety protection programs where they were capable of using the provided tools to without restrictions communicate with managers about job related problems and feel safe and have the ability to challenge bullying and deal with exposure by consuming the supportive resources of PSC. The study findings showed that the highest mean score regarding to work engagement dimensions was related to vigor dimension. While, the lowest mean score is related to dedication dimension. This might be attributed to that the healthcare staff likes the work they do and they share their objectives which are patient's care. This finding was consistent with Leiter & Bakker, (2010) (27) who mentioned that engaged workers are enthusiastic, are positively attached with their work and feel they are doing their work effectively.

The finding also consistent with Ali, (2018) (28) who said that engaged employees feel bursting with energy, enthusiastic about their jobs& immersed in their work. The study findings showed that the highest mean score regarding to organizational commitment dimensions was related to normative commitment dimension. While, the lowest mean score was related to affective commitment dimension. This finding was consistent with Elhoseney, (2020) (29) who stated that there was a high level of organizational commitment. Our study results showed that, there were statistically significant differences between psychosocial safety climate and both studied healthcare staff age and years of experiences. This might be due to that the old healthcare staff who have long years of experience acquire the experience to deal with different situations wisely and protect herself that lead to be psychologically stable .

This finding was inconsistent with Hall et al., (2010) (30) who reached to that there was no significant difference between participant's age and the four dimensions of the PSC scale. Also, its observed that work engagement has got the highest relation with personal characteristics data than other variables, which there were a statistically significant differences between it and (marital status, sex, years of experience and unit). This might be as a reason for that the healthcare staff that has more years of experience are more knowledgeable and aware about their work and be able to engage in work activities and accept responsibility for their actions.

This result was consistent with Ali, (2018) (28) who found that there was statistical significance difference between marital status and years of experience regarding to work engagement. While this finding was inconsistent with Mahboubi et al., (2015) (31) found that there was no significant relationship between work engagement and participant's gender. The study findings showed that there was a highly statistical significant difference between QWL with studied healthcare staff educational qualifications. This could be related to that the healthcare staff who have master or PhD degree have the highest mean score regarding to QWL where most of the time they carry out administrative roles more than direct patient care. This finding was inconsistent with Almalki et al., (2012) (12) who stated that there was no significant difference between QWL and educational level.

The study findings showed that there was not significant negative correlation between PSC and organizational commitment. This might attribute to that the healthcare staff is committed to their organization to obtain and maintain their job advantages (salary, permanent employment and reward) and their psychological wellbeing are neglected and their psychological issues don't receive any consideration. The study findings was inconsistent with Ram, (2018) (32) who found that there was positive relationship between PSC and OC where the development of PSC plays an essential role in establishment a safe and positive circumstances where perceptions of stress and bullying are decreased, thereby encouraging a high degree of reciprocal affective commitment behaviors from workers. Also the study findings was inconsistent with Teo et al ., (2020) (33) who found that PSC was positively moderate the negative effect of high-performance work systems on workplace bullying, which consequently leads to higher levels of affective commitment.

Conclusions

Regarding to the study results, the consequential conclusions can be stated: There was a positive correlation between both QWL, PSC with work engagement but not significant. There was a negative correlation between both QWL, PSC with organizational commitment and not significant. There was a positive statistical significant difference between PSC and both studied healthcare staff age and years of experience. There was a highly statistical significant difference between QWL with educational qualification of the studied healthcare staff. There was a positive statistical significant difference between work engagement and (marital status, sex, years of experience and unit). According to the study results the following recommendations are advised: Produce atmosphere of respect, acceptance that help managers and employees to develop and reach their goals. Promote employees work engagement, through reward good performance which helps to realize additional positive experiences regarding their work. Provide managers with training programs regarding rising psychological successfulness, quality of work life and art of management, leadership and communication skills.

References

1. Mokoka, E., Oosthuizen, M., & Ehlers, V. (2010): Retaining professional nurses in South Africa: nurse managers' perspectives. Health SA Gesondheid (Online), Vol. 15, No. 1, P.p 1-9.

2. Mohamed, F., & Ragab, O. (2016): Relationship among quality of nurses work life, organizational culture and turnover intention at Assuit University Hospital Vol. 4, No. 8, P.p130-138.

3. O'Brien-Pallas, L., Baumann, A. & Villeneuve M. (2014): Research unit probes quality of work life. Resist Nurse, Vol. 6, No. 1, P.p 14–16.

4. Kesti, R., Kanste, O., Konttila, J., & Oikarinen, A. (2023). Quality of working life of employees in public healthcare organization in Finland: A cross-sectional study. Nursing open, 10(9), 6455–6464. https://doi.org/10.1002/nop2.1896

5. de Lira, C. R. N. , Akutsu, R. D. C. , Costa, P. R. D. F. , Leite, L. D. O. , da Silva, K. B. B. , Botelho, R. B. A. , Raposo, A. , Han, H. , Ariza-Montez, A. , Araya-Castillo, L. , & Zandonadi, R. P. (2021). Occupational risks in hospitals, quality of life, and quality of work life: A systematic review. International Journal of Environmental Research and Public Health., 18(21), 11434. 10.3390/ijerph182111434

6. Pot, F. , & Koningsveld, E. (2009). Quality of working life and organizational performance-two sides of the same coin? Scandinavian Journal of Work, Environment & Health., 35(6), 421–428. 10.5271/sjweh.1356

7. Nobakht, S. , Shirdel, A. , Molavi-Taleghani, Y. , Doustmohammadi, M. M. , & Sheikhbardsiri, H. (2018). Human resources for health: A narrative review of adequacy and distribution of clinical and nonclinical human resources in hospitals of Iran. The International Journal of Health Planning and Management, 33(3), 560–572. 10.1002/hpm.2510

8. Mansour, S., & Tremblay, D (2018): The mediating role of work engagement between psychosocial safety climate and organizational citizenship behaviors: a study in the nursing and health sector in Quebec. International Journal of Human Resources Development and Management, Vol. 18, No, 2, P.P 51-71.

9. Garrick, A., Mak, A., Cathcart, S., Winwood, P., Bakker, A., & Lushington, K. (2014): Psychosocial safety climate moderating the effects of daily job demands and recovery on fatigue and work engagement. Journal of Occupational and Organizational Psychology, Vol. 87, No. 4, P.p 694-714.

10. Akter, N., Akter, M., & Turale, S., (2019): Barriers to quality of work life among Bangladeshi nurses: a qualitative study. International Nursing Review, Vol. 66, No. 3, P.p 396-403.

11. Alharbi, M.F., Alahmadi, B.A. Alali, M. Alsaedi, S. Quality of nursing work life among hospital nurses in Saudi Arabia: A cross-sectional study J. Nurs. Manag., 27 (8) (2019), pp. 1722-1730, 10.1111/jonm.v27.810.1111/jonm.12863

12. Almalki, M.J., Fitzgerald, G., & Clark, M. Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study Hum. Resour. Health., 10 (2012), p. 30, 10.1186/1478-4491-10-30
13. Abolfotouh, M.A., Almutairi, A.F., BaniMustafa, A.A. Hussein, M.A. Perception and attitude of healthcare workers in Saudi Arabia with regard to Covid-19 pandemic and potential associated predictors BMC. Infect. Dis., 20 (2020), p. 719, 10.1186/s12879-020-05443-3
14. Brooks, B. (2001): Development of an instrument to measure quality of nurses work life. University of Illinois at Chicago: Health Sciences Center. Ph. D.
15. Dollard, M. & Kang, S. (2007): Psychosocial safety climate measure Work & Stress Research Group, University of South Australia Adelaide.
16. Schaufeli, W. & Bakker, A. (2004): Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. Journal Of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior, Vol. 25, No. 3, P.p 293-315.
17. Meyer, J., Allen, N., & Smith, C. (1993): Commitment to organizations and occupations: extension and test of a three-component conceptualizations journal of Applied Psychology Vol. 78, No. 4, P 538
18. Dollard, M. & Bakker, A. (2010): Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. Journal of Occupational and Organizational Psychology, Vol. 83, No. 3, P.p 579–599.
19. Eren, H. & Hisar, F. (2016): Quality of work life perceived by nurses and their organizational commitment level. Journal of Human Sciences, Vol. 13, No. 1, P.p 1123-1132.
20. Hemanathan, R., Sreelekha, P., & Golda, M. (2017): Quality of work life among nurses in a Tertiary Care Hospital. Health Care, Vol. 5, No. 4, P.p 555667.
21. Amazon.com (2008): Single Dad, Nurse BRIDE. Reader reviews. http://www.amazon.com\single-nurse-harlequin- medica romance\dp\037319904
22. Al Thagafi H., (2013): Change of attitudes towards the nursing profession for a sample of Saudi youth through a counseling program: Experimental study on a sample of students. Naïf Arab University for Security Sciences Master's Thesis.
23. Alamri, A., Rasheed, M., & Alfawzan, N., (2006): Reluctance of Saudi youth towards the nursing profession and the high rate of unemployment in Saudi Arabia: Causes and effects. Riyadh, Saudi Arabia, King Saud University, Vol. 8, No. 1, P.p 124-132.
24. Amiri, D., Sann, L., Adon, M., Mukhtar, F., Idris, K., Kuhn, K., & Kamari, A. (2015): Relationship of psychosocial safety climate and workplace psychosocial risks: A randomized trail among personnel of an oil and gas company in Iran. Asian Social Science, Vol. 11, No. 12, P69
25. Law, R., Dollard, M., Tuckey, M., & Dormann, C. (2011): 'Psychosocial safety climate as a lead indicator of workplace bullying and harassment, job resources, psychological health and employee engagement', Accident Analysis and Prevention, Vol. 43, pp.1782–1793 [online] http://dx.doi.org/10.1016/j.aap.2011.04.010 (accessed August 2016).
26. Dollard, M., Dormann, C., Tuckey, M., & Escartin, J., (2017): Psychosocial safety climate (PSC) and enacted PSC for workplace bullying and psychological health problem reduction. Eur. J. Work. Organ. Psychol. Vol. 26, No. 6, P.p 844- 857.
27. Leiter, M & Bakker, A. (2010): Work Engagement: Introduction. In A. Bakker & M. Leiter (Eds.), Work Engagement: A Handbook of Essential Theory and Research, New York City, Ny: Psychology Press, P.p (1-9).
28. Ali, H. (2018): Head nurses interpersonal relationships and its effect on work engagement and proactive work behavior at Assuit University Hospital, Unpublished Master degree Thesis
29. Elhoseney, A. (2020): the relationship between learning organization culture and organizational commitment among head nurses at different health care sectors Unpublished Master degree Thesis.

30. Hall, D., Gaster, R., Osterfeld, S., Murmann, B., & Wang, S. (2010): GMR biosensor arrays: Correction techniques for reproducibility and enhanced sensitivity. Biosensors and Bioelectronics, Vol. 25, No, 9, P.P 2177-2181.

31. Mahboubi. M., Ghahramani. F., Mohammadi. M., Amani. N, Mousavi. S., Morad.i F., Akbarzadeh. A., & Kazemi. M. (2015): Evaluation of Work Engagement and its Determinants in Kermanshah Hospitals Staff In 2013, Global Journal of Health Science; Vol. 7, No. 2, P.p 170- 176.

32. Ram, Y., (2018): Hostility or hospitality? A review on violence, bullying and sexual harassment in the tourism and hospitality industry. Curr. Issues Tour. Vol. 21, No. 7, P.p 1-15

33. Teo, S., Bentley, T., & Nguyen, D. (2020): Psychosocial work environment, work engagement, and employee commitment: A moderated, mediation model. International Journal of Hospitality Management, Vol. 88, P 102415.