

## Quality of Work Life and Level of Job Satisfaction among Nurses Working at a Specialized Public Hospital in Bangladesh

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### Abstract

**Introduction:** Quality Work-Life is the quality of the relationship between employees and the total working environment. Nurses are the largest group of employees in health organizations. QWL of nurses is influenced by many factors.

**Aim of the study:** To identify the quality of work-life and level of job satisfaction among nurses working at a specialized public hospital in Bangladesh.

**Methods:** This study was a descriptive cross-sectional study. The study was carried out from July to October 2018. The study population was all the nursing officers who are working at the National Institute of Cardiovascular Diseases and Hospital in Dhaka, Bangladesh. The systematic sampling technique was used to recruit the study sample.

**Result:** The highest number of respondents 33.7% belong to the age group of 36-41 years, followed by 48 & above (24.6%) and 20.3% of the respondents were in the age group 30-35 years old. The mean age of the respondents was 38.84 years. The pie chart shows that most of the respondents (85%) were female and the remaining respondents were male. The bar chart shows that about 73% of the respondents were living in an urban area and the remaining (27%) of the respondents were from a rural area. The age, residence, marital status, qualification, years of service experience, and monthly income were found significantly associated with the level of quality of work life. However, the sex and religion of the respondents were found not significantly associated with the level of quality of work life.

**Conclusion:** The outcome of the study is, of course, on the right track and it is a very good sign in the field of nursing for the coming years. And undoubtedly the prudence of the government policy highly deserves the feat in this regard. The study recommends that job satisfaction could be improved in a better way by enriching and promoting the quality of work life. There is scope for improving managerial decisions & communication for improving the quality of work life.

**Keywords:** Quality, Work-Life, Satisfaction, Nurses Working, Specialized.

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### I. Introduction

Quality of work-life (QWL) is a multifaceted variable that shows a worker's feelings about various dimensions regarding his/her job. These involve the job content, workplace conditions, enough and fair recompense, job promotional opportunities, duty discretion, involvement in decision-making processes, job safety, occupational stress, organizational security in employment and individual relations, and work-life stability [1-3]. From a nursing point of view, Brooks defined the QWL as "the degree to which registered nurses can satisfy important personal needs through their experiences in their work organization while achieving the organization's goals". Hence, the idea of staff satisfaction is a broad concept that includes issues that are more crucial than merely giving some jobs and wages to individuals. Rather, it involves endowing people with some accommodations where they feel relaxed, wanted, and comfortable [4]. Some studies have revealed that QWL affects the performance and conscientiousness of workers in different sectors, involving healthcare settings [5, 6]. A high QWL is necessary to attract new staff and retain a workforce [2]. Therefore, health organizations are looking for methods to deal with issues of employment and retention by attaining a high level of QWL [1].

Positive results of QWL include improving organizational commitment and job satisfaction, increasing the quality of care, improving the productivity of individuals as well as the organization, and decreasing burnout and individual and organizational turnover [3, 6–8]. QWL among nurses in different countries varies from low level to moderate level. Akter et al. (2018) reported that the QWL as perceived by nurses in Bangladesh was at a moderate level [9]. Findings from a study conducted in Saudi Arabia indicated that 52.4% of nurses, particularly primary health care nurses, were dissatisfied with their QWL [1]. Recent studies in Iran showed that between 70.8 and 81.2% of nurses reported that their QWL was low [7, 10]. A recent study in Ethiopia showed that 67.2% of the nurses were dissatisfied with the quality of their work-life [11]. Studies on QWL indicated various factors that influence the QWL of nurses. One of these factors was the imbalance between work and life [1]. The major sources of low QWL identified were hectic work schedules, poor staffing, lack of autonomy in decisions, doing the tasks that are not related to nursing, lack of professional development opportunities, inappropriate working environment, and inadequate salary [1, 3, 11, 12]. Apart from these issues, management practices, relationships with colleagues, professional development chances, and work conditions are other factors that affect the QWL of nurses in the work context [1–3, 7]. Studies have shown the effect of occupational development chances such as the promotion criteria and pursuing education on the QWL by nurses [1, 3, 5]. Regarding the work environment, the findings of prior studies indicate that nurses were not content with the safety in the hospitals [3, 13]. Payment and the status of nursing were other key factors in the literature influencing the QWL of nurses [1, 9]. In Iran, most of the employees in hospitals are nurses. According to a report issued by the Iranian Ministry of Health (2018), 140,000 nurses are working in Iranian hospitals. However, approximately 260,000 nurses are needed to maintain ideal levels of health care [14]. The most important reasons for the scarcity of nursing staff in Iran's health care system involve poor nursing work conditions, lack of resources, inappropriate workload, unequal nurse-patient ratio, high bureaucracy, poor management support, and low salary [14, 15]. As the services in the hospitals are increased, this shortage of nurses also becomes more noticeable [16]. To identify the quality of work-life and level of job satisfaction among nurses working at a specialized public hospital in Bangladesh.

## **II. Methodology & Materials**

This study was a descriptive cross-sectional study. The study was carried out from July to October 2018. The study population was all the nursing officers who are working at the National Institute of Cardiovascular Diseases and Hospital in Dhaka, Bangladesh. The systematic sampling technique was used to recruit the study sample.

- **Inclusion Criteria**

- On duty nursing officers who have been working for at least one year in Cardiology and Cardiac Surgery Department.

- **Exclusion Criteria**

- The respondents were seriously sick.

Before data collection, the questionnaire was pre-tested. The respondents were informed about the purpose of the study by the researcher. After explaining the purpose of the study, the researcher seeks their written Informed consent. Data were collected using a self-administered semi-structured questionnaire. The data collection tool was a questionnaire. In the present study, the Minnesota satisfaction questionnaire (MSQ) short form developed by Vocational Psychology Research in 1977 from the University of Minnesota was used to obtain job satisfaction information (VPR, 1977). The healthcare quality of work-life questionnaire developed by Devappa et al. in 2015, was also used to collect the information about the quality of work-life (Devappa, R.S. et al. 2015). All data were processed through the computer by using SPSS version 20. Data were analyzed by using descriptive and inferential statistics. Descriptive statistics were used for presenting demographic characteristics. Quality of work-life and job satisfaction level was described in terms of frequency, percentage, mean and standard deviation. The Chi-square test was used to measure the association between variables.

## **III. Result**

Table 1 shows that the highest number of respondents 33.7% belong to the age group of 36-41 years, followed by 48 & above (24.6%) and 20.3% of the respondents were in the age group 30-35 years old. The mean age of the respondents was 38.84 years. The pie chart shows that most of the respondents (85%) were female and the remaining respondents were male (Figure-1). The bar chart shows that about 73% of the respondents were living in an urban area and the remaining (27%) of the respondents were from a rural area (Figure-2). The bar chart shows that about 61% of the respondents were married, followed by unmarried (36.9%) and the remaining were widowed/widowed (2.10%) (Figure-3). The figure shows that about 78.6% of the respondents

were Muslim and the remaining respondents were non-Muslim (21.4%) (Figure-4). Table 2, shows that 39.6% of the respondents were diplomas in nursing and midwifery, followed by B.Sc. in Nursing/Public Health Nursing (34.2%) and the remaining were Master's degrees (23.0%) and others (3.2%). Table 3, shows that 61% of the respondents had above 5 years of professional experience, followed by 3-5 years (20.9%) and the remaining respondents had less than 3 years of service experience (18.2%). Table 4 shows that 47.6% of the respondents had a monthly income of 31000-45000, followed by 25000 and below (18.7%). 12.8% of the respondents had a monthly income of 51000 and above and 12.3% had 46000-50000 taka. The mean monthly income of the respondents was 39363.63 BDT. Table 5 shows that 65.8% of the respondents mentioned they were very satisfied with being able to keep busy all the time. 59.9% of the respondents mentioned that we're satisfied with a chance to do different things from time to time and 41.2% mentioned that were satisfied to get the chance to work with the community people directly. Table 6 shows that 57.2% of the respondents were very satisfied with the competence of their supervisor in making decisions and 58.3% were very satisfied with being able to do things that don't go against their conscience. 63.1% were satisfied with the chance to do things for other people. Table 7 shows that 55.1% of the respondents were satisfied with the feeling of accomplishment they get from the job. 65.8% were very satisfied with the way company policies are put into practice and 43.3% were very satisfied with pay and the amount of work they do. Table 8 shows that 51.9% were very satisfied with the freedom to use their judgment and 86.6% of them were satisfied with the chance to try their methods of doing the job. 63.1% of them were satisfied with the way their co-workers get along with each other and 48.1% were very satisfied with the praise they get for doing a good job. Table 9 shows that 79.7% of them had a neutral opinion about feeling comfortable and satisfied with their job and 63.6% agreed that have the autonomy to make client/patient care decisions. 38.5% stated they do not perform non-nursing tasks. 57.8% had a neutral opinion about having enough time to do their job well and 70.1% were agreed that able to provide good quality client/patient care. Table 10 shows that 64.2% of the respondents were agreed that able to communicate well with their nurse manager/supervisor. 63.1% had a neutral opinion about Existing nursing policies and procedures are good enough and 65.2% agreed that communicate well with the physicians in my work setting. 65.2% agreed that feel like there is teamwork in their work setting and 65.8% had a neutral opinion that the work setting provides career advancement opportunities. Table 11 shows that 78.6% of them had a neutral opinion about feeling safe from personal harm at work and 75.4% had a neutral opinion about feeling a sense of belonging in their workplace. 44.9% agreed that believe that, in general, society has an accurate image of nurses and 64.7% had neutral opinions about feeling quite secure about their job. Table 12 shows about 69% of the respondent had a moderate level of job satisfaction and 17.6% had a high level of job satisfaction. Only 13.4% of them had a low level of job satisfaction. Table 13 shows that 69.5% of the respondents had a moderate level of quality of work-life and 15.5% had a high level of quality of work life. Only 15% of them were found to have a low level of quality of work life. Table 14, shows that age, residence, religion, marital status, qualification, years of service experience, and monthly income were found significantly associated with the level of job satisfaction. However, only the sex of the respondents was found not significantly associated with job satisfaction. Table 15 shows that age, residence, marital status, qualification, years of service experience, and monthly income were found significantly associated with the level of quality of work life. However, the sex and religion of the respondents were found not significantly associated with the level of quality of work life.

**Table-1:** Distribution of the respondents according to age, (n=187)

Age (years)	Frequency	Percentage
≤29	11	5.9
30-35	38	20.3
36-41	63	33.7
42-47	29	15.5
48 & above	46	24.6
Total	187	100
Mean± SD	38.84±7.02	

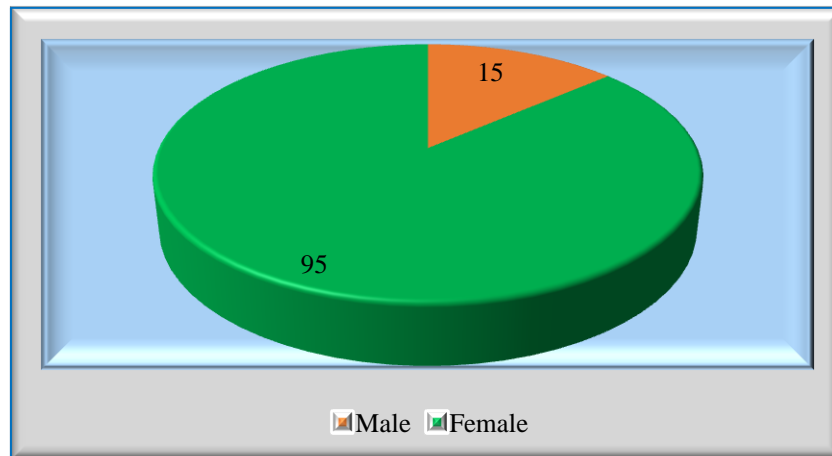


Figure-1: Distribution of respondents by sex, (n-187)

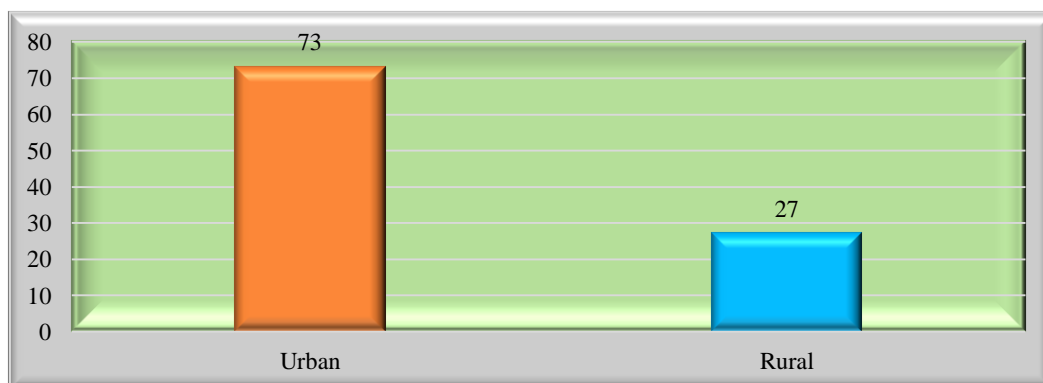


Figure-2: Distribution of respondents by residence, (n-187)

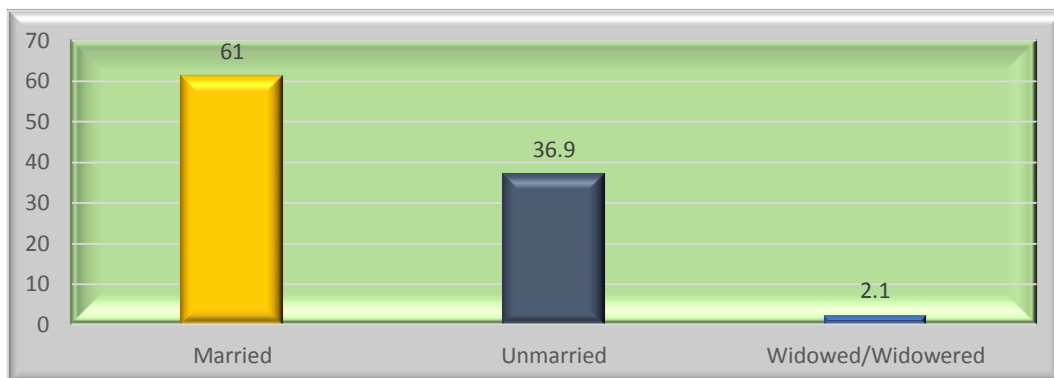
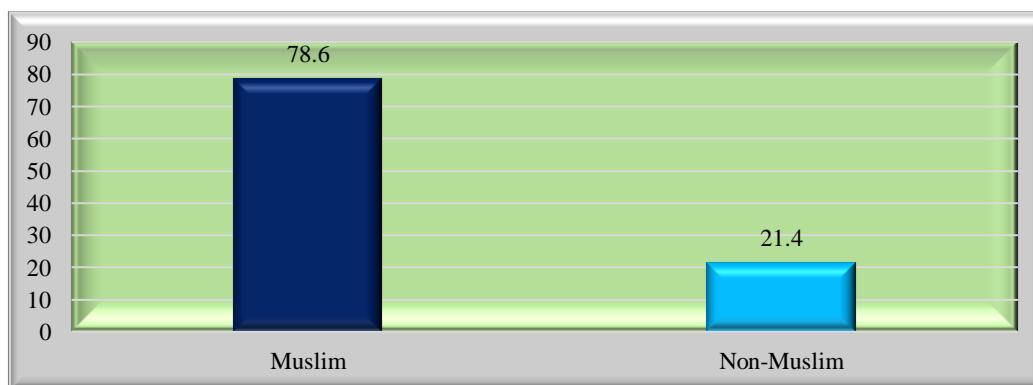


Figure-3: Distribution of respondents by marital status, (n-187)



**Figure-4:** Distribution of respondents by religion, (n-187)

**Table-2:** Distribution of respondents by a professional qualification, (n-187)

Qualifications	Frequency	Percentage
Diploma in nursing	74	39.6
B.Sc. in nursing	64	34.2
Masters	43	23
Others	6	3.2
Total	187	100

**Table-3:** Distribution of respondents by year of professional experience, (n-187)

Years	Frequency	Percentage
Less than 3 years	34	18.2
3-5 years	39	20.9
Above 5 years	114	61
Total	187	100

**Table-4:** Distribution of respondents by Monthly Income, (n-187)

Income BDT	Frequency	Percentage
≤25000	35	18.7
26000-30000	16	8.6
31000-45000	89	47.6
46000-50000	23	12.3
51000 & above	24	12.8
Total	187	100
Mean ±SD	39363.63±12271.85 BDT	

**Table-5:** Distribution of the respondents by Job Satisfaction (JS), (n-187)

Questions	Extremely Satisfied	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied
Being able to keep busy all the time	9(4.8)	123(65.8)	49(26.2)	3(1.6)	3(1.6)
The chance to work alone on the job	13(7.0)	10(5.3)	28(15.0)	104(55.6)	32(17.1)
The chance to do different things from time to time	11(5.9)	2(1.1)	112(59.9)	60(32.1)	2(1.1)
The chance to be "somebody" in the community	4(2.1)	76(40.6)	77(41.2)	26(13.9)	4(2.1)
The way my boss handles his/her workers	4(2.1)	127(67.9)	45(24.1)	10(5.3)	1(0.5)

**Table-6:** Distribution of the respondents by Job Satisfaction (JS), (n-187)

Questions	Extremely Satisfied	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied
The competence of my supervisor in making decisions	4(2.1)	107(57.2)	56(29.9)	18(9.6)	2(1.1)
Being able to do things that don't go against my conscience	7(3.7)	109(58.3)	57(30.5)	13(7.0)	1(0.5)
The way my job provides for steady employment	13(7.0)	90(48.1)	63(33.7)	8(4.3)	13(7.0)
The chance to do things for other people	4(2.1)	48(25.7)	118(63.1)	9(4.8)	8(4.3)
The chance to tell people what to do	11(5.9)	24(12.8)	132(70.6)	10(5.3)	10(5.3)

**Table-7: Distribution of the respondents by job Satisfaction (JS), (n-187)**

Questions	Extremely Satisfied	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied
The feeling of accomplishment I get from the job.	8(4.3)	103(55.1)	50(26.7)	17(9.1)	9(4.8)
The chance to do something that makes use of my abilities.	7(3.7)	77(41.2)	87(46.5)	13(7.0)	3(1.6)
The way company policies are put into practice.	15(8.0)	123(65.8)	37(19.8)	5(2.7)	7(3.7)
My pay and the amount of work I do.	12(6.4)	81(43.3)	65(34.8)	23(12.3)	6(3.2)
The chances for advancement on this job.	9(4.8)	84(44.9)	74(39.6)	16(8.6)	4(2.1)

**Table-8: Distribution of the respondents by Job (n-187).**

Questions	Satisfied Extremely	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied
The freedom to use my judgment.	6(3.2)	97(51.9)	48(25.7)	25(13.4)	11(5.9)
The chance to try my methods of doing the job.	5(2.7)	7(3.7)	162(86.6)	12(6.4)	1(0.5)
The working conditions.	6(3.2)	18(9.6)	78(41.7)	79(42.2)	6(3.2)
The way my co-workers get along with each other.	9(4.8)	24(12.8)	118(63.1)	29(15.5)	7(3.7)
The praise I get for doing a good job.	14(7.5)	90(48.1)	70(37.4)	11(5.9)	2(1.1)

**Table-9: Distribution of the Quality of Work Life (QWL), (n-187)**

Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My organization's policy for vacations is appropriate for me	10(5.3)	27(14.4)	64(34.2)	85(45.5)	1(0.5)
I feel comfortable and satisfied with my job.	11(5.9)	71(38.0)	89(47.6)	14(7.5)	2(1.1)
My workload is too heavy	8(4.3)	20(10.7)	149(79.7)	9(4.8)	1(0.5)
I have the autonomy to make client/patient care decisions.	5(3.2)	119(63.6)	41(21.9)	19(10.2)	2(1.1)
I perform many non-nursing tasks	11(5.9)	45(24.1)	58(31.0)	72(38.5)	1(0.5)
There are enough nurses in my work setting	4(2.1)	9(4.8)	141(75.4)	32(17.1)	1(0.5)
I have enough time to do my job well.	8(4.3)	37(19.8)	108(57.8)	32(17.1)	2(1.1)
I can provide good quality client/patient care	12(6.4)	131(70.1)	31(16.6)	12(6.4)	1(0.5)

**Table-10: Distribution of the Quality of Work Life (QWL), (n-187)**

Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I can animate well with my nurse manager/supervisor	11(5.9)	120(64.2)	47(25.1)	8(4.3)	1(0.5)
I receive feedback on my performance from my nurse manager	5(2.7)	43(23.0)	105(56.1)	28(15.0)	6(3.2)
Existing nursing policies and procedures are good enough	13(7.0)	15(8.0)	118(63.1)	40(21.4)	1(0.5)
I communicate well with the physicians in my work setting	13(7.0)	122(65.2)	30(16.0)	21(11.2)	19(0.5)
I feel like there is teamwork in my work setting	7(3.7)	122(65.2)	53(28.3)	3(1.6)	2(1.1)
My work setting provides career advancement opportunities	7(3.7)	21(11.2)	123(65.8)	33(17.6)	3(1.6)
I believe that is important to have the opportunity to further my nursing education without leaving my current job	8(4.3)	58(31.0)	85(45.5)	34(18.2)	2(1.1)

**Table-11: Distribution of the Quality of Work Life (QWL), (n-187)**

Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I receive support to attend continuing education and training programs.	7(3.7)	10(5.3)	24(12.8)	90(48.1)	56(29.9)
I have adequate client/patient care supplies and equipment.	10(5.3)	7(3.7)	129(69.0)	37(19.8)	4(2.1)
I feel safe from personal harm at work	1(0.5)	23(12.3)	147(78.6)	13(7.0)	3(1.6)
I feel a sense of belonging in my workplace.	10(5.3)	14(7.5)	141(75.4)	21(11.2)	1(0.5)
I believe that, in general, society has an	16(8.6)	84(44.9)	44(23.5)	42(22.5)	1(0.5)

accurate image of nurses.					
I feel quite secure about my job.	1(0.5)	53(28.3)	121(64.7)	11(5.9)	1(0.5)
My salary is adequate for my job, given the current job market	4(2.1)	21(11.2)	59(31.6)	101(54.0)	2(1.1)

**Table-12: Level of Job Satisfaction**

Level	Frequency	Percentage
Low	25	13.4
Moderate	129	69
High	33	17.6
<b>Total</b>	<b>187</b>	<b>100</b>

**Average Mean Score**

Level	Scores
Low	1.00-2.33
Moderate	2.34-3.66
High	3.67-5.00

**Table-13: Level of Quality of Work Life**

Level	Frequency	Percentage
Low (1.00-2.33)	28	15
Moderate (2.34-3.66)	130	69.5
High (3.67-5.00)	29	15.5
<b>Total</b>	<b>187</b>	<b>100</b>

**Average Mean Score**

Level	Scores
Low	1.00-2.33
Moderate	2.34-3.66
High	3.67-5.00

**Table-14: Association between the level of Job Satisfaction and Socio-demographic characteristics of the respondents (n-187)**

Socio-demographic	Level of Job Satisfaction	
	Chi-square	P-value
Age	1.707	0
Sex	5.47	0.065
Residence	19.238	0
Religion	6.15	0.046
Marital status	20.143	0
Qualification	37.664	0
Experience	68.077	0
Monthly Income	1.639	0

**Table-15: Association between the level of Quality of work-life and Socio-demographic characteristics of the respondents (n-187)**

Socio-demographic	Level of Quality of Work Life	
	Chi-square	P-value
Age	1.431	0
sex	4.084	0.13
Residence	8.056	0.018
Religion	5.551	0.062
Marital Status	14.226	0.007
Qualification	39.802	0
Experience	51.411	0
Monthly Income	1.354	0

**IV. Discussion**

The purpose of this study was to evaluate the perception of QWL and its related factors among nurses at the National Institute of Cardiovascular Diseases and Hospital in Dhaka, Bangladesh. The findings of the present study showed that the majority 58% of nurses had unsatisfied QWL. In the present study, nine domains and 50 items were included. Analysis of their perception revealed that many factors determine the QWL of

nurses. It seems that the QWL is influenced by many factors incorporated in the sub-scale such as work environment, organizational culture, relation and cooperation, training and development, compensation and reward, facilities, job satisfaction and security, and the autonomy of work and adequacy of resources sub-scale. Findings of the present study show that respondents were unsatisfied with the following domains like; work environment, relation and cooperation, training and development, facilities, and adequacy of resources. However; respondents were not highly pleased with organizational culture, job satisfaction and security, and autonomy of the work sub-scale. Studies have shown that nurses have an average or satisfactory QWL. [17,18,19] Nayeri et al carried out a descriptive study to investigate the relationship between QWL and productivity among 360 clinical nurses working in the hospitals of Tehran University of medical sciences. Their findings showed that QWL was at a moderate level among 61.4% of the participants.[18] In Boonlod's research, the overall mean score of the level of quality of working life among professional nurses in Thailand was at a moderate level.[20] Dargahi et al. reported that most nurses were unsatisfied with all components of their QWL.[21][42] In the present study majority, >50% of the participants were satisfied with the work environment. This is very important for high QWL. A work environment is a place in which one works. It consists of safe physical and mental working situations in the hospital and determines reasonable work hours. This is very similar to findings reported by Almalki et al, working environment, which ensures that the patient becomes the priority and patient needs are met. [22,23] In this study majority >50% of the participants expressed dissatisfaction with organizational hospital culture and the potential source of dissatisfaction was a lack of participation in decisions made by the nurse managers. This finding is consistent with previous studies. [22,24,25] In the present study majority >90% of the participants had harmonious relations with other nurses of the same rank but dissatisfaction was reported with immediate supervisors, in charge sisters, and higher nursing managers like assistants- matron and Matron. This finding is consistent with previous studies. [22,24,26] In previous studies, nursing management practices were found to be associated with quality care, employee productivity, employee satisfaction, and the Internet to stay or leave. [27,28] In this study majority were satisfied with opportunities for professional development reorientation training, continuing medical education activities, and other capacity-building activities. The findings of this study are not consistent with other studies. [3,23] Nurses as health care professionals seek to continually refresh their knowledge and skills to provide quality patient and community care and to satisfy their QWL. It has been reported that the lack of training programs for nurses had an impact on their competence and performance.[30] In this study majority, >75% of the participants were satisfied with the salary and compensation they receive. Compensation and rewards are motivational factors. In support of this, several research studies have found that salary, financial benefits, and equity pay were very important to nurses. [22,29] In the present study more than half of the participants were unsatisfied with the facilities food, transport, and security provided by the hospital authorial numbermber of previous nursing studies highlight concern about the safety of the working environment was a major factor in nurse dissatisfaction with the workplace. [22,24,25] Present study findings reveal that the majority 73% of the participants were satisfied with their current job and job security. They do not expect to lose them unexpectedly. Employee's job satisfaction is a very important domain for high QWL. This result appears at odds with research conducted by. [22,26,] In previous studies, nursing management practices were found to be associated with quality care, employee productivity, employee satisfaction, and the intent to stay or leave.[27,28] Autonomy of practice in nursing was found to be unsatisfactory in the majority of tertiary health care nurses. Such a challenge may put significant pressure on nurses who provide emergency care. A similar observation was reported by Almalki et al; which reveals that one-third of the respondents reported that they did not have the required autonomy to make patient care decisions. Autonomy is a very important dimension in QWL. Autonomy of practice in nursing was found to be associated with quality of care and job satisfaction. [22,26,27] In the present study majority of >50% of the participants were unsatisfied with resources-equipment's provided for the patient management and 64% were unsatisfied interns of exchange and transfer of information. It is very essential to the maintenance of the flow of information from the working station to the treating consultant about the status of the patient. This finding is consistent with [3,28,29] where essential resources for health care were not adequately available. Lack of essential patient care supplies may impact the level of QWL of nurses and their performance and productivity. Thus, changes in any of the socio-demographic factors may affect the QWL. [17,18,19,25] Also Brooks and Anderson, in an assessment of the quality of nursing work life in acute care in a Midwestern state, concluded that QWL is influenced by nursing workload. Therefore, the low QWL of nurses in this study may be related to one of the reasons proposed by previous studies. Results of the present study showed a significant relationship between nurses' QWL and their education level. However, in his study Dargahi et al couldn't observe a significant relationship between nurses' QWL and their education level. [17,28] Sahraki-Vahid et al. reported that there was no significant relationship between the nurse's QWL and their education level.[29]



## V. Conclusion And Recommendations

Here the findings study that 69% of the respondents had a moderate level of job satisfaction and 17.6% had a high level of job satisfaction. It also reports that 69.5% of the respondents had a moderate level of quality of work-life and 15.5% had a high level of quality of work life. The age, residence, marital status, qualification, years of service experience, and monthly income were found significantly associated with the level of job satisfaction and quality of work life. The outcome of the study is, of course, on the right track and it is a very good sign in the field of nursing for the coming years. And undoubtedly the prudence of the government policy highly deserves the feat in this regard. The study recommends that job satisfaction could be improved in a better way by enriching and promoting the quality of work life. There is scope for improving managerial decisions & communication for improving the quality of work life. Further research with larger samples is recommended to find out the influence of other quality of work-life dimensions on job satisfaction.

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**Conflict of interest:** None declared

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