Original Article

Correlation between Quality of Work-Life and Job Burnout in Midwives

Najme Malekzade[1], Mojgan Janighorban[2], Tahmineh Dadkhahtehrani[2]

[1]Student Research Committee, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran, [2]Department of Midwifery and Reproductive Health, Nursing and Midwifery Care Research Center, Isfahan University of Medical Sciences, Isfahan, Iran

Abstract

Background: Job burnout of healthcare professionals results in poor quality of care, making them leave the profession. A direct relationship between quality of work-life and job burnout is not clear among midwives. The aim of this study was to investigate the correlation between the quality of work-life and burnout in midwives. **Materials and Methods:** This correlational cross-sectional study was conducted by using census sampling and participation of 282 midwives working in all private and public hospitals with labor wards (n = 17) in Isfahan, Iran, in 2018. Quality of Work-life Questionnaire and Maslach Burnout Inventory were used. Partial correlation and regression analysis were used to analyze the data in SPSS.19 software. **Results:** Regarding the three dimensions of job burnout, an average level of emotional exhaustion and personal accomplishment as well as a low level of depersonalization were observed in the participants. The total score of quality of work-life had a significant inverse correlation only with the dimension of emotional exhaustion ($r = -0.43$, $p > 0.001$). The dimensions of quality of work-life were predictive of 28% and 12% variance of job burnout in the dimensions of emotional exhaustion and personal accomplishment ($R^2 = 0.28$ and $R^2 = 0.12$, respectively). **Conclusions:** Job burnout is correlated to the quality of work life among midwives. To improve the quality of midwives' services and prevent their job burnout, especially emotional exhaustion, more attention should be paid to improving the quality of their work-life.

Keywords: *Health occupations, Iran, midwifery, Burnout, professional, work*

Introduction

Midwifery is a special profession in which the health of the mother and fetus should be cared for simultaneously. Thus, the workload stress of midwives is specifically distinguished from other healthcare staff and professionals.[1] Many aspects of the midwifery profession are traumatic for its practitioners and can lead to post-traumatic stress disorder in clinical environments.[2] A low number of midwives, high workload with inadequate time, low peer support, challenging clinical situations, lack of organizational support, and low work autonomy are among the stressors of midwifery settings that threaten the psychological health of midwives, thereby including job burnout.[3,4] Job burnout is a negative psychological experience that affects a person's feelings, attitudes, motivations, and expectations, and includes three dimensions: emotional exhaustion, depersonalization, and personal accomplishment.[5] Being associated with poor quality of care and the intention of leaving one's profession, job burnout threatens midwives in all countries of the world.[6,7] Physical and psychological burnouts can be seen in midwives in the form of depression, anxiety, and stress.[8] The midwives of New Zealand have described it as a severe personal pain and that getting rid of it is almost impossible.[9] Many work-related factors can lead to job burnout in midwives.[10]

Quality of work-life refers to the optimal conditions and atmosphere of workplace that increases employee satisfaction through various means of rewarding, providing job security, offering growth opportunities, participatory management, and improving the work environment.[11] A review study on emergency physicians revealed that different quality of work-life dimensions could result in emotional exhaustion and job burnout.[12] In another study conducted on Malaysian nurses, job burnout was correlated with different dimensions of quality of work-life.[13] However, no similar study has

Address for correspondence:
Dr. Mojgan Janighorban, Assistant Professor, Department of Midwifery and Reproductive Health, Nursing and Midwifery Care Research Center, Isfahan University of Medical Sciences, Isfahan, Iran.
E-mail: janighorban@nm.mui.ac.ir, mojganjanighorban@gmail.com

Access this article online

Website: www.ijnmrjournal.net

DOI: 10.4103/ijnmr.ijnmr_448_21

Quick Response Code:

How to cite this article: Malekzade N, Janighorban M, Dadkhahtehrani T. Correlation between quality of work-life and job burnout in midwives. Iran J Nurs Midwifery Res 2023;28:194-99.

Submitted: 04-Dec-2021. **Revised:** 15-Nov-2022. **Accepted:** 29-Dec-2022. **Published:** 14-Apr-2023.

hitherto been conducted on midwives yet. Therefore, this study aimed to assess the correlation between the quality of work-life and job burnout in midwives.

Materials and Methods

This correlational cross-sectional study was conducted from January 5 to February 10, 2018, with the participation of 282 midwives working in labor wards of all private (n = 9) and public hospitals (n = 11) having labor wards in Isfahan, Iran. The sample size was calculated to be 257 subjects by using two-tailed test (α set at 0.05 and β set at 0.90) and considering the probable drop of 20% in the samples.[14] Inclusion criteria were having at least 1 year of work experience in the labor ward, having an associate's, bachelor's, or master's degree in midwifery, having no history of chronic or acute systemic/psychological diseases, having no history of stressing events such as the death of a family member, and divorce based on Holmes and Rahe stress inventory. The exclusion criterion was incomplete questionnaires where more than 10% of questions remained unanswered. Sampling was done using the census method. The data were collected using a demographic information form, including age, education level, marital status, work experience, the number of total shifts per month, the number of night shifts per month, and employment status, and a self-administered two-section questionnaire, including Richard Walton's Questionnaire and Maslach Burnout Inventory (MBI).

Quality of work-life was measured by Richard Walton's Questionnaire which consists of 35 items with a 5-point Likert scale and eight dimensions with a total score of 35 to 175. These eight dimensions are adequate and fair compensation (4 questions), safe and healthy work environment (6 questions), development of human capacities (5 questions), opportunity for continuous growth and security (4 questions), social integration in the work organization (4 questions), constitution in the work organization (4 questions), total life space (3 questions), and social relevance (5 questions). In this questionnaire, total scores of 35–80, 81–130, and 131–175 were indicative of poor, medium, and good quality of work-life, respectively. Moreover, for each dimension, the mean of mean scores was 1–6 and a dimension with a mean of mean score over 3, which corresponds to 50% of the total score, was considered as positive or a factor of satisfaction in the work environment. The validity and reliability of the tool were evaluated and confirmed in an Iranian study.[15] In the present study, the reliability of the tool was confirmed by determining the internal consistency with Cronbach's alpha of 0.95. Moreover, job burnout was measured by a 22-item MBI with a 6-point Likert scale and three dimensions including emotional exhaustion, depersonalization, and personal accomplishment. This inventory does not have a total score. In addition, the mean scores of 16≥, 17–26, and 27≤ in the dimension of emotional exhaustion, 6≥, 7–11, and 12≤ in depersonalization, and 31≥, 32–38, and 39≤ in personal accomplishment are indicative of the low, medium, and high levels of job burnout, respectively. The validity and reliability of the Persian version of the questionnaire have been assessed and confirmed.[16] In the present study, internal consistency was calculated by Cronbach's alpha coefficient of 0.88, indicating acceptable reliability.

After obtaining the approval of the managers of the wards, the researcher went to the labor ward of the hospital in the middle of different shifts. After introducing herself, she explained the objectives and methods of the research for midwives and invited them to participate in the study. Out of all volunteers, those with all inclusion criteria entered the study. After signing the written consent form, the questionnaires were given to them. The researcher patiently answered any questions regarding the study. A phone number was also given to the participants so that they could ask their probable questions. The participants responded to the questionnaires separately and independently over a period of 2 days during their shifts or in their leisure time at home. In crowded shifts, the researcher did not disturb the midwives and waited for more free time.

Data analysis was performed using SPSS v19 software (IBM, Armonk, NY, United States of America). In addition to descriptive statistics, analytical tests such as partial correlation coefficient and linear regression analysis were used to analyze the data. The normal distribution of the data was assessed by the Kolmogorov–Smirnov test. A $p < 0.05$ was considered as a significant level.

Ethical considerations

This research was approved by the Ethics Committee of Isfahan University of Medical Sciences with the ethics code of IR.MUI.RESEARCH.REC.1398.025. The participation of the midwives in this study was completely voluntary and informed written consent was obtained from them. The questionnaires were completed anonymously and the participants were assured that their personal information would remain confidential.

Results

The total number of midwives working in the labor wards was 592 and all of them were invited to participate in the study. Out of this number, 368 subjects volunteered to participate in the study; 84 subjects were not eligible and 284 were eligible, and the response rate was 77.20%. Two participants with incomplete questionnaires were excluded. Finally, data analysis was conducted on 282 subjects. The mean (SD) age of the participants was 34.75 (8.22) years. The mean (SD) of their work experience was 10.08 (8.09) years. The mean (SD) number of their total shifts per month was 26.15 (4.11) and the mean (SD) number of their night shifts per month was 6.53 (2.46). Most of them had a bachelor's degree in midwifery (90.40%) and

were married (73%). Moreover, the highest frequency of employment status was contractual (57.30%).

The results of the mean scores of job burnout dimensions indicated that the midwives had a middle level of emotional exhaustion and personal accomplishment as well as a low level of depersonalization. Moreover, as revealed by the mean score of their quality of work-life, they enjoyed a medium level of quality of work-life. Among the quality of work-life dimensions, only the dimension of the development of human capacities, with a mean score of >3 was considered as a positive factor or satisfaction factor in the workplace [Table 1].

Based on the partial correlation coefficients, the mean total score of quality of work-life had a significant inverse relationship only with the dimension of emotional exhaustion ($r = -0.43$, $p > 0.001$). The dimension of emotional exhaustion had a significant inverse relationship with all dimensions of quality of work-life including adequate and fair compensation ($r = -0.35$, $p < 0.001$), safe and healthy environment ($r = -0.48$, $p < 0.001$), development of human capacities ($r = -0.36$, $p < 0.001$), continuous opportunities of growth and security ($r = -0.30$, $p < 0.001$), social integration ($r = -0.25$, $p < 0.001$), constitutionalism ($r = -0.41$, $p < 0.001$), the total living space ($r = -0.30$, $p < 0.001$), and social relevance ($r = -0.32$, $p < 0.001$). Depersonalization had a significant inverse relationship only with the dimension of a safe and healthy work environment ($r = -0.21$, $p = 0.003$). The personal accomplishment also had a significant direct relationship only with two dimensions of a safe and healthy work environment ($r = 0.21$, $p = 0.003$) as well as development of human capacities ($r = 0.15$, $p = 0.04$) [Table 2].

Table 1: Descriptive statistics of burnout and quality of work-life domains in participants

Variable	Mean (SD)
Job Burnout	
Emotional Exhaustion	18.77 (12.61)*
Depersonalization	5.41 (6.70)**
Personal Accomplishment	34.80 (11.34)***
Quality of Work-Life	96.42 (23.22)
Adequate and fair compensation	2.08 (0.85)****
Safe and healthy environment	2.68 (0.80)****
Development of human capacities	3.10 (0.78)****
Growth and security	2.86 (0.74)****
Social integration	2.81 (0.83)****
Constitutionalism	2.68 (0.95)****
Total life space	2.47 (0.94)****
Social relevance	2.87 (0.86)****

*Mean scores of 16 ≥, 17-27, and 27 ≤represent the low, medium, and high levels of emotional exhaustion; **Mean scores of 6 ≥, 7-11, and 12 ≤represent the low, medium, and high levels of depersonalization; ***mean scores of 31 ≥, 32-38, and 39 ≤represent the low, medium, and high levels of personal accomplishment; **** a mean score over 3 is considered as a positive factor of satisfaction in the work environment

According to the linear regression analysis, the dimensions of quality of work-life were predictive of 28% ($R^2 = 0.28$) and 12% ($R^2 = 0.12$) variance of job burnout in the dimensions of emotional exhaustion and personal accomplishment [Table 3].

According to the coefficients of the regression model, the dimensions of a safe and healthy work environment ($\beta = -0.19$, $t = -1.99$, $p = 0.04$), development of human capacities ($\beta = -0.21$, $t = -2.43$, $p = 0.02$), and the total living space ($\beta = -0.35$, $t = -4.50$, $p > 0.001$) were significant predictors for the dimension of emotional exhaustion. In addition, the dimension of a safe and healthy work environment was the only significant predictive variable for the dimensions of depersonalization ($\beta = -0.19$, $t = -2.80$, $p = 0.006$). Finally, the dimensions of adequate and fair compensation ($\beta = -0.24$, $t = -3.51$, $p > 0.001$), safe and healthy work environment ($\beta = 0.33$, $t = 3.52$, $p > 0.001$), and development of human capacities ($\beta = 0.20$, $t = 2.29$, $p > 0.001$) were the significant predictive variables for the dimension of personal accomplishment.

Discussion

This study aimed at assessing the correlation between the quality of work-life and job burnout in midwives. The results of the study regarding the dimensions of job burnout indicated that emotional exhaustion, depersonalization, and personal accomplishment were at average, low, and average levels, respectively. In contrast to our study, the mean scores of emotional exhaustion, depersonalization, and personal accomplishment among Hungarian midwives were high, average, and low, respectively, in a previous study.[6] Similarly, based on the result of a study in Slovakia, while the emotional exhaustion of midwives was at a moderate level (similar to our results), depersonalization and personal accomplishment were high (different from our results).[17] A direct relationship was reported between exposure to perinatal stress events and emotional exhaustion.[18] According to the findings of a qualitative study, some factors such as contextual, environmental, and other factors make midwifery environments like an emotional battleground, or rather, a place of constant challenges and stressors.[19] Our findings are somewhat different from the findings of above-mentioned studies. To justify these differences, we could say that job burnout is a subjective, complex, and multifactorial occupational phenomenon. Accordingly, different levels of job burnout could result from differences in related factors such as age, work experience, marital status, poor professional recognition and organization, different work environments, the field of work, the care model used, management/administration functions, recent reorganization, the lack of staff and resources, low remuneration, the exposure to

Table 2: Partial correlation between domains of quality of work-life and domains of job burnout in participants

Variable	Emotional Exhaustion		Depersonalization		Personal Accomplishment	
	r	*p*	*r*	*p*	*r*	*p*
Quality Of Work-Life	−0.43	<0.001	−0.14	0.055	0.10	0.173
Adequate and fair compensation	−0.35	<0.001	−0.12	0.101	−0.09	0.241
Safe and healthy environment	−0.48	<0.001	−0.21	0.003	0.21	0.003
Development of human capacities	−0.36	<0.001	−0.12	0.111	0.15	0.042
Growth and security	−0.30	<0.001	−0.13	0.084	0.12	0.121
Social integration	−0.25	<0.001	−0.09	0.211	0.06	0.462
Constitutionalism	−0.32	<0.001	−0.11	0.087	0.05	0.432
The total life space	−0.41	<0.001	−0.01	0.881	0.003	0.969
Social relevance	−0.30	<0.001	−0.07	0.323	0.06	0.401

Table 3: Model summary of regression analysis for quality of work-life domains predicting job burnout status

Job Burnout Domains	Predictors	Sum of Squares	*F*	df	*p*	R	R Square	Adjusted R Square
Emotional Exhaustion	Quality of work-life domains	10489.44	9.78	9	> 0.001	0.53	0.28	0.25
Depersonalization	Quality of work-life domains	583.73	1.49	9	0.153	0.23	0.05	0.01
Personal Accomplishment	Quality of work-life domains	4419.55	4.01	9	> 0.001	0.35	0.12	0.09

chronic stress and anxiety situations, autonomy, and high workload.[6,10]

Regarding the viewpoint of most midwives, our results showed that the quality of their work-life was moderate which is consistent with the results of another study conducted on midwives working in maternity hospitals and health centers in Mashhad, Iran. It was reported in this study that the quality of work-life level was moderate for 67.8% of the midwives, low for 27.8%, and high for 4.3% of them.[20]

We could not find any published study conducted on the quality of work-life of midwives in other countries by searching in scientific databases; however, the quality of work-life of nurses in eight countries showed an average quality of work-life among nurses.[21] Accordingly, based on the findings of many studies in Iran and other countries, the quality of work-life of health system workers (including midwives) is at average and low level. The quality of work-life is influenced by many individual and organizational factors and includes different factors such as financial issues, the nature of the job and job description, organizational processes, management issues, resources, stressors, justice, culture, family, and life/social responsibilities of the organization.[22] As such, because of the involvement of a wide range of areas and various barriers (political, economic, organizational, cultural, legal, and social) in different countries and even in different organizations within the same country, the provision of an ideal condition for employees is a difficult activity that requires the development of written, integrated, and precise laws, policies, and programs in this regard.

According to the results of our study, out of eight dimensions of work-life, the midwives were satisfied only with the dimension of the development of human capacities, suggesting that they have relatively good autonomy in managing vaginal delivery in labor wards. However, the greatest dissatisfactions were associated with fair compensation and the total living space. The midwives of our study were strongly dissatisfied with unfair financial payments, which was due to the lack of compliance in financial payments to different occupational groups in medical centers. Moreover, the lack of manpower in hospitals, the high number of shifts, the high workload during the shift, and the resulting psychological pressures caused midwives to suffer from work-life conflicts. This result is in line with the results of another study in Iran, showing that some factors such as role ambiguity of midwifery, the job promotion system, salary and remuneration, intensive job regulation, job description, in-service training, job opportunity, and performance evaluations have been associated with low motivation and job dissatisfaction among Iranian midwives.[23] Among the primary care midwives in the Netherlands, job satisfaction has been associated positively with interactions with clients, job opportunities, variety, autonomy, freedom, supportive cooperation, teamwork, and innovation.[24] In general, the results suggest that the current working conditions are not optimal for midwives working in labor wards. Our organizational system has not been able to provide opportunities for professional growth, access to managerial positions, and the necessary incentives for personal promotion to the extent that they lead to the job satisfaction of midwives. In addition, contractual employment status threatens the job security of the midwives. Weak teamwork, especially by obstetricians and gynecologists, the dominance of physician-centered culture in medical settings, discrimination in the workplace, and disregard for the ideas and opinions of midwives have led to their dissatisfaction with social integration in the workplace. The midwives of our study were also dissatisfied with the

rules, freedom of expression, and the level of respect for their rights and personalities. This issue is to a large extent influenced by the culture, as well as organizational and managerial policies of our hospitals. With regard to social dependence, our subjects believed that the reputation of the organization and its participation in society as well as the type and quality of services it provides to the public are not desirable. High treatment costs while the income of people is low and imposing backbreaking costs on them, lack of public insurance coverage, inefficiency of the insurance system, unfair participation of people in payments, weak service system, and monitoring the performance of the system, especially in hospitals, together with insufficient specialized manpower, medicine, and equipment have caused dissatisfactions with the performance of the organization at the society level. Encountering the problems of people in this regard, the employees confirm that the performance of their organization has not been sufficient. These may also suggest undesirable organizational policies with regard to human resources. This is partially due to the better performance of other organizations in Iran that provide outstanding services, facilities, and benefits to their employees and have better policies for ensuring their welfare and satisfaction of them.

According to the results of our study, as the first dimension of burnout, emotional exhaustion had a significant inverse relationship with all eight dimensions of quality of work-life; but, only a safe and healthy work environment, development of human capacities, and the total living space were the significant predictors of emotional exhaustion among the midwives. No study was found on midwives to compare the findings; but, in a study on Malaysian nurses, safe and healthy work environment had the greatest impact on the reduction of emotional exhaustion.[13] It was also indicated in a qualitative review on emergency department physicians that inadequate payment and financial rewards, low job control, and conflicts of work with family life can lead to emotional exhaustion and increase the risk of job burnout.[12] The promotion of social integration in the organization improves the quality of life of employees and reduces the risk of burnout by involving all of them in supportive, friendly, and intimate environments and respecting their point of view.[25]

Depersonalization as the second dimension of burnout was also shown to have a significant inverse relationship with a safe and healthy work environment, which is in line with the results of a study conducted on Malaysian nurses.[26] Moreover, in the present study, a safe and healthy work environment was the only significant predictor of depersonalization.

Finally, personal accomplishment as the third dimension of burnout had a significant direct relationship with a safe and healthy work environment and the development of human capacities in our study. Thus, these two variables (together with adequate and fair compensation) were significant predictors of personal accomplishment among the participating midwives.

In a study conducted on nurses in Malaysia, the possibility of developing personal capacities had the greatest impact on the quality of work-life. This factor together with fair compensation and a safe and healthy environment can play a significant role in improving the quality of work-life and job satisfaction of employees.[13] In our study, most of the participants held a bachelor's degree, were married and young, and expected their income to meet their needs completely. This raises the expectation of the midwives for adequate compensations commensurate with their university education compared to other medical group jobs. The only limitation of the present study was the type of research as a cross-sectional study that does not follow-up individuals over time.

Conclusion

Current working conditions are not optimal for midwives. Midwives' satisfaction with various dimensions of quality of work-life can reduce their emotional exhaustion. Midwives' satisfaction with working conditions, autonomy in the workplace, fair compensation, and financial rewards will increase the personal accomplishment of midwives. Moreover, planning to prevent job interference with family life and leisure time should be considered by managers to improve the total living space of midwives.

Acknowledgments

We would like to appreciate the student research committee at Isfahan university of medical sciences for approving this research (approval code: 198019), as well as the midwives for their cooperation.

Financial support and sponsorship

Vice-chancellor of research affairs of Isfahan University of Medical Sciences

Conflicts of interest

Nothing to declare.

References

1. Lipiennè IK, Dió M, Mèszáros J. Burn-out research among midwives. New Med 2014;4:146-50.
2. Sheen K, Spiby H, Slade P. Exposure to traumatic perinatal experiences and posttraumatic stress symptoms in midwives: Prevalence and association with burnout. Int J Nurs Stud 2015;52:578-87.
3. Cramer E, Hunter B. Relationships between working conditions and emotional wellbeing in midwives. Women Birth 2019;32:521-32.
4. Dugani S, Afari H, Hirschhorn LR, Ratcliffe H, Veillard J, Martin G, *et al*. Prevalence and factors associated with burnout among frontline primary health care providers in low-and middle-income countries: A systematic review. Gates Open Res 2018;2;4.

5. Edú-Valsania S, Laguía A, Moriano JA. Burnout: A review of theory and measurement. Int J Environ Res Public Health 2022;19:1780.
6. Krémer IL, Rados M, Pálvölgyi M, Dió M, Mészáros J, Kiss ZS. A highly demAnding profession: Midwifery. Do the midwives who provide sensitive support for birthing women feel satisfied and appreciated? New Med 2016;20:19-26.
7. Tawfik DS, Scheid A, Profit J, Shanafelt T, Trockel M, Adair KC, *et al*. Evidence relating health care provider burnout and quality of care: A systematic review and meta-analysis. Ann Intern Med 2019;171:555-67.
8. Creedy D, Sidebotham M, Gamble J, Pallant J, Fenwick J. Prevalence of burnout, depression, anxiety and stress in Australian midwives: A cross-sectional survey. BMC Pregnancy Childbirth 2017;17:13.
9. Young CM, Smythe L, Couper JM. Burnout: Lessons from the lived experience of case loading midwives. Int J Childbirth 2015;5:154-65.
10. Suleiman-Martos N, Albendín-García L, Gómez-Urquiza JL, Vargas-Román K, Ramirez-Baena L, Ortega-Campos E, *et al*. Prevalence and predictors of burnout in midwives: A systematic review and meta-analysis. Int J Environ Res 2020;17:641.
11. Bora B, Saumendra D, Murthy V. Quality of work-life–a literature review. IJMSS 2015;3:106-15.
12. Bragard I, Dupuis G, Fleet R. Quality of work-life, burnout, and stress in emergency department physicians: A qualitative review. Eur J Emerg Med 2015;22:227-34.
13. Permarupan PY, Mamun AA, Hayat N, Saufi RA, Samy NK. Effects of quality of work-life on emotional exhaustion: A study among nurses in Malaysia. J Workplace Behav Health 2020;35:117-36.
14. Henriksen L, Lukasse M. Burnout among Norwegian midwives and the contribution of personal and work-related factors: A cross-sectional study. Sex Reprod Healthc 2016;9:42-7.
15. Bakhshi E, Kalantari R. Investigation of quality of work-life and its relationship with job performance in health care workers. J Occup Hyg Eng 2017;3:31-7.
16. Moalemi S, Kavoosi Z, Beygi N, Deghan A, Karimi A, Parvizi M. Evaluation of the Persian version of maslach burnout inventory-human services survey among iranian nurses: Validity and reliability. GMJ 2018;7:e995.
17. Banovcinova L, Baskova M. Sources of work-related stress and their effect on burnout in midwifery. Procedia Soc Behav Sci 2014;132:248-54.
18. Mirosław Jasiński A. Perinatal stress events and burnout among midwives in Poland. The mediating role of self-efficacy. Cent Eur. J Nurs Midwifery 2021;5;12:267-78.
19. Geraghty S, Speelman C, Bayes S. Fighting a losing battle: Midwives experiences of workplace stress. Women Birth 2019;32:e297-306.
20. Zahra HT, Shahla NS, Taghi SM. Relationship between components of quality of work-life with job satisfaction among midwives in Mashhad, 2014. Hayat 2015;21:56-67.
21. Viselita F, Handiyani H, Pujasari H. Quality level of nursing work-life and improvement interventions: Systematic review. Enferm Clin 2019;29:223-8.
22. Netto CS. Quality of work life: Dimensions and correlates–A review of literature. IJRRSS 2019;7:131-8.
23. Rahimparvar SF, Nasiriani L, Khoda TF, Azimi K, Bahrani N. Job satisfaction and some of its related factors in Midwives of Tehran Health Centers. Iran Red Crescent Med J 2017;19:e42098.
24. Warmelink JC, Hoijtink K, Noppers M, Wiegers TA, de Cock TP, Klomp T, Hutton EK. An explorative study of factors contributing to the job satisfaction of primary care midwives. Midwifery 2015;31:482-8.
25. Magda A, Ahmed AO, Hashem O. Impact of head nurses' supervision practices on quality of work-life as perceived by staff nurses. Med J Cairo Univ 2019;87:2531-7.
26. Permarupan PY, Al Mamun A, Hayat N, Saufi RA, Samy NK. Nursing management challenges: Effect of quality of work life on depersonalization. International Journal of Healthcare Management 2021;14:1040-9. DOI: 10.1080/20479700.2020.1728924.