

Organizational Commitment and Quality of Work Life Among Nurses, Medical College Hospitals, Dhaka, The People's Republic of Bangladesh

ความยึดมั่นผูกพันต่อองค์กรและคุณภาพชีวิตการทำงานของพยาบาล
โรงพยาบาลวิทยาลัยการแพทย์ กรุงธากา ประเทศสาธารณรัฐประชาชนบังกลาเทศ

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บทคัดย่อ

คุณภาพชีวิตการทำงานของพยาบาลเป็นประเด็นสำคัญของผู้บริหารทางการแพทย์ในการประสบความสำเร็จตามเป้าหมายขององค์กร การศึกษาเชิงพรรณนาหาความสัมพันธ์นี้มีวัตถุประสงค์เพื่อศึกษาระดับความยึดมั่นผูกพันต่อองค์กรและคุณภาพชีวิตการทำงานตามการรับรู้ของพยาบาล และศึกษาความสัมพันธ์ระหว่างแต่ละประกอบของความยึดมั่นผูกพันต่อองค์กรกับคุณภาพชีวิตการทำงานของพยาบาลในโรงพยาบาลวิทยาลัยการแพทย์ กรุงธากา ประเทศสาธารณรัฐประชาชนบังกลาเทศ กลุ่มตัวอย่างเป็นพยาบาลจำนวน 324 คน ที่ปฏิบัติงานในโรงพยาบาลวิทยาลัยการแพทย์ 3 แห่ง ของกรุงธากา ประเทศสาธารณรัฐประชาชนบังกลาเทศ รวบรวมข้อมูลตั้งแต่เดือนกุมภาพันธ์ ถึงเดือนมีนาคม ค. ศ. 2015 เครื่องมือที่ใช้ในการวิจัย ได้แก่แบบสอบถามความยึดมั่นผูกพันต่อองค์กร (OCS) และแบบสำรวจคุณภาพชีวิตการทำงานของพยาบาล (QNWL Survey) ซึ่งผู้วิจัยได้แปลเป็นภาษาบังกลาเทศโดยไม่มีการดัดแปลง แบบสอบถามความยึดมั่นผูกพันต่อองค์กร (OCS) และแบบสำรวจคุณภาพชีวิตการทำงานของพยาบาล (QNWL Survey) ได้รับการตรวจสอบความตรงของเนื้อหาโดยผู้พัฒนาเครื่องมือ ค่าสัมประสิทธิ์ความเชื่อมั่นของระดับความยึดมั่นผูกพันต่อองค์กรแต่ละองค์ประกอบ เท่ากับ .76, .87 และ .88 ตามลำดับ และของแบบสำรวจคุณภาพชีวิตการทำงานของพยาบาลเท่ากับ .92 วิเคราะห์ข้อมูลโดยใช้สถิติพรรณนาและสัมประสิทธิ์สหสัมพันธ์แบบสเปียร์แมน

ผลการศึกษาพบว่า

1. ค่าเฉลี่ยคะแนนของสามองค์ประกอบของความยึดมั่นผูกพันต่อองค์กรตามการรับรู้ของพยาบาลอยู่ในระดับสูง
2. ค่าเฉลี่ยของคะแนนโดยรวมและทั้งสี่ด้านของคุณภาพชีวิตการทำงานตามการรับรู้ของพยาบาลอยู่ในระดับปานกลาง
3. ความยึดมั่นผูกพันขององค์กรแต่ละองค์ประกอบมีความสัมพันธ์ทางบวกในระดับปานกลางอย่างมีนัยสำคัญกับคุณภาพชีวิตการทำงานของพยาบาล

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ผลของการศึกษานี้จะเป็นข้อมูลพื้นฐานสำหรับผู้บริการโรงพยาบาลและผู้บริหารทางการพยาบาลในการพัฒนากลยุทธ์เพื่อปรับปรุงคุณภาพชีวิตการทำงาน และดำรงรักษาความยืดหยุ่นผูกพันต่อองค์กรของพยาบาลในโรงพยาบาลวิทยาลัยการแพทย์ กรุงธากา ประเทศสาธารณรัฐประชาชนบังกลาเทศ

คำสำคัญ: คุณภาพชีวิตการทำงาน ความยืดหยุ่นผูกพันต่อองค์กร พยาบาล โรงพยาบาลวิทยาลัยการแพทย์

Abstract

The quality of work life of nurses is a crucial issue for nurse administrators in order to achieve organizational goals. This descriptive correlational study aimed to explore the level of organizational commitment and quality of work life as perceived by nurses and to explore the relationship between each component of organizational commitment and quality of work life among nurses in medical college hospitals in Dhaka, the People's Republic of Bangladesh. The subjects were 324 nurses working in the three medical college hospitals of Dhaka, the People's Republic of Bangladesh. Data collection was carried out from February to March 2015. The research instruments include the Organizational Commitment Scale (OCS) and the Quality of Nursing Work Life Survey (QNWL Survey), which were translated into Bangla without any modification by the researcher. The OCS and the QNWL Survey were confirmed for validity by the developers. The reliability coefficients of the three component of the OCS were .76, .87 and .88 respectively, and that of the QNWL Survey was .92. Descriptive statistics and Spearman's rank-order correlation coefficient were used to analyze data.

The results of this study showed that:

The mean score of the three components of organizational commitment as perceived by nurses were at a high level.

The mean score of overall quality of work life, as well as the four dimensions of quality of work life as perceived by nurses were at a moderate level.

There was a significant moderate positive correlation between each component of organizational commitment and quality of work life among nurses.

The results of this study would provide baseline information for hospital and nurse administrators in order to develop strategies to improve quality of work life and maintain organizational commitment among nurses in the medical college hospitals, Dhaka, the People's Republic of Bangladesh.

Key Words: Quality of work life, Organizational commitment, Nurse, Medical College Hospital



Background and Significance

Quality of work life (QWL) is a crucial issue in health care organizations among nurses, particularly in government hospitals (Oulton & Hickey, 2009). A study found that a tremendous shortage of nurses and high workload affects their quality of work life (Brooks & Anderson, 2005) because nurses caring for patients have to work harder, faster, and longer hours (Wilburn, 2008). The term QWL was first introduced in the United States of America at Columbia University in 1972 (Hian & Einstein, 1990). In recent years, QWL has become an important consideration among employee's lives which affects and shapes many of the components of the general wellness of organizational members, as well as other people in the community, at national, regional, and even global levels (Al-Qutop & Harrim, 2011). It is not only satisfaction with job pay, and interpersonal relationship within the work organization rather it is the satisfaction with the life situation and general wellbeing. In the nursing profession, Brooks and Anderson (2005) defined the quality of nursing work life (QNWL) as the degree to which registered nurses are able to satisfy important personal needs through their experiences in the work organization, while achieving the organization's goals to make meaningful contributions to their organization. Brooks and Anderson (2005) proposed four dimensions of QWL for nurses based on the Socio-technical System (STS) theory: (1) Work life/home life dimension; (2) Work design dimension; (3) Work context dimension; and (4) Work world dimension.

Literature has suggested that QWL among nurses has both positive and negative effects of

the employee's organizational commitment (OC) (Afsar, 2014). Many studies found that QWL influences the performance and commitment of employees in health care organizations (Gifford, Zammuto & Goodman, 2002; Hsu & Kernohan, 2006). Bonrood (2009) found that nurses' OC was positive and related to QWL at a moderate level. Another study examined the relationship between factors related to nurses QWL (Bejrswana, 2010) found the correlation between OC of nurses and QWL to be statistically significant, and that OC had the ability to predict QWL. However, one study conducted by Fattahi, Kazemian, Damirchi, Kani, and Hafezian (2014) in Iran revealed that two dimensions of QWL did not correlate with OC. Another study, Koonmee et al. (2010) reported QWL had a positive influence on different job related outcomes but it was not positively related to OC. From the reviewed studies, study results show inconsistency relationship between OC and QWL in a nursing career.

Organizational commitment (OC) is the degree to which an employee is loyal to their organization. It is characterized by acceptance of the organization's values; willingness to use effort on behalf of the organization; and desire to remain an employee of the organization (Sakthivel & Jayakrishnan, 2012). OC strengthens employees' positive attitude toward their organization (Sajjad & Abbasi, 2014). Allen and Meyer (1990) defined OC as a feeling, an attachment, a link, an attitude, and a psychological bond to the organization. Meyer and Allen (1991) hypothesized that an employee commitment reflected a desire, need and obligation to maintain membership in an



organization. Thus, commitment manifests itself in three relatively distinct components: (1) affective commitment; (2) continuance commitment; and (3) normative commitment.

In Bangladesh, nurses are an essential part of the medical college hospitals (MCHs) who provide 24-hour bedside services, which is needed because patients in hospitals and nursing care facilities need round-the-clock care. Nurses who work in government hospitals in Bangladesh, especially MCHs, always have a heavy workload and work with insufficient resources (Mahmud, 2013). Moreover, nurses also perform non-nursing jobs and found nearly half of the health workers reported difficulties in fulfilling their duties (Cockcroft et al., 2011). Nurses in Bangladesh face several problems in regards to administration, planning, HRM, quality of care, absenteeism, nurse-physician relationships, utilization of nurses, nurse-patient relationships, fringe benefits, image and social status (Oulton & Hickey, 2009). Employment opportunities and benefits are limited in Bangladesh (Zaman, 2009). These situations may affect OC and QWL as perceived by nurses in hospitals.

Since no previous studies have been found on OC and QWL among nurses in MCHs in Bangladesh, and the relationship between two variables was not confirmed, this study may fill the knowledge gap. The results of this study will also provide baseline information for developing strategies to enhance nurses' OC and QWL in Bangladesh.

Objectives

1. To explore the level of organizational

commitment and quality of work life as perceived by nurses in medical college hospitals, Dhaka, the People's Republic of Bangladesh.

2. To explore the relationship between each component of organizational commitment and quality of work life among nurses in medical college hospitals, Dhaka, the People's Republic of Bangladesh.

Conceptual Framework

The concept quality of work life was based on Brooks and Anderson (2005) and consists of four subscales: (1) work life/home life; (2) work design; (3) work context; and (4) work world. Nurses who perceived high quality of working life will have the inspiration on their job which will commit to their work and carry out positive outcomes both for individual workers and for employing organizations. Based on the literature review, the quality of work life was related to organizational commitment. For this study organizational commitment consists of (1) affective commitment, (2) continuance commitment, and (3) normative commitment. The relationship between each component of organizational commitment and quality of work life among nurses was explored in the present study.

Methodology

This is a descriptive correlational study design was conducted in three MCHs including Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College Mitford Hospital (SSMCMH), and Shaheed Suhrawardy Medical College Hospital (SSMCH) in Dhaka, Bangladesh. Data collection was carried out from February



to March 2015. The sample size was 320 nurses, calculated by using the Yamane (1973) formula at level of significance 0.05. In consideration of the possible loss of subjects, 20% (64) of the sample were added (Burns & Grove, 2005). The total number of the sample was 384 nurses. The inclusion criteria for the selection of nurses in this study included nurses who had worked for at least a year in either of these hospitals and were willing to participate in this study. The exclusion criteria for the study were staff nurses who are administrators and who were on study leave and maternity leave at data collection period. Proportional stratified random sampling was used to select the number of sample nurses from each hospital, and simple random sampling technique was used to select the sample from each hospital and each ward. The 352 (92%) of questionnaires were returned, 28 (08%) were incomplete. Thus 324 (84%) of completed questionnaires were used for data analysis.

Measures

The research instrument consisted of three parts as follows: (1) the Demographic Data Form, (2) Organizational Commitment Scales (OCS) developed by Meyer, Allen, and Smith (1993), and (3) Quality of Nursing Work Life Survey (QNWL Survey) developed by Brooks and Anderson (2005). The Demographic Data Form was developed by the researcher, and OCS and QNWL Survey were translated into Bangla using the back translation method after getting permission from the developer of both instruments. The reliability of OCS and QNWL Survey were tested with 30 nurses who had the same characteristics of the sample in Dhaka

Medical College Hospital. The Cronbach's alpha of each component of OCS was .76, .87, .88 respectively, and that of the overall QNWL Survey was .92.

Protection of Human Subjects

Prior to data collection, the research protocol was approved by the Research Ethics Review Committee of the Faculty of Nursing, Chiang Mai University, Thailand. All participants were informed about the purpose and method of study. They were informed that participation in the study would be voluntary, so they could refuse to participate or withdraw from the study at any time without being penalized or losing any benefits. Moreover, the participants were reassured that their responses would be kept confidential, their identities would not be revealed on research reports and publications of the study. Lastly, the participants who agreed to participate in the study were asked to sign a written consent.

Data Analysis

Data was analyzed using a statistical software package (SPSS 13.0). Descriptive statistics were used to explore the demographic data of the sample as well as the two variables. Spearman's rank-order correlation was used to explore the relationship between each component of OC and QWL among nurses in three medical college hospitals. The value of correlation coefficient (r) was interpreted according to Burns and Grove (2005): $r = < 0.3$ was considered as a weak relationship, $r = 0.3$ to 0.5 was considered a moderate relationship and $r = > 0.5$ was a strong relationship.

Results

1. Among the 324 subjects, the average



age of nurses was 41.08 years old. The majority of nurses were female (90.43%), and the largest age group was between 31- 40 years old (48.14%). The majority of the nurses hold a diploma (63.89%). The largest group of nurses (33.02%), had between 11 - 15 years of work experience, and earned a salary of 11,001 – 13,000 Taka per month (1 US\$ = 78 TK.).

2. The level of each component of OC as perceived by nurses was at a high level. In this three components of OC, the AC was reported the highest score (Mean = 5.70, SD = .62), followed by the NC (Mean = 5.47, SD = .74) and CC was reported lowest score (Mean = 5.25, SD = .78) (Table 1).

Table 1 Mean, Standard Deviation and Level of Each Component of Organizational Commitment as Perceived by the Nurses (n=324)

Organizational Commitment	Minimum	Maximum	Mean	SD	Level
Affective commitment	2.83	7.00	5.70	.62	High
Continuance commitment	1.83	7.00	5.25	.78	High
Normative commitment	3.50	7.00	5.47	.74	High

3. The level of overall QWL perceived by nurses were at a moderate level (Mean = 169.73, SD = .10.27). The level of QWL for four dimensions include: work life/home life, work design, and work context, work world were also

at a moderate levels (Mean = 28.59, SD = .3.19; Mean = 40.26, SD = 2.93; Mean = 80.88, SD = 5.46; and Mean = 20.00, SD = 2.44 respectively) (Table 2).

Table 2 Mean, Standard Deviation and the Level of Overall and Each Dimension of Quality of Work Life as Perceived by the Nurses (n = 324)

Quality of work life	Minimum	Maximum	Mean	SD	Level
Overall Quality of work life	125.00	194.00	169.73	10.27	moderate
Work life/home life	18.00	36.00	28.59	3.19	moderate
Work design	32.00	49.00	40.26	2.93	moderate
Work context	58.00	96.00	80.88	5.46	moderate
Work world	12.00	26.00	20.00	2.44	moderate



between overall quality of work life and affective commitment ($r = .32, p < 0.01$); continuance commitment ($r = .40, p < 0.01$); and normative commitment ($r = .38, p < 0.01$) (Table 3).

Table 3 Relationship Between Each Component of Organizational Commitment and Quality of Work Life as Perceived by the Nurses (n=324)

	Quality of work life
Affective commitment	.32**
Continuance commitment	.40**
Normative commitment	.38**

** $p < 0.01$

Discussion

1. Organizational commitment as perceived by the nurses

The study found that each component of OC including affective commitment (Mean = 5.70, SD = .62), continuance commitment (Mean = 5.47, SD = .74), and normative commitment (Mean = 5.25, SD = .78) as perceived by nurses in MCHs, Dhaka, the People's Republic of Bangladesh were at a high level (Table 1). This means that their degree of loyalty to their hospitals is quite strong, and nurses were happy during their working time at the hospital (Mazumder, Khumyu, & Boonyanurak, 2014). The findings of high levels of OC in every component indicated nurses' feelings of obligation to remain in the organization (Allen & Meyer, 1990).

There are many reasons which may contribute to the high level of OC as perceived by nurses' in MCHs of Bangladesh. Particularly, the government of Bangladesh has taken and implemented some initiatives for improving the nursing profession in the country such as expanding the scope for higher education in

nursing to include studying abroad, increasing the number of staff nurses in hospitals and improving the nurse-patient ratio in the hospitals of Bangladesh from 1:15-20 to 1:13 (Latif, Thiangchanya, & Nasae, 2010; Mahmud, 2013). During the situation of economic crisis and increasing medical expenses in Bangladesh, nurses are able to maintain their quality of life with the benefits available to nurses including pension benefits, vacation leave, maternity leave, housing loans, and medical care provided by the government. Omoniyi and Adedapo (2012) stated that a high level of OC is beneficial to an organization as it increases loyalty, creativity, and innovation, and inspires employees to make more positive contributions and stay with the organization longer (Mazumder, Khumyu, & Boonyanurak, 2014).

2. Quality of work life as perceived by the nurses

The study found that the QWL as perceived by nurses' in the three MCHs of Bangladesh was at a moderate level with the overall score (Mean = 169.73, SD = 10.27 (Table 2). This means that



the majority of the nurses were satisfied regarding their important personal needs as well as organizational requirements through their experiences in their hospitals. One possible explanation is that nurses in the MCHs received several benefits from their hospitals including work compassion, salary, improvement of the nurses' work environment, restructuring of the workforce plan, an attempt to establish a nurse-patient ratio, mixing of skills and priorities, and the opportunity for continuing education and training programs. Nurses' salaries and other financial benefits also increased in 2011 (Directorate of Nursing Services [DNS], 2011). Registered nurses job status was improved to 2nd class from 3rd class in 2011, and more than half of the nurses are able to participate in professional training. Up until 2014, approximately 100 nurses had been sent abroad for higher education (Personal communication, DNS, 2015). The discussions of the four dimension of QWL among the nurses in this study are as follows:

Work life/home life. In this study, a moderate level of work life/home life was perceived by nurses (Mean = 28.59, SD = 3.19) (Table 2). The result revealed that nurses in MCHs are satisfied with some needs in the workplace. One reason in the Bangladesh healthcare system, a rotating work shift for nurses is compulsory for a full-time job. As the majority of the nursing workforce in MCHs is female with children, nurses find difficult to work long hours away from their children and do not have enough time to look after children and care for their parents. Nakamon (2003) found that nurses' work shift was related to their QWL. Nurses of the morning shifts have a significantly

better perception of QWL than the nurses of the afternoon and night shifts (Uddin, Islam, & Ullah, 2006).

Work design. In this study, work design was perceived by nurses at a moderate level (Mean = 40.26, SD = 2.93) (Table 2). One possible reason was that the high workload which supported by the nurse-patient ratio is 1:13 in the hospital. Based on the nurse-patient ratio in the hospitals, the present results revealed that majority of the nurses' were agreed to strongly agree that the existing situation represents a shortage of nurse and high workload in Bangladesh, in comparing to the international standard for the nurse-patient ratio is 1: 4 (WHO, 2007). The previous study also found that inadequacy of registered nurses' in the work setting was one of the reasons that affect nurses QWL (Khani, Jaafarpour, & Dyrekvandmogadam, 2008).

Work context. In this study, the nurses' perceived work context at a moderate level (Mean = 80.88, SD = 5.46) (Table 2). The possible explanation of nurses' perceived moderate level of work context in this study can be attributed mainly to the Bangladeshi traditional culture of friendliness. Another situation which bothered nurses' work context was the lack of equipment and medical consumables in the hospitals (Robinson, 2011). The majority of the nurses perceived that they were anxious to do more work with fewer resources and equipment.

Work world. In this study, the nurses' perceived work world at a moderate level (Mean = 20.00, SD = 2.44) (Table 2). One possible reason was that the image of the nursing profession viewed by the entire population. From its



beginning, nursing is one of the most challenging and remarkable professions in Bangladesh. They are more vulnerable to social criticism for their shift duty and staying outside the family as well as public dealings (Zaman, 2009). According to the Nursing Superintendent (personal communication, February 27, DMCH 2015), the current public image of Bangladesh's nurses has been improving, partly as a result of the advancement of nursing towards professionalism such as increased educational facilities, salary, and job status of registered nurses. This illustrates a positive perception of nurses being at the front line of staff in most hospitals and shows their contribution is recognized as essential to meeting development goals and delivering safe and effective patient care (Buchan & Aiken, 2008).

3. The relationship between each component of organizational commitment and quality of work life of the nurses

Relationship between affective commitment and quality of work life. The study found that there was a moderate positive relationship between affective commitment and QWL as perceived by nurses in MCHs ($r = 32$, $p < 0.01$) (Table 3). This result indicated that nurses with emotional attachment to, identification with, and involvement in the organization are more likely to feel their personal and organizational needs are satisfied. One reasonable explanation of this study result, if nurses work design in the work setting is well facilitated with the right people for right task including appropriate equipment, then it promotes nurses' fulfillment from operating activities effectively (Owuor, Chontawan, &

Akkadechanunt, 2014). Moradi, Maghaminejad and Azizi-Fini (2014) showed that 60% of the nurses reported that factors such as hospital size, number and type of patients, a nurse's salary, hospital policies and physical environment may affect the nurses' QWL.

The relationship between continuance commitment and quality of work life. The study found that there was a moderate positive relationship between continuance commitment and QWL as perceived by nurses in the MCHs ($r = 40$, $p < 0.01$) (Table 3). The result indicated that nurses' awareness of the costs associated with leaving the organization is high. Meyer and Allen (1991) also stated that continuance commitment correlated with the magnitude and/or the number of investments individuals made. This study finding also indicated that when the nurses' work context is strengthened by providing opportunities for their professional development, maintaining supervisory subordinate relationships, and giving feedback support, it can influence nurses' extra role behavior. This can be said when there is an imbalance between nurses' work life/home life. They may not have enough time to balance between work and family life since most nurses are female. According to Fathimath, Chontawan, and Chitpakdee (2014) nurses inflexible shift work can reduce social contacts and decrease involvement in the work setting which may affect their QWL.

Relationship between normative commitment and quality of work life. The study found that there was a moderate positive relationship between normative commitment and QWL as perceived by nurses in MCHs ($r =$



38, $p < 0.01$) (Table 3). This reflects that nurses who felt that they ought to remain with the organization would rate high QWL. It is apparent from the findings that the STS theory promotes a parallel approach addressing the technical aspects of the work environment. According to Brooks and Anderson (2005) the image of the nursing profession, economic issues, and job security are concerns of most employees, regardless of their role in the work setting. So, if employees feel that they are being treated fairly by the management and are satisfied with pay and with the job, they may be more likely to reciprocate, participate and help others through their organizational commitment. Bejrswana (2010) found that improving the working environment and providing an adequate working facility are also significant factors that would raise the nurses' QWL to be at a superior level, which in turn would affect the quality of nursing services.

Implications of Research Findings

1. Nurse administrators, in collaboration with Hospital Director and Directorate of Nursing Services should propose to Ministry of Health and Family Welfare to recruit more nurses, and request to increase medical resources and daily consumables according to the demands of work setting; it might be helpful for nurse administrator to bring positive work attitude among the nurses in MCHs.

2. Nursing superintendent should create a positive work environment with their working hours should develop strategies to decrease workload by reducing non-nursing tasks. Moreover, hospital administrators can strengthen workplace security and ensure nurses safe from personal harm.

3. Develop strategies to enhance the quality of work life in MCHs such as competitive salary options, fringe benefits, on-site child care, elderly day care, and conduct in-service education and training programs for nurses, and support nurses for higher education might be considered. In addition, the organizational commitment among nurses should be maintained.

Recommendations for Further Research

1. The findings of this research provide a beginning step in understanding the OC and QWL of Bangladeshi nurses. Hence, further research is needed to explore a predictive study on related factors that influence both variables.

2. It would be worthwhile to conduct a further similar study for nurses in the different level of hospitals or hospitals in the different area.

3. For the next study, deeper insight on items that burdened with responsibilities related to nurses QWL to be further explored through a qualitative study.



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