



# Empowerment and Quality of Work Life Among Nurses in Specialty Hospitals, the Republic of the Union of Myanmar\*

## การเสริมสร้างพลังอำนาจและคุณภาพชีวิตการทำงานของพยาบาล ในโรงพยาบาลเฉพาะทาง สาธารณรัฐแห่งสหภาพเมียนมา\*

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### Abstract

Quality of work life is essential for attracting and retaining nurses in the healthcare workforce. This cross-sectional correlational study aimed to describe the levels of quality of work life and the relationships between structural empowerment, psychological empowerment, and quality of work life among nurses in specialty hospitals. Data were collected from 164 nurses at ten specialty hospitals in Myanmar, and stratified random sampling was used to select participants. Self-administered questionnaires, including the Work-Related Quality of Life Scale, the Conditions for Work Effectiveness Questionnaire, and the Psychological Empowerment Questionnaire, were used to measure the major study variables. Cronbach's alpha coefficient was used to test reliabilities, which were .88, .92, and .81, respectively. Descriptive statistics and Pearson correlation tests were carried out to analyze the data.

This study revealed that nurses perceived overall quality of work life at an average level (M = 76.64, SD = 9.01) and overall structural empowerment at a moderate level (M = 14.27, SD = 2.47). The overall mean score for psychological empowerment as perceived by nurses was between 5-10% of the norm among workers in various industries. Moreover, there was a significant positive correlation between structural empowerment and quality of work life at a high level ( $r = 0.59, p < 0.01$ ), and there was a significant positive correlation between psychological empowerment and quality of work life at a moderate level ( $r = 0.39, p < 0.01$ ).

Nursing and health policymakers should develop strategies and guidelines to boost the quality of work life among nurses at specialty hospitals in Myanmar.

**Keywords:** Structural empowerment; Psychological empowerment; Quality of work life; Nurse; Specialty hospitals

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**บทคัดย่อ**

คุณภาพชีวิตการทำงาน มีความสำคัญในการดึงดูดและรักษาไว้ซึ่งกำลังคนทางการพยาบาลในองค์กร สุขภาพ การศึกษาแบบภาคตัดขวางครั้งนี้ มีวัตถุประสงค์เพื่อศึกษาระดับคุณภาพชีวิตการทำงานและความสัมพันธ์ ระหว่างการเสริมสร้างพลังอำนาจเชิงโครงสร้าง การเสริมสร้างพลังอำนาจทางด้านจิตใจ กับคุณภาพชีวิตการทำงานของพยาบาลในโรงพยาบาลเฉพาะทาง รวบรวมข้อมูลในพยาบาลจำนวน 164 คน ในโรงพยาบาลเฉพาะทาง 10 แห่ง ในสาธารณรัฐแห่งสหภาพเมียนมา โดยการสุ่มแบบชั้นภูมิ แบบประเมินตนเองที่ใช้ในการศึกษา ประกอบด้วย แบบวัดคุณภาพชีวิตที่เกี่ยวกับงาน แบบสอบถามสภาพการทำงานที่มีประสิทธิผล และแบบสอบถาม การเสริมสร้างพลังอำนาจทางด้านจิตใจ ค่าความเชื่อมั่นของเครื่องมือ ได้ค่า Cronbach's alpha coefficient เท่ากับ .88, .92 and .81 ตามลำดับ วิเคราะห์ข้อมูลด้วยสถิติเชิงพรรณนา และสถิติ Pearson correlation

ผลการวิจัยพบว่า พยาบาลรับรู้คุณภาพชีวิตการทำงานโดยรวมในระดับปานกลาง ( $M = 76.64, SD = 9.01$ ) และรับรู้การเสริมสร้างพลังอำนาจเชิงโครงสร้างโดยรวมอยู่ในปานกลาง ( $M = 14.27, SD = 2.47$ ) พยาบาลรับรู้ค่าเฉลี่ยการเสริมสร้างพลังอำนาจทางด้านจิตใจโดยรวมอยู่ระหว่างร้อยละ 5-10 ของบรรทัดฐานในกลุ่มคนทำงานในอุตสาหกรรมต่าง ๆ นอกจากนี้ ยังพบว่า การเสริมสร้างพลังอำนาจเชิงโครงสร้างมีความสัมพันธ์เชิงบวกอย่างมีนัยสำคัญทางสถิติกับคุณภาพชีวิตการทำงานในระดับสูง ( $r = 0.59, p < 0.01$ ) และการเสริมสร้างพลังอำนาจทางด้านจิตใจมีความสัมพันธ์เชิงบวกอย่างมีนัยสำคัญทางสถิติกับคุณภาพชีวิตการทำงานในระดับปานกลาง ( $r = 0.39, p < 0.01$ )

ผู้กำหนดนโยบายทางการพยาบาลและทางด้านสุขภาพ ควรพัฒนากลยุทธ์และแนวทางในการเสริมสร้างให้เกิดคุณภาพชีวิตการทำงานของพยาบาล ในโรงพยาบาลเฉพาะทาง สาธารณรัฐแห่งสหภาพเมียนมา

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## Background and significance

Nurses comprise the core segment of the healthcare workforce and represent almost 59 percent of all healthcare employees worldwide (World Health Organization, 2020). However, the highest needs-based global health workforce shortages for nurses and midwives, representing over 50 percent, were in Southeast Asia, including Myanmar (World Health Organization, 2022). The remaining nurses in the health workforce experience high workloads (Saw et al., 2019). In addition, the rapid advancement of science, technology, and healthcare has led to growing patient demand for healthcare, which in turn has increased the demand for nurses and caused the pressures on them to rise on a daily basis, thereby impacting their quality of work life (Wang et al., 2020).

Quality of Work Life (QoWL) is a critical societal issue that requires global attention. Organizations and nurses need help to attain this objective because it encompasses workplace processes, strategies, and conditions that contribute to nurses' overall job satisfaction, which in turn, relies on favorable work conditions and organizational efficiency (Babamohamadi et al., 2023). QoWL, or work-related quality of life (WRQoL), is a broad, multidimensional construct that captures an individual's perception of work experience which incorporates work-based satisfaction factors, life satisfaction, and general well-being. Factors related to WRQoL include general well-being, home-work interface, job and career satisfaction, control at work, working conditions, and stress at work. (Van Laar et al., 2007).

Studies worldwide have found different levels of QoWL among nurses, including one in Iran, which found low levels (Poku et al., 2022), while another study among nurses in Jordan discovered moderate levels (Salahat & Al-Hamdan, 2022). Moreover, previous studies have examined nurses' QoWL in general hospitals across Myanmar, demonstrating low levels as nurses experienced administrators' inflexibility, limitations on decision-making, high job demands, inadequate job resources, occupational stress, insufficient time for families, and lack of training and coping skills (Wai et al., 2022).

Based on Nursalam et al.'s empowerment model (2018), factors affecting the quality of nursing work life include structural empowerment and psychological empowerment. Structural empowerment refers to social structures at work that allow individuals to achieve their work goals through access to opportunities, relevant information, support, and resources (Kanter, 1977). Studies have examined structural empowerment among nurses throughout the world, resulting in, for example, moderate levels in Brazil (Moura et al., 2020). When nurses receive better compensation and fairness from an organization, QoWL is prominent (Baek & Bae, 2022). In addition, resources and opportunities provided by an organization enable nurses to provide optimal patient care. Support obtained from peers creates good teamwork and prevents work fatigue and reduce burnout syndrome which in turn was negatively associated with QoWL (Nursalam et al., 2018). A study in South Korea also found that the correlation between structural empowerment and QoWL among clinical nurses at a university hospital was at a high level (Baek



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& Bae, 2022).

Psychological empowerment is a motivational construct manifested in four cognitions: meaning, competence, self-determination, and impact (Spreitzer, 1995). The results of psychological empowerment among nurses in Saudi Arabia have been demonstrated at a high level (Alharbi & Alrwaitey, 2022) while also being demonstrated at a moderate level in Jordan (Albasal et al., 2022). Psychological empowerment impacts nurses' QoWL through mechanisms such as increased job satisfaction, improved work engagement, enhanced work-life balance, increased task accomplishment, and higher organizational commitment (Diana et al., 2022). The previously mentioned study in South Korean also found that the correlation between psychological empowerment and QoWL among clinical nurses at a university hospital was at a high level (Baek & Bae, 2022).

Although previous studies have revealed high levels of relationship between psychological and structural empowerment and QoWL in recent years, knowledge is still limited since these were conducted in different contexts and different types of hospitals, with different instruments and frameworks. Therefore, more research to confirm the relationship between structural empowerment, psychological empowerment, and QoWL among nurses in specialty hospitals in Myanmar is needed to improve the understanding of QoWL and its relationships.

In Myanmar, specialty hospitals provide in-depth insights into specific health issues, treatments, and outcomes. Nurses in specialty hospitals provide care for patients who require specialized diagnostic and therapeutic services (Nurses, personal communication, April 16<sup>th</sup>, 2023). Moreover, they have a teaching role for nursing students practicing in their units even though they have a heavy workload and overcrowding of patients (Kyi, 2017). However, they did not receive extra training or advanced specialty programs (Kyi, 2017). In addition, many situations affect the quality of nurses' work life in specialty hospitals. The shortage of nurses in hospital settings was 44.36% throughout the country (Phyo, 2019). The majority of shortages were found in Nay Pyi Taw (61.81%), followed by Yangon (42.90%) and Mandalay (41.75%) (Ministry of Health and Sports, 2020).

As a result of shortages, nurses experience overload and exhaustion in their work settings. Furthermore, nurses work night shifts for 6-12 days per month (Saw et al., 2019). The nurse-to-patient ratio in specialty hospitals is about 1:15 per shift, and this increases during night shifts because the number of night shift nurses is lower than that for day shifts. As a nurse takes responsibility for more patients, performing nursing care for all assigned patients on their duty shifts becomes challenging. The frequent night shifts quickly lead to lower physical fitness and energy loss in nurses and influence work conditions in hospital settings (Hu et al., 2020). Therefore, nurses experience stressful situations due to the complex specialty procedures and heavy workloads in specialty hospitals.

In summary, although there have been previous studies related to QoWL (Wai et al., 2022), there is limited evidence regarding structural and psychological empowerment factors correlated

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with QoWL among nurses in specialty hospitals in Myanmar. This study attempts to bridge the knowledge gap regarding QoWL among nurses in specialty hospitals in Myanmar and its factors. The findings of this study can assist in enhancing nurses' lives and provide recommendations for nursing administrators to develop strategies to optimize QoWL among nurses in Myanmar.

### Research objectives

This study aimed to describe structural empowerment, psychological empowerment, and QoWL, and to examine the correlations between structural empowerment, psychological empowerment, and QoWL among nurses.

### Conceptual framework

The QoWL concept is based on Van Laar et al. (2007) and includes six factors: general well-being, home-work interface, job and career satisfaction, control at work, working conditions, and stress at work. The concept of structural empowerment is based on Laschinger et al. (2001) and consists of six subscales: access to opportunity, access to information, access to support, access to resources, formal power, and informal power. The concept of psychological empowerment is based on Spreitzer (1995) and involves meaning, competence, self-determination, and impact. According to Nursalam et al.'s empowerment model (2018), structural empowerment is correlated with QoWL among nurses. In addition, psychological empowerment negatively correlates with burnout syndrome, which in turn was negatively associated with QoWL. This study tested the correlation between structural empowerment, psychological empowerment, and QoWL among nurses in specialty hospitals, as described in Figure 1.

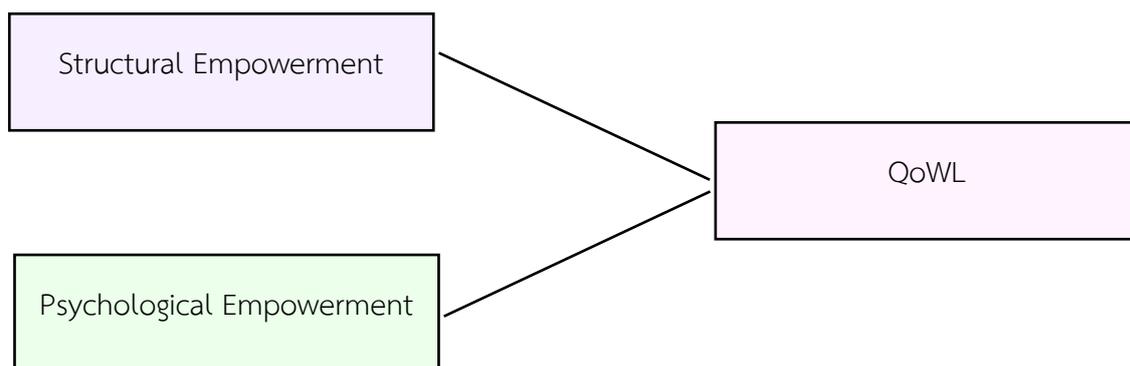


Figure 1: Theoretical framework of the study

### Methodology

This cross-sectional correlational study was conducted among nurses in ten specialty hospitals, in the Republic of the Union of Myanmar.

#### Population and Sample

The study population was 252 nurses who had worked in ten specialty hospitals in the Republic of the Union of Myanmar.



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We used Yamane's formula to calculate the sample size (Yamane, 1973) which resulted in 155 nurses. The total sample size required 186 participants, including 20% (31 participants) added for potential attrition.

The inclusion criteria were nurses with more than six months of experience in ten specialty hospitals. Nursing administrators and managers, nurses who had taken more than one month's leave, and nurses attending specialty programs were left out. Stratified random sampling was used to select participants from ten specialty hospitals. Nurses from each hospital were selected proportionally from each unit including the eye unit, obstetric unit, gynecology unit, neonate unit, operation theater, orthopedic unit, spine unit, hand unit, and outpatient unit. From the name list of nurses' in each unit at each hospital, participants were selected using simple random sampling.

### Research instruments

The study questionnaire included demographic data and three instruments including the Work-Related Quality of Life Scale, the Conditions for Work Effectiveness Questionnaire II, and the Psychological Empowerment Questionnaire. The copyright owners of each instrument granted permission for usage. The Conditions for Work Effectiveness Questionnaire II and the Psychological Empowerment Questionnaire were translated from the original English to Myanmar following the forward and backward translation processes (Yu et al., 2004).

Part I: The demographic data form including age, gender, marital status, salary, work experience, work shift, level of education, nurse-to-patient ratio, currently assigned wards, and current job position was constructed by the researchers.

Part II: The Work-Related Quality of Life (WRQoL) Scale was developed by Van Laar et al. 2007 and translated into a Myanmar version by Wai et al. (2022). It comprised 24 items organized into six factors: general well-being (6 items), home-work interface (3 items), job and career satisfaction (6 items), control at work (3 items), working conditions (3 items), and stress at work (2 items), and the 24<sup>th</sup> item was used to evaluate overall satisfaction. Each item was graded on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). All scale items were positive except for items 7, 9, and 19, which were reverse scored. Three levels of WRQoL were identified: low (23-73), average (74-84), and high (85-115). If the decimal is less than 5, the final digit is unchanged. If the decimal is 5 or greater, add 1 to the final digit (Flora, 2024). The validity of the WRQoL scale was tested by Van Laar et al. (2007). The internal consistency, measured by Cronbach's alpha, was .88.

Part III: The Conditions for Work Effectiveness Questionnaire II (CWEQ-II), developed by Laschinger et al. (2001), was used to measure nurses' structural empowerment and was comprised of 19 items across six subscales: access to opportunity (3 items), access to information (3 items), access to support (3 items), access to resources (3 items), formal power (3 items), and informal power (4 items). It used a 5-point Likert scale ranging from 1 (none) to 5 (a lot). Interpretation of the mean of each subscale score was obtained by adding and averaging the items. The three levels of structural empowerment were classified as low (6-13), moderate (14-

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22), and high (23-30). The validity of the CWEQ-II was tested by Laschinger et al. (2001). Internal consistency for the Myanmar version, via Cronbach's alpha, was .92.

Part IV: The Psychological Empowerment Questionnaire developed by Spreitzer (1995) included 12 items across four subscales: meaning (3 items), competence (3 items), self-determination (3 items), and impact (3 items). Each item ranged from 1 (very strongly disagree) to 7 (very strongly agree) on a 7-point Likert scale with a higher score reflecting greater psychological empowerment. Interpretation of overall psychological empowerment was applied by comparing it with norms of workers in various industries (Spreitzer, 1995). The validity of the psychological empowerment questionnaire was tested by Spreitzer (1995). The internal consistency for the Myanmar version, via Cronbach's alpha, was .81.

#### **Ethical considerations**

The Research Ethics Review Committee of the Nursing Faculty, Chiang Mai University in Thailand (Approval No. 076/2023, study code: 2566-EXP048); the University of Public Health in Yangon, Myanmar (Ethics/IRB/2023/005); and the ten target specialty hospitals in Nay Pyi Taw, Yangon, and Mandalay provinces approved this study. Afterwards, the researcher received administrative approval from the Ministry of Health and the selected hospitals. Every participant was informed regarding the questionnaire with consent forms and information sheets before data collection, and they had the right to participate in or withdraw from this study at any time without any negative consequence on their benefits or future career. The confidentiality and anonymity of the participants were guaranteed.

#### **Data collection**

After receiving approval from the Ministry of Health, the Republic of the Union of Myanmar, the researcher contacted the research coordinator of each hospital to elucidate the objectives and their responsibilities for gathering data. The researcher chose the participants using stratified random sampling based on inclusion and exclusion criteria from the list of departments. At each hospital, the researcher and research coordinator met with the participants to explain the purposes of the study, the research instruments, and the data collection process. Before completing the questionnaires, the subjects needed to provide their signature on the consent document. The researcher and research coordinators distributed questionnaires and requested the participants to return them within two weeks. The research coordinators then collected the questionnaires from the boxes and returned them to the researcher. From the 186 returned questionnaires (100%), after excluding incomplete ones and deleting outliers, 164 (88.17%) questionnaires were finally entered into the statistical program for data analysis.

#### **Data analysis**

Descriptive and inferential statistics were generated using SPSS version 25. We analyzed the demographic data and the three instruments using descriptive statistics. As all variables met the assumption of the normality test, the relationship between structural empowerment, psychological empowerment, and QoWL was based on Pearson's correlation coefficient.

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## Results

Nearly half of the participants (45.73%) were between 20 and 30 years old ( $M = 34.16$ ,  $SD = 9.16$ ). Nearly all participants (96.34%) were female, while 53.05% were single, and 70.73% received below 250,000 Myanmar kyats monthly. Nearly one-third of the nurses (31.71%) had between 1 and 5 years of total working experience ( $M = 10.77$ ,  $SD = 7.72$ ). Almost half of the nurses (46.95%) had worked morning shifts in their last working shift, and 42.07% of nurses were assigned 5-10 night shifts per month. Nearly a third quarter (74.39%) held a diploma in nursing, and 89.63% did not attend training programs. Just over a quarter (26.22%) of the nurses cared for more than 20 patients each in the inpatient department ( $M = 20.19$ ,  $SD = 12.78$ ), while 14.02% looked after less than 50 patients in the outpatient department ( $M = 53.10$ ,  $SD = 49.36$ ). Most nurses (81.10%) worked in the inpatient department, and 62.80% were staff nurses.

The results demonstrated that most nurses perceived the overall mean QoWL score at an average level ( $M = 76.64$ ,  $SD = 9.01$ ). The overall mean score of structural empowerment perceived by nurses was at a moderate level ( $M = 14.27$ ,  $SD = 2.47$ ) while the mean score of overall psychological empowerment as perceived by nurses was 4.43 ( $SD = 0.60$ ), which was between 5-10% of the norm compared with that of workers in other industries (Table 1).

**Table 1** Range, mean, SD, and level of structural empowerment, psychological empowerment, and QoWL of nurses ( $n = 164$ )

No.	Variables	Range	Mean	SD	Level
1.	QoWL	23-115	76.64	9.01	Average
2.	Structural empowerment	6-30	14.27	2.47	Moderate
3.	Psychological empowerment	1-7	4.43	0.60	Between 5-10% of the norm

There was a significantly positive relationship between structural empowerment and QoWL at a high level ( $r = 0.59$ ,  $p < 0.01$ ). In contrast, the correlation between psychological empowerment and QoWL was at a moderate level ( $r = 0.39$ ,  $p < 0.01$ ) (Table 2).

**Table 2** Relationship between structural empowerment, psychological empowerment, and QoWL of nurses ( $n = 164$ )

Variables	Pearson's correlation coefficient	
	Structural empowerment	Psychological empowerment
QoWL	0.59**	0.39**

\*\*  $p$  value  $< 0.01$



## Discussion

The results showed that the overall mean score for QoWL was at an average level, indicating that nurses in specialty hospitals could be more satisfied with their QoWL. This finding was in line with an empirical study done by Wang et al. (2019) carried out in China, which used the same instrument. The working experience of nurses might be a cause of the average level of QoWL. Nearly half of the participants (42.07%) had more than 10 years of nursing experience. More work experience can lead to improved skills and confidence that help mitigate stress, as Van et al.'s (2020) study also corroborated the rich clinical experiences of nurses, who mainly engaged in nursing management and had lower stress at work.

However, 81.10% of nurses worked in inpatient departments with full-time rotations rather than outpatient departments with only day shifts while 42.07% were assigned 5-10-night shifts per month. Wang et al. (2019) stated that shift nurses can find it challenging to balance their work, family, and social lives, and they often have to sacrifice break time to meet family and friends. In addition, nurses in specialty hospitals need more resources in terms of specialized equipment and technology. When a system does not work in specialty hospitals, nurses are forced to use the manual way of doing things, for example, reporting by email, recording patient documents, and searching for new procedures (Kyj, 2017). Nurses in hospitals included in this study still reported to nursing administrators and managers manually. Furthermore, nurses in specialty hospitals needed specialized training regarding technology and equipment. That is why nurses in specialty hospitals might be unsatisfied with their work conditions and QoWL.

The findings of this study showed that the overall mean score for structural empowerment perceived by nurses was at a moderate level. These findings agree with an earlier study conducted in Southern Brazil which included nurses working in large public university hospitals (Moura et al., 2020). The results of a moderate level of structural empowerment revealed that nurses received partial access to opportunity, support, and informal power from the organization. The social interaction between staff nurses and their peers reflects a healthy level of communication among healthcare team members (Albasal et al., 2022). However, nurses in specialty hospitals require more information. Moura et al. (2020) have also indicated that the transfer of information from management is not reaching the professionals; that is, the information needs to be passed on to the nurses.

The results of this study indicated that the mean score of overall psychological empowerment perceived by nurses was between 5-10% of the norm compared to the norm of workers in various industries. A possible reason might be the inadequate competence of nurses and limited participation in the decision-making process. Most nurses (74.39%) in this study are in three-year diploma courses in nursing, and nearly all nurses (89.63%) did not have a chance to attend training programs. Even though they are working in specialty hospitals, they could not access adequate knowledge and skills in specialty areas.



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การเสริมสร้างพลังอำนาจและคุณภาพชีวิตการทำงานของพยาบาล  
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Although nurses perform nursing procedures such as dressing changes, position changes, and feeding patients, they require orders from physicians and have limited decision-making regarding nursing care procedures. Nurses cannot alter a patient's care without consulting with doctors (Nway, 2018). Moreover, nurses have no authority in making clinical decisions, and this is not sufficiently taken into consideration. Therefore, they feel they are less appreciated, and their motivation levels decrease (Maung, 2019). Organizations should create a work environment that fosters meaningful work experiences and encourages an employee's sense of competence and self-determination, along with an awareness of the impact of one's work, which in turn promotes beneficial outcomes within organizations (Meng & Sun, 2019).

Additionally, structural empowerment had a significantly high positive relationship with QoWL, a finding congruent with a previous study by Baek and Bae (2022) who found structural empowerment significantly correlated with QoWL at a high level. When nurses feel supported by an organization in terms of the resources they need, they experience higher levels of job satisfaction and overall well-being, improving QoWL. If nurses are well-informed and involved in decision-making processes, they feel a sense of ownership and engagement with their work, resulting in higher QoWL. Therefore, the organization should be innovative with work structures that support healthier nurses, reduce stress, improve perceptions of respect and fair play, and enhance QoWL (Nayak et al., 2018).

Psychological empowerment had a significantly moderate positive correlation with QoWL. This may imply that nurses had continuous learning opportunities to enhance their skills and competencies, which positively impacts their QoWL (Suleiman et al., 2019). When nurses find meaning in their work, they are more likely to feel engaged, motivated, and satisfied, all of which contributes to QoWL. Nurses who feel competent in their roles experience greater confidence, increased task satisfaction, and reduced stress levels, leading to a better QoWL. When nurses have the freedom to make decisions, set goals, and determine how to accomplish tasks, this leads to higher levels of QoWL (Nursalam et al., 2018; Suleiman et al., 2019).

### Applications of research findings

The research findings have significant implications for nursing and health policymakers in formulating strategies to improve the QoWL of nurses by enhancing structural empowerment and psychological empowerment in specialty hospitals. Concerning structural empowerment, nursing administrators and managers should develop strategies for nurses to optimize workflows; reduce non-nursing tasks; arrange information systems through a network; and provide adequate staffing. Regarding psychological empowerment, nursing administrators should provide training for nurses to increase their competencies, as well as encourage nurses to work on meaningful and high-impact jobs.



### Suggestions for further research

1. Further study should be conducted on the QoWL for different levels of other general hospitals and specialty hospitals throughout all areas of Myanmar.
2. Further research should be conducted on the QoWL among other levels of nurses, such as nursing administrators and managers.
3. Further research should investigate the predictive power of structural and psychological empowerment on QoWL.

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