

Quality of Work Life among Medical Staff in Algeria's Healthcare Sector

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Abstract:

In an environment of tension and division of labor such as healthcare services, the quality of the working life of employees is one of the most fundamental challenges, especially for doctors and nurses. The aim of this study was to evaluate the level of satisfaction with quality of working life among medical staff in Algeria, taking into consideration all its dimensions. Data was obtained from a sample of 80 Algerian medical staff (doctors and nurses), using the questionnaire instrument. Data analyzes were carried out using SPSS 22, descriptive statistics, spearman correlation coefficient, Mann-Whitney-U test and Kruskal-Wallis test were used.. Data analysis found that medical personnel's quality of work life was poor. In order to enhance their quality of work, the study concluded that preventive services should be provided to health workers in Algeria.

Keywords: *Quality of work life ; Medical staff ; Algeria ; Health care service*

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1. Introduction

Work has been considered to play a vital part in every human beings life. As employees spend a lot of time and energy at their workplace, it is important that the organization provides them with a better quality of work life so as to make them satisfied with their life at work. Walton (2007) underlined the importance of QWL to save human and environmental values, which were neglected because of the technological development and competitiveness of economy. (Narehan, Hairunnisa, Norfadzillah, & Freziamella, 2014, p. 25).

The importance of QWL is unquestionable, over the past two decades the research group has drawn interest because it is an imperative question in achieving the organization's objectives in all sectors, for organizations to continue recruiting and retaining staff, a high QWL is crucial (Yadav & Khanna, 2014). In other words, understanding employees feeling is vital to management, because it acts like a domino effect; employees who are of a high degree of job quality are ready to contribute more and engage properly in any initiative offered by the organization.

QWL is an umbrella term which encompasses several definitions, all the primary inputs that aim at simultaneously enhancing both the quality of life of workers and the productivity of the company can be said.

In an environment of tension and division of labor such as healthcare services, the QWL of employees is one of the most basic challenges, especially for doctors and nurses. So, they should also have a higher QWL in order to provide those who need

support with high quality comprehensive treatment. Literature supports that health care practitioners who are safe in decent working environments providing their clients with better quality service (Gholami, Jahromi, & Zarei, 2013).

Hospitals and health care units have high levels of work-related stress, which raise the likelihood of a poor quality of live. (Kheiraoui, Gualano, Mannocci, & La Torre, 2012). The basic characteristic of healthcare workers (doctors and nurses) should be understood and the relationship between workload level and work quality should be examined. This could be used to optimize assistance and intervention and minimize negative impacts on their lives.

QWL is known for years as a challenge for the infirmiers, likely due to their daily work which links with physical suffering, pain and emotional distress and because they work in stressful and challenging environments with high sales, night shifts, workloads, serious health conditions and disputes with coworkers or patients..

Doctors are often subject to high stress; often, they don't have time to maintain personal contacts other than with their colleagues.

In this context, the purpose of this study is to respond to the following questions:

What is the level of satisfaction with QWL among medical staffs?

In order to answer our question, the following hypotheses are proposed:

H₁: The level of satisfaction with QWL among medical staff of the present sample is low.

H₂: There are significant relationships between the level of satisfaction with dimensions of QWL (general well being,

home-work interface, job and career satisfaction, control at work, working conditions and stress at work) and overall satisfaction with QWL.

H₃: There are significant relationships between personal factors (sector, professional status, gender, age, working time (h/ week) and work experience) and overall satisfaction with QWL.

H₄: Statistically significant variations exist between personal factors (sector, professional status, gender, age, working time (h/ week) and work experience) in QWL.

Thus, the study sought to achieve the following objectives:

- To evaluate the level of satisfaction with QWL among medical staff, taking into consideration all its dimensions.
- Determine whether there are significant relationships between the level of satisfaction with dimensions of QWL (general well-being, home-work interface, job and career satisfaction, control at work, working conditions and stress at work) and overall satisfaction with QWL.

- Determine whether there are significant relationships between personal factors (sector, professional status, gender, age, working time (h/ week) and work experience) and overall satisfaction with QWL.
- Determine whether there are variations in terms of assessment of QWL in different personal factors (sector, professional status, gender, age, working time (h/ week) and work experience).
- To offer concrete suggestions for improving the situation.

2. Literature review:

QWL is commonly used in various countries with particular definitions; it has been the subject of extensive investigation in recent years, also for organizations it has become obligatory because of need.

2.1. Definitions of QWL:

Different authors offer various definitions for QWL, some of the most common definitions of QWL listed in chronological order are presented below:

Table 1. Important definitions of QWL

Year	Author	Definition of QWL	Source
1972	International Labors Relation Conference in New York	Aims to initiates awareness and a coherent philosophy and practice about how to establish the conditions for a "human work life."	(Ramawickrama, H. D. N. P, & PushpaKumari, 2017)
1979	American Society for Training and Development	QWL is a workplace mechanism that actively encourages its participants at all levels to engage in shaping the environment, the methods and results of organizations. This value-based process seeks to achieve the twin objectives of improving the productivity of companies and improving	(Verma & Monga, Understanding Quality of Work Life in Contemporary World, 2015)

		QWL.	
1983	Carlson	QWL is both an aim and a method to achieve this objective: 1. As an objective, QWL is a priority of every organization's contribution to the enhancement of the workplace environment: the creation of more inclusive, safe and productive workplaces for people at every level of the organization. 2. In order to achieve this aim, QWL requires the active participation of individuals throughout the organization.	(Carlson, 1983)
2001	Sirgy, Efraty, Siegel, Lee	Employee satisfaction with a range of needs by means of services, practices and performance from workplace involvement.	(Sirgy, Efraty, Siegel, & Lee, 2001)
2014	Mazloumi, Kazemi, Nasl-Saraji, Barideh	Employees' attitudes to their work, particularly their results, including work satisfaction, mental health and safety that affect organizational results directly.	(Mazloumi, Kazemi, Nasl-Saraji, & Barideh, 2014)

Source: Prepared by both researchers based on literature review

A literature review on the QWL shows clearly that various authors have described this term in several ways, but consensus revolves around two viewpoints:

- Organizational perspectives: include all the processes and policies of the company which seek to improve job life and life outside job so they can

create more productive and happier workers.

- Individual perspectives: Employee attitudes to a variety of facets of the job.

2. 2. Dimension of QWL:

QWL is a multidimensional concept representing the emotion of a person in many fields, including several dimensions:

Table 1.QWL dimension in various researchers' view

Year	Author	Dimensions of QWL	Source
1973	Richard E. Walton (ETATS-UNIS)	1. Equal and adequate compensation. 2. Healthy and safe conditions of work. 3. Immediate chance to use human potential and to improve it. 4. Security and continuing growth opportunities. 5. Social integration in the workplace. 6. Work organization constitutionalism.	(Walton, 1973)

		<ol style="list-style-type: none"> 7. Work and the entire space of life. 8. Social relevance of working life. 	
1985	C. Klott, Mundick et Schuster	<ol style="list-style-type: none"> 1. Salaries and career security. 2. Stress in the workplace. 3. Health program for the company. 4. Alternative job schedules. 5. Participative management and control of work. 6. Recognition. 7. Comfortable ties between worker and boss. 8. Grievance procedure. 9. Adequacy of resources. 10. Seniority and merit in promotion. 11. Employment on permanent basis. 	(Verma & Monga, Understanding Quality of Work Life in Contemporary World, 2015)
1991	Baba and Jamal	<ol style="list-style-type: none"> 1. Job satisfaction. 2. Job involvement. 3. Work role ambiguity. 4. Work role conflict. 5. Work role overload. 6. Job stress. 7. Organizational commitment. 8. Turn-over intentions 	(BABA & JAMAL, 1991)
2001	Sirgy, Efraty, Siegel, Lee	<ul style="list-style-type: none"> ❖ Lower-order need constituting: <ol style="list-style-type: none"> 1. Health/safety needs. 2. Economic/family needs and ❖ Higher-order needs constituting: <ol style="list-style-type: none"> 1. Social needs. 2. Esteem needs. 3. Self-actualization needs. 4. Knowledge needs. 5. Aesthetic needs. 	(Sirgy, Efraty, Siegel, & Lee, 2001)
2007	Van Laar, A. Edwards, Easton	<ol style="list-style-type: none"> 1. General Well-Being (GWB) 2. Home-Work Interface (HWI) 3. Job and Career Satisfaction (JCS) 4. Control at Work (CAW) 5. Working Conditions (WCS) 6. Stress at Work (SAW) 	(Van Laar, A. Edwards, & Easton, 2007)

Source: Prepared by both researchers based on literature review

2.3. Studies presenting the assessment of QWL in health staff

Results are extracted from research papers carried out on the QWL amongst healthcare professionals.

First, (Eren & Hisar, 2016), in their transversal analysis of 163 nurses working in a university hospital in Istanbul, attests that the level of QWL and organization commitment of nurses is medium. It was also found that the QWL and organizational engagement have a positive and statistically relevant relationship.

In a research to evaluate the QWL in public health workers in Chile, they used the scale that was developed by (Marinalva da, 2006) It was eleven dimensions and has shown that QWL is significantly correlated with occupational satisfaction and burnout syndrome. (Pérez-zapata & Zurita, 2014).

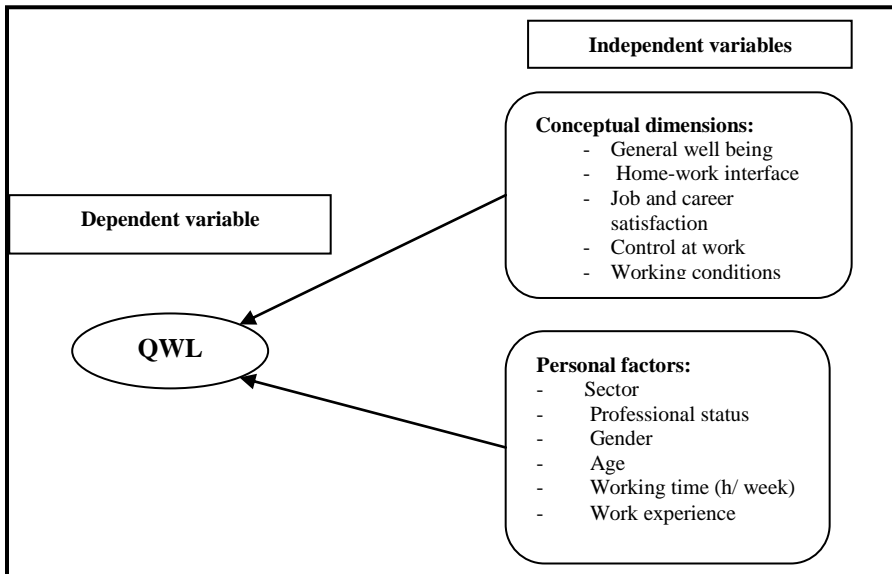
Another research found workers who have become more interested in their QWL, are more committed and more productive to the organization (Delgoshyii, Riahi, & Motaghi, 2010).

Research in Saudi Arabia has shown that 52.4% of nurses are dissatisfied with their QWL, significant variations were found based on gender, age, marital status, and payment per month. (Almalki, FitzGerald, & Clark, 2012).

2.4. Research framework

In order to examine the level of satisfaction with QWL among medical staffs and the relationship between QWL and personal factors of medical staff, a research framework was developed as illustrated in Fig-1-:

Fig. 1. the conceptual framework of the present study



Source: Prepared by both researchers based on literature review

3. Research Methodology:

During this work the methodology developed was initially based on the bibliographical review of literature considered the analysis of the key dimensions and criteria.

3.1.Participants:

In a population of health care staff from the following Algerian regions: Batna, Algiers,

Tiart, El-Oued, Constantine and other regions, a cross-sectional analysis was undertaken. An anonymous questionnaire was voluntarily given to doctors and nurses, a random sample of medical staff (N =80) participated in the research, during the period from January to February 2020, their demographic characteristics are illustrated in the Table 3.

Table3.Demographic data of the sample study (N=80)

Demographic characteristics	%
Sector:	
- Public	93.8
- Private	6.3
Professional status:	
- Nurses	43.8
- Doctors	56.3
Gender	
- Male	27.5
- Female	72.5
Age:	
- 20-30 years	83.8
- 31-40 years	6.3
- 41-50 years	7.5
- over 51 years	2.5
Working time	
- <40 h/week	48.8
- >40 h/week	51.3
Experience	
- <15 years	93.8
- >15 years	6.3

Source: Based on the outputs of SPSS software

Comment: In total, 80 individuals filled out the questionnaire in this study, The research population characteristics are presented in Table 3.

We found that the highest percentage of the sample was working in public sector by 93.8%, while 6.3% were working in private sector.

About professional status, 56.3% of the total sample were doctors, while 43.8% were nurses.

About gender, of all participants who completed the questionnaire 72.5% were female, and 27.5% were male.

About age, they were (20 to 30 years) by 83.8% of the total sample, followed by (41 to 50 years) with 7.5% of the total sample then (21 to 40 years) by 60.3% while 2.5% were (51 years and above).

About working time, 51.3% of the total sample were working more than 40 hours

per week, and 48.8% were working less than 40 hours per week.

About experience, the highest percentage were the workers with a career of less than 15 years with 93.8% of the total sample, while 6.3% have experience more than 15 years.

3. 2. Instrument:

The instrument was adapted from (Van Laar, A. Edwards, & Easton, 2007), it consisted of two sections; the first section dealt with demographic characteristics of the sample (region, organization, sector, professional status, gender, age, working time (h/ week), work experience in the organization). The second section, consisted of 23 items, the following QWL dimensions are discussed:

- General Well-being (GWB): This factor tests how much a person feels good or content with their life in general.
- Home-work interface (HWI): This is the degree to which the employee is able to balance between the demands of work and home.
- Job and Career Satisfaction (JCS): This assesses the amount of satisfaction the individual has with his ability to do his work and having a sense of achievement.
- Control at Work (CAW): This dimension reflects the level at which the employee feels that he is involved in the decisions which affect him at work. It indicates the perception of control in the work environment.
- Working Conditions (WCS): This dimension reflects the extent of satisfaction an employee has regarding

the working conditions – physical, fundamental resources and security.

- Stress at Work (SAW): This factor measures the degree of stress experienced at work.

Respondent had to score "1" as "strongly disagree" to "5," "strongly agree" as their degree of agreement for each argument on the five Likert scale. Therefore, from the mean value of the respondents' attitudes to the items of questionnaires, the level of satisfaction with the QWL was as follows, a score of 2,59 or less indicates "low" on the total scale, a score between 2,60 and 3,39 indicates "medium" and 3,40 or higher indicate high" QWL.

3.3. Statistical Analyses

The data were analyzed with the Social Science Statistics (SPSS) Package, and the reliability and validity of the WRQoL questionnaire were evaluated by Cronbach's alpha and correlations. The mean and standard deviation and frequencies were used to analyze the level of satisfaction with QWL among medical staff, the Mann-Whitney U (bivariate comparison), Kruskal - Wallis (multivariate comparison) and Spearman correlation were used to assess the relationship between the variables.

4. Findings and discussion

4.1. Validity and Reliability analyses

a. Reliability: The reliability of the questionnaire was assessed by Cronbach's alpha, with the objective of checking the interior coherence of the instrument adoption presented the following findings concerning the six QWL criteria proposed

by (Van Laar, A. Edwards, & Easton, 2007), sufficiently; results are illustrated in Table4. with $r = 0.7$ or greater considered as

Table4. Reliability analysis

Subscales	Numbers of items	Cronbach's alpha
D1: General well being	6	0,772
D2: Home-work interface	3	0,737
D3: Job and career satisfaction	6	0,752
D4: Control at work	3	0,700
D5: Working conditions	3	0,769
D6: Stress at work	2	0,706
Entire Scale	23	0,906

Source: Based on the outputs of SPSS software

Comment: The value of the Cronbach alphas for the overall size was 0.906 and all questions were well coherent internally. Cronbach's Alpha coefficient for the different domains was: D1: (0,772), D2: (0,737), D3: (0,752), D4: (0,700), D5: (0,769) and D6: (0,706), indicating strong internal coherence in each field for all questions.

b. Validity: With the purpose of checking the interior coherence of the adoption instrument, the following findings concerning the Pearson's coefficient of correlation between the value of each QWL factors and the overall value of the questionnaire, and the value of each paragraph with the dimension which belongs to. Which allows us to analyze the linear relationships, with $r = 0.7$ or greater considered as sufficiently. Analysis of the data shows that:

- There is a significant correlation between the value of each quality of work life dimension and the overall value of the questionnaire, where the correlation value varied between 0.476 and 0.903.
- There is a significant correlation between the paragraphs and the six dimensions of QWL, where the correlation value varied between 0.365 and 0.858.

As a result, the 23 paragraphs are characterized by internal consistency at the level of significance 0.01.

4.2. Level of satisfaction with QWL and with its dimension

The results of the QWL satisfaction assessment and with its factors among the research participants are shown in Table 5.

Table 5. descriptive statistics for the level of satisfaction with QWL and with its dimensions among medical staff

Subscales	Low %	moderate %	High %	Mean	SD	Level of satisfaction	Rank
General well being	48.8	32.5	18.8	2.64	0.79161	Moderate	3
Home-work interface	57.5	33.8	8.8	2.29	0.90939	Low	5
Job and career satisfaction	33.8	41.3	25	2.86	0.74855	Moderate	1
Control at work	28.8	46.3	25	2.80	0.91341	Moderate	2
Working conditions	63.8	25.0	11.3	2.16	0.90748	Low	6
Stress at work	63.8	12.5	23.8	2.48	1.08784	Low	4
Entire Scale	51.3	36.3	12.5	2.58	0.65333	Low	

Source: Based on the outputs of SPSS software

Comment: Table (5) shows (descriptive statistics for the level of satisfaction with QWL and with its factors among medical workers), satisfaction in each of the factors of the QWL obtained values varied according to the measured dimension and are presented as percentages of low, moderate and high level of satisfaction. As shown in this table the highest average was awarded to the dimension (Job and career satisfaction) with mean 2.86 and standard deviation 0.74855, followed by the dimension (control at work) with mean 2.80 and standard deviation 0.91314, followed by the dimension (general well being) with mean 2.64 and standard deviation 0.79161, which indicated a moderate level of satisfaction with these three dimension. The majority of the respondents (41.3%, 46.3%, respectively) have moderate level of satisfaction with this two first dimension, and 48.8% of the total sample has the low level of satisfaction with the third dimension.

While the three others dimensions presented the lowest level of satisfaction, the fourth dimension was (stress at work) with mean 2.48 and standard deviation 1.08784, followed by the dimension (Home-work interface) with mean 2.29 and standard deviation 0.90939, while the lowest average was awarded to the dimension (working conditions) with mean 2.16 and standard deviation 0.90748, with low level of satisfaction by percent (63.8%, 57.5% and 63.8% respectively).

As shown in this table, the mean total score of QWL was 2.58 (SD = 0.65333), which means that respondents attitudes towards QWL dimensions were at a low level. This finding implied that 51.3% of the respondents reported that they felt a low level of QWL and 36.3% of the total sample were at a low level, while the remaining 12.5% have a high level of satisfaction with quality of work life.

The first hypothesis "the level of satisfaction with quality of work life among

managerial staff of the present sample is low" is proved.

4.3. Correlation between QWL and dependent variables

Based on the conceptual framework of the present research, the QWL was dependent

variable of some independent variables some called conceptual dimensions and other personal factors, In order to test the correlation of these variables, Spearman correlation test is run on the data, the results were shown in Table 6 and Table 7:

Table6. Correlation coefficients in overall QWL and its six domains

Correlation coefficient	QWL	D1	D2	D3	D4	D5	D6
QWL	1	0.845	0.832	0.853	0.734	0.738	0.396
Sig		0.000	0.000	0.000	0.000	0.000	0.000
D1		1	0.597	0.605	0.435	0.583	0.326
Sig			0.000	0.000	0.000	0.000	0.003
D2			1	0.708	0.653	0.644	0.229
Sig				0.000	0.000	0.000	0.041
D3				1	0.679	0.539	0.192
Sig					0.000	0.000	0.089
D4					1	0.406	0.156
Sig						0.000	0.167
D5						1	0.303
Sig							0.006
D6							1

Source: Based on the outputs of SPSS software

Comment: Table 6 present correlations between six domains of quality of work life; as observed, there were statistically significant correlations between all dimensions, except for the dimension D6 (Stress at work) with D3 (Job and career satisfaction) and D4 (Control at work).

There is also statistically significant correlation between overall QWL and scores obtained from different factors. The strength of correlation is higher for (job and career satisfaction, general well being, home-work interface, working conditions and control at work), with ($r=0.853$,

$r=0.845$, $r=0.832$, $r=0.738$, $r=0.734$ respectively) in which the variables are ranked according to the intensity of correlation with the dependent variable, whilst the strength of relationship between quality work life and stress at work was weak with ($r=0.303$).

Thus, the research hypothesis "There is a significant relationship between the level of satisfaction with factors of QWL (general well being, home-work interface, job and career satisfaction, control at work, working conditions and stress at work) and overall satisfaction with QWL" was proved.

Table7. Correlation coefficients in overall QWL and personal factors

Personal factors	Correlation's coefficient (Spearman)	Sig	Level of correlation
Sector	0.277	0.010	Weak positive
Professional status	0.011	0.919	No correlation
Gender	0.097	0.371	No correlation
Age	0.248	0.018	Weak positive
Working time	-0.150	0.164	No correlation
Work experience	0.147	0.172	No correlation

Source: Based on the outputs of SPSS software

Comment: Table 7 shows that the personal factors: professional status, gender, working time, work experience were not relate to the quality of work life, while there was weak positive correlation between the level of satisfaction with QWL and the two factors: (sector and age), and for each factor the values were: ($r=0.277$, $r=0.248$ respectively).

Thus, the research hypothesis "There is a significant relationship between personal factors (sector, professional status, gender, age, working time (h/ week) and work

experience) and overall satisfaction with QWL" was rejected.

4.4. Differences between personal factors in QWL

In this part, we see whether statistically significant differences exist between personal factors (sector, professional status, gender, age, working time (h/ week) and work experience) in the level of satisfaction with QWL. Each previously hypothesis has analyzed according to the statistical requirements.

Table8. Differences between personal factors in QWL

hypotheses	Technique to be used	Mean rank	χ^2 / U	p-value	Significant
1- sector	Mann-Whitney U	Public: 38.95 Private: 63.80	71	0.010	statistically significant difference
2- Professional status	Mann-Whitney U	Nurses: 40.23 Doctors: 40.71	778	0.919	no statistically significant differences
3- gender	Mann-Whitney U	Male: 37.09 Female: 41.79	563	0.371	no statistically significant differences
4- Age	Kruskal - Wallis	20-30 years: 38.19	7.703	0.049	statistically significant

						difference
			31-40 years: 42.00			
			41-50 years: 62.50			
			over 51 years: 48.25			
5-	working time (h/ week)	Mann-Whitney U	<15 years: 43.85	669	0.164	no statistically significant differences
			>15 years: 37.32			
6-	experience	Mann-Whitney U	<40 h/week: 39.67	125.5	0.172	no statistically significant differences
			>40 h/week: 52.90			

Source: Based on the outputs of SPSS software

Comment: This is the table that shows the output of the Mann-Whitney U and Kruskal - Wallis, it can be concluded that:

Sector: From this data, it can be concluded that Mann-Whitney U test presented that the level of satisfaction with the QWL in the private sector was statistically significantly higher than the public sector (U = 71, p = .010).

Professional status: Mann-Whitney U test showed that there was no statistically significant difference in level of satisfaction with QWL between the different professional status, (U = 778, p = 0.919).

Gender: the mean scores of the quality of work life are similar for both genders, according to the result of the Mann-Whitney U test. The difference registered among the two groups is statistically non-significant (U = 563, p = 0.371).

Age: We can see that the significance value was ($\chi^2 = 7.703, p = 0.049$) as determined by Kruskal – Wallis test, which is below 0.05. Therefore, there was a statistically significant difference in the

level of satisfaction with the QWL between different age categories. As seen in Table 8, workers in the age of (20 to 30 years) achieved a satisfaction score lower than the other age groups, followed by (31 to 40 years) than (41 to 50 years) which had the highest mean, while the mean of last group of age (51 years and above) went back down.

Working time: There was also no significant difference in the level of satisfaction with quality of work life between who spent more than 40 h/week in work and who work less than 40h/week.

Work experience: The QWL of employees did not differ between workers with a career of >15 years and workers with a shorter career.

Thus, the research hypothesis “There are statistically significant differences between personal factors (sector, professional status, gender, age, working time (h/ week) and work experience) in quality of work life” was rejected.

4.5. Difference between doctors and nurses in regard the QWL:

In this part, we evaluate the level of satisfaction with QWL among of medical staff (doctors and nurses):

Table 9. Differences between doctors and nurses in QWL

Socio-professional category / level of satisfaction with QWL	Nurses %	Doctors %	Total %
Low	51.4	51.1	51.2
Medium	37.1	35.6	36.3
High	11.4	13.3	12.5
	100	100	100

Source: Based on the outputs of SPSS software

Comment: Regarding the level of satisfaction with their QWL, we found that 51.4% of nurses and 51.1% of doctors have low level of satisfaction, and 37.6% of nurses and 35.6% of doctors have moderate level of satisfaction, while 11.4% of nurses and 13.3% of doctors have high level of satisfaction.

5. Discussion:

One of the major goals of this research was to evaluate the reliability (internal consistency) of the WRQoL questionnaire in healthcare staff. In this study reliability analysis showed that the WRQoL ($\alpha=0,906$) scale was reasonable internal constancy and strong in each of its areas.

Other objective of this study was to evaluate the level of satisfaction with QWL and associated factors among of medical staff (doctors and nurses) in Algeria with use of the Arabian version of the WRQoL scale. This is critical because health centers need professional workers and want to understand how qualified personnel can be retained and improved. This study implied that more than half (51.3%) of the respondents reported that they felt a low

level of QWL. Similarly, earlier studies from Saudi Arabia, Iran, Nigeria and South Ethiopia reported a dissatisfaction rate of 52.4% to 68.8% (Kelbiso, Belay, & Woldie, 2017).

To our best knowledge, the only studies that have measured QWL levels in Algeria is that of (BOUKHEMKHEM, 2015), it have shown low / unfavorable levels of QWL among men and women at the university and the study of (Mebarki, Fouatih, & Mokdada, 2019) where the results revealed that the employees attitudes towards QWL factors were at a medium level.

In this study, among the six domains of WRQoL, the highest mean satisfaction rating was found for D3 (Job and career satisfaction, Mean = 2.86), which indicate moderate level of satisfaction with aspects of job and career, which was implying sense of achievement, high self-esteem and fulfillment of potential. Moreover, the lowest mean score was shown for D5 (Working conditions, Mean= 2.16) which indicate low level of satisfaction with the working conditions, security at work and level of available resources.

Algeria is a developing country, but even in some public services, there are problems. Health workers' base pay is low, but their night shifts are paid an extra salary. They earn a modest reward at the end of the month but sacrifice without sleep several nights. Only 8.8% of employees have high level of satisfaction with the home-work interface. About 63.8% of employees have low level of satisfaction with their working conditions and have high level of stress at work.

In this study after use of correlation test (as shows in Table 6) observed that all the six conceptual dimensions of QWL assess the organization's satisfaction with QWL. They are linked positively with QWL. Therefore the QWL in health facilities can be increased by enhancing these variables. It is important to note that between QWL satisfaction and career satisfaction there is a strong positive relationship, and workers are not very happy with this aspect. Therefore, enhancing this aspect is strongly recommended.

Sector and age were other factors that have significant relation with the level of satisfaction with QWL. While there were no significant differences between the level of satisfaction with quality of work life and the other personal factors, firstly in term off gender and professional status this result is consistent with findings of (Mohammadi-Bolbanabad, Shirkhani, Mohammadi, Asadi, & Aghaei, 2016) and (Mobaraki, Meymandi, & Kamali, 2017).

In addition, we registered that only two aspects (sector and age) of personal factors were significant difference regarding the satisfaction with their quality of work life; about sector, this study showed that

employees who worked in public sector had lower QWL; this result was contrary with finding of (Mosadeghrad, 2013). The disparity can be explained by disparities in jobs in the private and public sectors (i.e. better working conditions, increased work effort valorization, and higher pay in the private sector). In term of age, our results demonstrated that workers in the age of (20 to 30 years) achieved a satisfaction score lower than the other age groups, probably because they failed to adapt to new workplace.

According to the others personal factors, there were no significant differences in terms of QWL, according to gender a similar conclusion was reached in the study of QWL among university employees in Algeria by (BOUKHEMKHEM, 2015), and the study of QWL and differences in demographic characteristics among managerial staff in Algerian tertiary sector by (Mebarki, Fouatih, & Mokdada, 2019).

We showed also that the QWL of doctors was higher than of nurses, which may be the result of differences in income and the increased freedom and more flexible shifts of doctors than of nurses.

6. Conclusion:

We found that more than half of the medical staff included in the study had low level of satisfaction with QWL. The findings of this study contribute to the puzzle of how medical workers in health care facilities in Algeria maintain their QWL. The results of this research are consistent with some previous studies, although variations in some issues of QWL have also been noted with other studies.

The study concluded that QWL needs more commitment from management levels in the public sector in Algeria. The findings of this study are useful in designing new management techniques and initiatives to raise QWL levels.

The conclusions can lead to many practical consequences:

- Health managers should be encouraged to track and improve the quality of life for workers through the implementation of effective human resources policies.

- The most related with employees QWL in this study was job and career satisfaction, and at the same time the employees are not very satisfied with their job and career. So it is strongly recommended to improve this dimension.

- The lowest mean score was shown for working conditions which indicate low level of satisfaction with the working conditions, security at work and level of available resources, therefore, hospital managers should improve employees' QWL by enhancing working conditions and ensuring protection for employees.

- Preventive measures and monitoring systems must be developed between health workers in order to improve their QWL.

- Enhancing healthcare personnel's QWL in workplace will help institutions maintain medical personnel. Human resource managers should take this issue into consideration.

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